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PREAMBLE

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

1. any proposal or other information supplied by or on behalf of the Insured Person:
 - 1.1. disclosing all facts and circumstances known to the Insured Person that are material to the assessment of the risks insured hereby, and
 - 1.2. forming the basis of this insurance, and
2. the Insured having paid the premium on or before the due date thereof to grant such insurance to the Insured subject to the terms, conditions, provisions and exclusions set out in this Policy or as contained in any endorsement that may be issued.

PART A. DEFINITIONS GENERALLY APPLICABLE

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

I. Standard Definitions

- Def. 1 Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2 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. 3 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

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

Def. 5 Disclosure of information norm means the policy shall be void and all premium paid hereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 6 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 asunder: -

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 7 Day Care Treatment means those medical treatment, and/or surgical procedure which is undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and 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. 8 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. The deductible is applicable under the Policy on per claim basis, as specified in the Policy Schedule / Certificate of Insurance.

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

Def. 10 Hospital means any institution established for in-patient care and day care treatment of Illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

- a) has qualified nursing staff under its employment round the clock;
- b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- c) has qualified medical practitioner(s) in charge round the clock;

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- d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e) maintains daily records of patients and make these accessible to the insurance company's authorized personnel;

Def. 11 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. 12 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. 13 Intensive care unit means 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. 14 Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Def. 15 Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Def. 16 Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Def. 17 Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Def. 18 Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

Def. 19 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. 20 Unproven/Experimental treatment means the treatment including drug experimental therapy which is based on established medical practice in India, is a treatment experimental or unproven.

Def. 21 Medically Necessary Treatment means any treatment, test, medication, or stay in hospital or part of stay in hospital which:

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

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- Def. 22 Medical practitioner or Physician** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence as the Insured Person and is a Family Member of the Insured Person are not considered as Medical Practitioner under the scope of this Policy.
- Def. 23 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. 24 Sickness or Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a)** Acute condition – Acute condition means is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
- b)** Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. it recurs or is likely to recur
- Def. 25 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.

II. Specific Definitions

- Def. 1 Accumulation Limit** means the maximum amount payable by the Company in respect of any one Accident, irrespective of the number of Insured Persons involved in such Accident. In the event that an Accident occurs which results in insurable losses under this Policy and which ordinarily would mean that the Accumulation Limit is exceeded, the Accumulation Limit amount will be distributed on a proportional basis to all Insured Persons, taking into account the maximum Sums Insured per Benefit and per Insured Person.
- Def. 2 Assistance Provider** means the assistance company with whom the Company contracts, as an independent contractor, to provide travel-related emergency assistance services.
- Def. 3 AYUSH Treatment** refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 4 Bodily Injury** means physical, external, Accidental bodily injury occurring suddenly in time and resulting solely and independently of any other cause or any physical defect or infirmity existing before the Period of Insurance.
- Def. 5 Catastrophic event** means any Act of God such as earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado or cyclone.
- Def. 6 Civil War** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or

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ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d' Etat, the consequences of Martial law.

Def. 7

Def. 8 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. 9 Common Carrier means any land, sea or air conveyance operated under a licence issued by a governmental authority having jurisdiction, for the transportation of fare paying passengers and which has fixed, established routes only.

Def. 10 Company means HDFC ERGO General Insurance Company Limited.

Def. 11 Compensation means Sum Insured, Total Sum Insured or percentage of the Sum Insured, as appropriate.

Def. 12 Dependent Child refers to a child (natural or legally adopted or child from a previous marriage) of an Insured Person or the Spouse of an Insured Person, who is between the ages of three (3) months and up to and including the age of eighteen (18) years, or up to and including the age of twenty-five (25) years if in full time education at an accredited tertiary institution and does not have his / her independent sources of income

Def. 13 Family Accumulation Limit means the maximum amount payable by the Company in respect of any one Accident, irrespective of the number of Insured Persons from the same Immediate Family involved in such Accident. In the event that an Accident occurs which results in insurable losses under this Policy and which ordinarily would mean that the Family Accumulation Limit is exceeded, the Family Accumulation Limit amount will be on a proportional basis to all Insured Persons from the same Immediate Family, taking into account the maximum Sums Insured per Benefit and per Insured Person.

Def. 14 Foreign War means armed opposition, whether declared or not between two countries.

