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Operating Clause

We will provide Insurance coverage to You under this **Policy** up to **Sum Insured** or Limit of Indemnity and subject to **Co-Payment**, Waiting Periods, **Deductible** and **Time Deductible** mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.

The Coverage under this **Policy** is subject to statements of **Policy Holder** and/or Insured Persons in the Proposal form/enrolment form, declaration and/or medical reports, and the terms and conditions of this **Policy**.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable You to identify that particular word has a specific meaning for which You need to refer A - Definitions.

Section A- Definitions

1- Standard Definitions (Applicable to all Sections under the Policy)

- Def. 1. **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:
- Having qualified registered *AYUSH Medical Practitioner (s)* in charge;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 2. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by *AYUSH Medical Practitioner(s)* comprising of any of the following:
- Central or State Government AYUSH Hospital; or
 - 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 Treatment** refers to medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 4. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- Def. 5. **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. 6. **Condition Precedent** means a **Policy** term or condition upon which the Insurer's liability under the **Policy** is conditional upon
- 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. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- a) Internal **Congenital Anomaly**: **Congenital Anomaly** which is not in the visible and accessible parts of the body.
 - b) External **Congenital Anomaly**: **Congenital Anomaly** which is in the visible and accessible parts of the body.
- Def. 9. **Domiciliary Hospitalization** means medical treatment for an **Illness/disease/Injury** which in the normal course would require care and treatment at a **Hospital** but is actually taken while confined at home under any of the following circumstances:
- I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
 - II. the patient takes treatment at home on account of non-availability of room in a **Hospital**
- 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 **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** the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in

instalments during the policy period. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

Def. 15. **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:

- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a 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