Def. 15 Franchise means an amount stated in the Policy Schedule / Certificate of Insurance as a percentage or a fixed amount for which the Company will not be responsible if the claim falls below such percentage or fixed amount, or a period of time for which the Company will not be responsible unless the period of time has expired.

Def. 16 Date of Loss:

- a) for Accident means the date of the Accident.
- b) for all other benefits means the date the event happened that leads to an alleged claim.
- c) for Sickness means the first date of diagnosis or the date the Insured Person first became aware of the Sickness.

Def. 17 Day means a continuous period of twenty-four (24) hours.

Def. 18 Immediate Family/Immediate Family Member means an **Insured Person's Spouse**; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents;

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grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the Insured Person.

Def. 19 Insured Journey means a trip commencing during the Period of Insurance. The Company agrees to continue the insurance for an Insured Person who commences an Insured Journey before the Policy Expiration Date, on the proviso that premium has been paid for such Insured Journey and the return trip is within the period as defined in the Policy Schedule / Certificate of Insurance after the Insured Journey commences.

Def. 20 Insured Person means anyone for whom premium has been paid and who is identified in the Policy Schedule / Certificate of Insurance as an Insured Person.

Def. 21 Operative Time means the time that the insurance is effective as stated on the Policy Schedule / Certificate of Insurance.

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

Def. 23 Policyholder means the entity or person named as such in the Policy Schedule / Certificate of Insurance.

Def. 24 Spouse means an Insured Person's husband or wife who is recognised as such by the laws of the jurisdiction in which they reside.

Def. 25 Sum Insured means the amount stated in the Table of Benefits in the Policy Schedule / Certificate of Insurance as the Total Sum Insured, or limited to the specific insurance details in any Section of this Policy.

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

The Total Sum Insured is a sublimit of liability. It is part of, and not in addition to the Accumulation Limit stated in the Policy Schedule / Certificate of Insurance, if any. It further reduces, and does not increase, the Accumulation Limit stated in the Policy Schedule / Certificate of Insurance.

Def. 26 Terrorism means activities against persons, organisations or property of any nature:

1) that involve the following or preparation for the following:

- a) use or threat of force or violence; or
- b) commission or threat of a dangerous act; or
- c) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

2) when one or both of the following applies:

- a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

Def. 27 Total Number of Travel Days means the maximum number of days insured under the Policy.

PART B. PRODUCT BENEFITS**SECTION 1****CHECKED BAGGAGE LOSS – INDEMNITY BASED**

If, during the Period of Insurance, the Baggage, Personal Documents and/or Personal Effects that have been checked in on the same Common Carrier as a travelling Insured Person, are damaged or lost, then the Company will reimburse the Insured Person the cost of replacement of the baggage and/or articles as per the terms mentioned in the Policy Schedule / Certificate of Insurance. The Deductible, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

- 1) All claims will be subject to the Company assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
- 2) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.

Specific Definitions

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

Specific Claims Provisions

In the event of a claim the Insured Person must:

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

For purposes of any claim hereunder:

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

Specific Exclusions

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

- 1) loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.
- 2) mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle.
- 3) destruction or damage due to wear and tear, moth or vermin.

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- 4) baggage, clothing and personal effects dispatched as unaccompanied baggage.
- 5) theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
- 6) loss or damage to sports equipment whilst in use, contact lenses, samples, tools.
- 7) for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.
- 8) for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
- 9) for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
- 10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
- 11) a claim involving animals.
- 12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
- 13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.
- 14) baggage and/or personal effects sent under an airway-bill or bill of lading.
- 15) Computer equipment, mobile phones, tablets, ipods, laptops, cameras, musical instruments, radios and portable radio/cassette/compact disc players and other personal electronic equipments.
- 16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

SECTION 2**BAGGAGE DELAY– INDEMNITY BASED**

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

Specific Conditions

- 1) The baggage and/or personal effects must have been checked in as registered baggage by the airline operating under a licence issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable under this Section.
- 2) If upon further investigation it is later determined that the baggage and/or personal effects has been lost, then any amount claimed and paid to an Insured Person under the Baggage Delay Section will be deducted from any payment under the Baggage Loss Section.
- 3) An Insured Person shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the airline concerned.
- 4) If the Insured Person receives any form of compensation from the Common Carrier in the form of vouchers, tickets or coupons, then these items will be surrendered to the Company.

Specific Exclusions

The Company will not indemnify the Insured Person for delayed baggage as a result of the following:

- 1) chartered flights, unless such flights are registered in the International Data System.
- 2) confiscation of baggage by customs or any government authority.
- 3) purchases made after arriving in the final destination mentioned on the airline ticket.
- 4) baggage and/or personal effects sent under an airway-bill or bill of lading.
- 5) delays due to a strike or industrial action existing or announced before the start of the journey.

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- 6) delays due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.
- 7) any delays of the return journey.

SECTION 3**LOSS OF BAGGAGE & PERSONAL DOCUMENTS – INDEMNITY BASED**

If, during the Period of Insurance, the Baggage, Personal Documents owned by or in the custody of an Insured Person are damaged or lost, then the Company will reimburse the Insured Person the cost of replacement of the baggage and/or articles as per the terms mentioned in the Policy Schedule / Certificate of Insurance. The Deductible, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

- 1) All claims will be subject to the Company assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
- 2) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.

Specific Definitions

- 1) Personal Documents means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence. Per article limit shall apply as mentioned in the Policy Schedule / Certificate of Insurance to each Personal Documents.

Specific Claims Provisions

In the event of a claim the Insured Person must:

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

For purposes of any claim hereunder:

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

Specific Exclusions

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

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

SECTION 4**MISSING OF CONNECTING FLIGHT DURING TRANSIT – INDEMNITY BASED**

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to compensate the Insured Person(s) a sum not exceeding the Sum Insured / Limit of Liability, unless otherwise agreed by the Company, in the event the Insured fails to take a connecting flight of an Airline due to the delay in arrival of another flight in which the Insured is travelling. The Company pays for the following expenses

Additional Transportation costs to join the trip (must be same class of original tickets purchased) upto the maximum Sum Insured / Limit of Liability as mentioned in the Policy Schedule / Certificate of Insurance

Specific Conditions

Subject to the other terms and conditions contained in this Policy, the Company shall be liable to pay the claim under this Section only if:

1. The Insured Person(s) has actually boarded the first flight.
2. The Insured misses his/her connecting flight solely due to the delay in arrival of another flight in which the Insured is travelling.
3. Incase geographical scope is chosen as international (out of India) then there should be a minimum 6 hour delay in arrival of flight in which the Insured is travelling for this benefit to trigger.
4. Incase geographical scope is chosen as domestic (restricted to India) then there should be a minimum 3 hour delay in arrival of flight in which the Insured is travelling for this benefit to trigger.

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5. If the Insured Person(s) receives any form of compensation from the common carrier, that will be adjusted against any compensation under this section.

SECTION 5

HIJACKING

If during the Period of Insurance an Insured Person is travelling on board a Common Carrier which is Hijacked, then the Company agrees to pay to the Insured Person the Compensation stated in the Policy Schedule / Certificate of Insurance for every six (6) continuous hours upto the maximum number of hours as mentioned in the Policy Schedule / Certificate of Insurance.

Specific Definitions

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

Specific Exclusions

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

- 1) any claim caused by civil authority.

SECTION 6

FLIGHT DELAY – INDEMNITY BASED

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

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

Specific Conditions

- 1) If the Insured Person receives any form of compensation from the Common Carrier in the form of vouchers, tickets or coupons, then these items will be surrendered to the Company.

Specific Claims Provisions

- 1) All claims must be reported to the Company and must contain:
- a) the Policy number.
 - b) detailed circumstances of the delay.
 - c) a copy of declaration of delay made by the public transport company (other than an airline).
 - d) all receipts, all invoices serving as proof of purchases made in connection with the flight delay, as well as proof of the delay and the flight number and place where the delay occurred.

Specific Exclusions

The Company shall not be liable for any claim:

- 1) arising or as the result of chartered flights, unless such flights are registered in the International Data System.
- 2) if comparable alternative transport has been made available within six (6) hours after scheduled departure time or within six (6) hours of an actual connecting flight arrival time.

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- 3) if an Insured Person fails to check-in according to the itinerary supplied, unless it is due to a strike.
- 4) if the delay is due to a strike or industrial action existing or announced before the start of the journey.
- 5) if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.

SECTION 7**MERGENCY MEDICAL EXPENSES**

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

Specific Conditions

- 1) Medical Expenses shall include and be limited to the following services:
 - a) Room rent for semi-private Hospital room and board, use of the operating room, emergency room, and Ambulatory Medical Centre.
 - b) fees of Physicians.
 - c) Medical Expenses, in or out of Hospital, including: laboratory tests, ambulance service (to or from the Hospital), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial Limbs or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
 - d) charges for a registered nurse (R.N).
- 2) In case of admission to a room of a higher category than mentioned herein, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. This condition is not applicable for Associated Medical Expenses in respect of Hospitals where differential billing for such Associated Medical Expenses is not followed based on Room Rent.

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to Emergency In-patient care AYUSH treatment sustained due to Bodily Injury or sudden unexpected Sickness are also covered under 'Emergency Medical Expenses' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this Policy.

Specific Definitions

- 1) Ambulatory Medical Centre means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.
- 2) 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.

Specific Exclusions

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

- 1) any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.
- 2) any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.

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- 3) any Medical Expenses incurred within the territorial limits that are not stated in the Policy Schedule / Certificate of Insurance.
- 4) any medical treatment, drugs or medicines, prescribed or applied, before the Period of Insurance.
- 5) any dental work.

SECTION 8A

ACCIDENTAL DEATH

We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance, if Insured Person sustains Injury due to Accident during the Period of Insurance, which shall within twelve months of its occurrence be the sole and direct cause of Death of Insured Person.

a) Disappearance

We will pay the Sum Insured in the event if Insured Person's body cannot be located within 365 Days;

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

it shall be deemed, subject to all other terms and provisions of the Policy, that 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.

b) Comatose

If Insured Person sustains Injury during Period of Insurance which results in the Insured Person being in Hospital in a Comatose State within one month of the date of Injury for continuous period of more than three months, We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

Any claim amount admissible/paid during the year will reduce the Sum Insured payable for this Cover in respect of subsequent claims. The Company's liability during the lifetime of the Policy will not exceed the Sum Insured in respect of the Cover.

In respect to Comatose, Accidental Death benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule / Certificate of Insurance.

SECTION 8B

ACCIDENTAL DEATH - AIR

We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance, if the Insured Person riding as a fare paying passenger in a Air Common Carrier sustains Injury due to an Air Accident during the Period of Insurance, which shall within twelve months of its occurrence be the sole and direct cause of Death of Insured Person.

a) Disappearance

We will pay the Sum Insured in the event if Insured Person's body cannot be located within 365 Days;

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

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

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If at any time, after the payment of the Accidental death - Air 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.

b) Comatose

If Insured Person riding as a fare paying passenger in a Air Common Carrier sustains Injury due to an Air Accident during Period of Insurance which results in the Insured Person being in Hospital in a Comatose State within one month of the date of Injury for continuous period of more than three months, We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

Any claim amount admissible/paid during the year will reduce the Sum Insured payable for this Cover in respect of subsequent claims. The Company's liability during the lifetime of the Policy will not exceed the Sum Insured in respect of the Cover.

In respect to Comatose, Accidental Death - Air benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule / Certificate of Insurance.

SECTION 8C**ACCIDENTAL DEATH - ROAD**

We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance, if the Insured Person sustains Injury due to an Road Accident during the Period of Insurance, which shall within twelve months of its occurrence be the sole and direct cause of Death of Insured Person.

a) Disappearance

We will pay the Sum Insured in the event if Insured Person's body cannot be located within 365 Days;

a. after the forced landing, stranding, sinking or wrecking of a Road carrier in which the Insured Person was aboard during Period of Insurance or;

b. after and as a result of any Catastrophic Event during Period of Insurance

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

If at any time, after the payment of the Accidental death – Road 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.

b) Comatose

If the Insured Person sustains Injury due to an Road Accident during the Period of Insurance which results in the Insured Person being in Hospital in a Comatose State within one month of the date of Injury for continuous period of more than three months, We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

Any claim amount admissible/paid during the year will reduce the Sum Insured payable for this Cover in respect of subsequent claims. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

In respect to Comatose, Accidental Death – Road benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule / Certificate of Insurance.

SECTION 8D**ACCIDENTAL DEATH - RAIL**

We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance, if the Insured Person riding as a fare paying passenger in a Rail Common Carrier sustains Injury due to an Rail Accident during the Period of Insurance, which shall within twelve months of its occurrence be the sole and direct

Policy Wording**Travelsure (Group)**

cause of Death of Insured Person.

a) Disappearance

We will pay the Sum Insured in the event if Insured Person's body cannot be located within 365 Days;

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

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

If at any time, after the payment of the Accidental death – Rail 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.

b) Comatose

If Insured Person riding as a fare paying passenger in a Rail CommonCarrier sustains Injury due to an Rail Accident during Period of Insurance which results in the Insured Person being in Hospital in a Comatose State within one month of the date of Injury for continuous period of more than three months, We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

Any claim amount admissible/paid during the year will reduce the Sum Insured payable for this Cover in respect of subsequent claims. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

In respect to Comatose, Accidental Death – Rail benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule / Certificate of Insurance.

SECTION 8E**ACCIDENTAL DEATH – ALL COMMON CARRIER**

We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance, if the Insured Person riding as a fare paying passenger in a Common Carrier sustains Injury due to an Accident of the Common carrier during the Period of Insurance, which shall within twelve months of its occurrence be the sole and direct cause of Death of Insured Person.

a) Disappearance

We will pay the Sum Insured in the event if Insured Person's body cannot be located within 365 Days;

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

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

If at any time, after the payment of the Accidental death – All Common Carrier 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

b) Comatose

If Insured Person riding as a fare paying passenger in a Common Carrier sustains Injury due to an Accident of the Common Carrier during Period of Insurance which results in the Insured Person being in Hospital in a Comatose State within one month of the date of Injury for continuous period of more than three months, We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

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Any claim amount admissible/paid during the year will reduce the Sum Insured payable for this Cover in respect of subsequent claims. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

In respect to Comatose, Accidental Death – Common Carrier benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule / Certificate of Insurance.

Exclusions applicable to Sections – 8A, 8B, 8C, 8D, 8E

We will not make any payment for any claim in respect of any Insured Person for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy Schedule / Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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 weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports

SECTION 9**KEY REPLACEMENT**

If during the Period of Insurance an Insured Person sustains Bodily Injury or Sickness resulting in the Insured Person being hospitalised the minimum number of days mentioned in the Policy Schedule / Certificate of Insurance or having to be repatriated, then the Company agrees to pay for a round trip economy class air ticket or a first class train ticket up to the Total Sum Insured stated in the Policy Schedule / Certificate of Insurance for a replacement of a Close Business Associate as designated by the Policyholder to continue the Insured Person's mission, on the provision that the Insured Journey was for business purposes only.

SECTION 10**HOME PROTECTION COVER**

This cover shall indemnify the Insured Person for claims made in respect of loss of or damage to contents of the Insured Person's home in India (located at the address mentioned in the Policy Schedule / Certificate of Insurance) caused by actual or attempted Burglary and/or Robbery during the Period of Insurance. The company's liability will be limited to the Sum Insured specified in the Policy Schedule / Certificate of

Policy Wording

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Insurance. The cover excludes loss or damage to jewellery and valuables.

SECTION 11

HOLE IN ONE

The Company shall pay the Lump sum amount as specified in the Policy Schedule / Certificate of Insurance to the Insured Person for expenses incurred in celebration of achieving a hole-in-one by the Insured Person during the trip falling under Period of Insurance, anywhere in the world, in a golf course recognized/certified by United States Golfers' Association (USGA) / PGA / other International Golf Associations

The Claim Payment shall be subject to the full compliance with the terms and conditions and the rules of the tournaments conducted / certified by PGA / United States Golfers' Association (USGA) / Other International Golf Associations.

Specific Exclusions applicable to Section 11

- 1) Claims where the player has not been listed as a Participant in the Tournament.
- 2) Claims originating on a non Target Hole.
- 3) Any claims where the Hole in One has not been correctly adjudicated or failure of the Insured to follow the claims procedure.
- 4) Consequential loss of what ever nature arising from the tournaments conducted / certified by PGA / Other International Golf Associations.

PART C. GENERAL EXCLUSIONS

We will not make any payment for any claim in respect of any Insured Person for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy Schedule / Certificate of Insurance:

I. Standard General Exclusions

- 1) **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.
- 2) **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.
- 3) **Obesity/Weight control: Code - Excl06:** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
 - i. Surgery to be conducted is upon the advice of the Doctor
 - ii. The surgery/Procedure conducted should be supported by clinical protocols
 - iii. The member has to be 18 years of age or older and
 - iv. Body Mass Index (BMI)
 - A. greater than or equal to 40 or
 - B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - 1) Obesity-related cardiomyopathy
 - 2) Coronary heart disease
 - 3) Severe sleep apnoea

4) Uncontrolled Type2 diabetes

4) 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.

5) 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.

I. Specific General Exclusions

- 1)** 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.
- 2)** Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.
- 3)** for Bodily Injury or Sickness sustained or suffered whilst the Insured Person is or as a result of the Insured Person being under the influence of alcohol or drugs or narcotics unless professionally administered by a Physician or unless professionally prescribed by and taken in accordance with the directions of a Physician.
- 4)** for Bodily Injury sustained whilst or as a result of participating in any competition involving the utilization of a motorised land, water or air vehicle.
- 5)** for Bodily Injury whilst the Insured Person is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
- 6)** for Bodily Injury or Sickness resulting from pregnancy within twenty-six (26) weeks of the expected date of birth.
- 7)** for Bodily Injury sustained whilst or as a result of engaging in, practicing for or taking part in training peculiar to any kind of violent labour disturbance, riot or civil commotion or public disorder.
- 8)** for Bodily Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the Bodily Injury occurred whilst the Insured Person was on leave or not in uniform.
- 9)** any pathological fracture.
- 10)** for cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification).
- 11)** for Bodily Injury sustained as the result of Terrorism.
- 12)** Deductible - Claims falling within Deductible limit, if opted and in force, as specified in the Policy Schedule / Certificate of Insurance will be applied on per claim basis.

PART D. GENERAL CONDITIONS, TERMS & CLAUSES

I. Standard General Conditions

- 1) Cancellation:** The Policyholder may cancel this Policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as detailed below:

Tenure	Period On Risk Rate Of Premium To Be Charged
Upto one month	1/4 of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4 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.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

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

- 2) 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:
- the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
 - the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
 - any other act fitted to deceive; and
 - 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.

- 3) 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

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the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

- 4) 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
- 5) 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.
- 6) 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 / Certificate of Insurance (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.

7) Premium Payment Options

- i. Policy holder/Insured Person** shall have the option to pay policy premium in total at the inception of policy or in instalments as per options as below

Options	Installment Premium Option	Grace Period
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- ii.** No Additional charges, on the existing premium are applicable irrespective of the Instalment Option selected.
- iii. Grace Period** of 15 days in case of Monthly premium payment option and 30 days for Yearly, half yearly and Quarterly premium payment option shall be applicable.
 - a.** If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
 - b.** If case of non-receipt of Instalment Premium on the Instalment due date or before expiry of the grace period, the policy stands cancelled and the Premium for unexpired period will be refund as below
 - c.** In case of Claim under the Policy, unpaid instalment premium will be recovered from the Claim amount payable.

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- a. Where Instalment option is not opted and premium has been paid in lump sum, cancellation grid as mentioned in clause 6 above will be applicable
- b. When yearly payment option is chosen, 50% of yearly premium will be refunded when the current period is less than 6 months in to the policy year. For cancellations after 6 months, no refund will be payable.
- c. For all other Premium Payment options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
- d. In case of Claim during the Policy year, the Premium in respect of future instalment would be adjusted against Claim payable.

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by Payment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Policy Holder/ Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Policyholder/Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

8) Claim Settlement (provision for Penal Interest)

- a. 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.
- b. 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.
- c. 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.
- d. 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.

9) Grievance Redressal Procedure

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
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Level 1	<p>For lack of a response or if the response provided does not meet your expectation, you can:</p> <ol style="list-style-type: none"> Write to The Complaints & Grievance Cell (C&G Cell) <p>HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</p> <ol style="list-style-type: none"> You can also write an email to grievance@hdfcergo.com Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	<p>If you're not satisfied with the resolution or if no response was received within 15 days, you can:</p> <ol style="list-style-type: none"> Write to the Chief Grievance Officer <p>HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</p> <ol style="list-style-type: none"> You can also write an email to cgo@hdfcergo.com
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 General Conditions

- This Policy shall be governed by the laws of India and, except as otherwise provided in this Policy, the Indian courts alone shall have jurisdiction in any dispute arising hereunder.

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- 2) Insured Persons shall take all reasonable precautions to prevent Accidents and to avoid Sickness and shall comply with all statutory requirements, as a condition precedent to the Company's liability hereunder.
- 3) Where the Insured Person is required in Terms of this Policy to perform any act or comply with any obligation timely performance or compliance shall be a condition precedent to the Company's liability hereunder.
- 4) Insurance in respect of an Insured Person will begin under this Policy after the following are true:
 - a) this Policy is in force;
 - b) the Insured Person is eligible to be insured;
 - c) the required premium has been paid to the Company;
 - d) the Company has approved the Insured Person's proposal for this insurance; and
 - e) the Insured Person has crossed the Indian international border on a Common Carrier if the geographical scope is international (out of India) or boarded a Common Carrier from the city of residence as mentioned in the Policy Schedule / Certificate of Insurance if the geographical scope is domestic (restricted to India).
- 5) In case geographical scope chosen is both international (out of India) as well as domestic (restricted to India) then the geographical scope that will be considered for claim adjudication, terms & conditions & sum insured limits shall be as per the territory where the claim arises.
- 6) The Policyholder will maintain and provide information, on a monthly basis, of the trips made by the Insured Persons during the Period of Insurance on the format provided by the Company. The Premium shall be refunded at the expiry of the Policy based on the statements provided by the Policyholder as per the prescribed format in the event that at the expiry of the Policy the actual number of travel days is less than the Total Number of Travel Days stated in the Policy Schedule / Certificate of Insurance.
- 7) Insurance in respect of an Insured Person shall immediately terminate on the earliest of the following dates:
 - a. the date that the Policy is terminated,
 - b. the date that the Total Sum Insured is paid for covered loss under Section - 8 Accidental Death of the Policy;
 - c. the date that an Insured Person is no longer an employee of the Policyholder in case of employer employee policies;
 - d. in respect of Immediate Family, the date that such person ceases to be the Insured Person's Immediate Family Member; or
 - e. the date when the actual number of travel days exceed the Total Number of Travel Days mentioned in the Policy Schedule / Certificate of Insurance; or
 - f. Maximum trip duration (per trip); or
 - g. The Insured Person crossing the Indian international border to return to the country of residence on a Common Carrier if the geographical scope is out of India or returning to the city of residence as mentioned in the Policy Schedule / Certificate of Insurance if the geographical scope is restricted to India.
- 8) The Policyholder and Insured Person understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any

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attachments thereto, are material to the Company's decision to provide this insurance. The Policyholder and Insured Person further understand that the Company has issued this Policy in reliance upon the truth of such statements and particulars.

- 9) The titles of the various paragraphs of this Policy and any endorsements attached to this Policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.
- 10) The Policyholder shown in the Policy Schedule / Certificate of Insurance is responsible for the collection and remittance of all premiums. Premiums are due on or prior to the Policy Effective Date shown in the Policy Schedule / Certificate of Insurance. Timely payment of all premium due in full is a condition precedent to the Company's liability under this Policy.
- 11) **Valuation and Foreign Currency:** All premiums, benefit amounts, loss, and other amounts under this Policy are expressed and payable in Indian currency. If judgement is rendered, settlement is denominated or any benefit, Sum Insured or element of loss is stated in a currency other than Indian Rupees, then payment under this Policy shall be made in Indian Rupees at the rate of exchange published by the Reserve Bank of India on the date the final judgement is entered, the amount of settlement is agreed upon or any benefit, Sum Insured or element of loss is due, respectively.
- 12) The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid.

13) Endorsements

The following endorsements are permissible during the Coverage Period:

- **Non-Financial Endorsements – which do not affect the premium**
 - i. Minor rectification/correction in name of the Insured Person (and not the complete name change)
 - ii. Rectification in gender of the Insured Person (if this does not impact the premium)
 - iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)
 - iv. Change in the correspondence address of the Proposer (if this does not impact the premium)
 - v. Change in Nominee Details
 - vi. Change in bank details
 - vii. Any other non-financial endorsement
- **Financial Endorsements – which result in alteration in premium**
 - i. Cancellation of Policy
 - ii. Any other financial endorsement

PART E. OTHER TERMS & CONDITIONS

GENERAL CLAIMS PROVISIONS

- 1)** Written notice of any occurrence which may give rise to a claim under this Policy must be given to the Company as soon as practicable and in any case within thirty (30) Days after such occurrence. Written Notice of Claim must be given to the Company immediately in the case of death, or within thirty (30) Days after the Date of Loss in all other cases.
- 2)** All certificates, information and evidence required by the Company shall be furnished at no expense to the Company and shall be in such form and of such nature as the Company may prescribe. When required by the Company, at its own expense, the Insured Person shall submit to medical examination in respect of any alleged claim that may give rise to a benefit being paid.
- 3)** Complete, written proof of loss must be given to the Company within sixty (60) Days after the Date of Loss, or as soon as reasonably possible. Such proof of loss must contain:
 - i)** the Policy Number, and
 - ii)** the preliminary medical report describing the nature and extent of all injuries or Sicknesses, and providing a precise diagnosis, and
 - iii)** all invoices, bills, prescriptions, Hospital certificates which will permit the Company to accurately determine the total amount of Medical Expenses (if applicable) incurred by the Insured Person, and
 - iv)** in the case where another party was involved (e.g. a car collision), the names, contact details and if possible insurance details of the other party, and
 - v)** in the case of death, an official death certificate, succession certificate pursuant to the Indian Succession Act 1925, as amended, and any other legal documents establishing the identity of any and all beneficiaries, and
 - vi)** proof of age, where applicable, and
 - vii)** such other information as the Company may require to handle the claim.
- a)** If an Accident:
 - i)** detailed circumstances of the Accident and the names of any witnesses, and
 - ii)** any police reports concerning the Accident, and
 - iii)** the date a Physician was seen due to the Bodily Injury, and
 - iv)** the Physician's contact details, or
- b)** If a Sickness:
 - i)** the date symptoms of the Sickness began, and
 - ii)** the date a Physician was seen due to the Sickness, and
 - iii)** the Physician's contact details.

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

Policy Wording

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- 4)** The Company at its own expense shall have the right and opportunity to examine the Insured Person whose Bodily Injury or Sickness is the basis of a claim and as often as it may be reasonably required during the pendency of the claim and to make an autopsy in case of death, where it is not forbidden by law.
- 5)** Medical advice of a Physician shall be sought and followed promptly on the occurrence of any Bodily Injury or Sickness and the Company shall not be liable for any part of any claim which in the opinion of a Physician appointed by the Company arises from the unreasonable or willful neglect or failure of an Insured Person to seek and remain under the care of a Physician.
- 6)** No claim may be brought under this Policy, nor may any legal action be brought against the Company to recover under such claim:
 - 1)** in cases of Accidental death, more than three (3) years after the date of death or the date the claim is denied in whole or in part, whichever is later; or
 - 2)** in all other cases, more than three (3) years after the Date of Loss or date the claim is denied in whole or in part, whichever is later.
 - 3)** 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.
- 7)** If any difference shall arise as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to arbitration in accordance with the Indian Arbitration and Conciliation Act 1996, as amended, and the making of an award shall be a condition precedent to any liability for the Company to make any payment under this Policy.
- 8)** In the event of a claim under this Policy, the Policyholder and the Insured Person must fully cooperate with the Company in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that the Company may require.
- 9)** The Company shall not be bound or be affected by any notice of any trust, charge, lien, or other dealing with or in relation to this Policy.

ANNEXURE A

Ombudsman Details

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	Karnataka.

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Office Details	Jurisdiction of Office (Union Territory, District)
Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	
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).
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,	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

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Office Details	Jurisdiction of Office (Union Territory, District)
Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	
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, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia,

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Office Details	Jurisdiction of Office Union Territory, District)
	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, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
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, Vasant Rao 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."

Policy Wording

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Annexure

List I – Items for which coverage is not available in the policy

Sr. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE

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34	WALKING AIDS CHARGES	68	VASOFIX SAFETY
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List II – Items that are to be subsumed into Room Charges

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

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

Sr No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)

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3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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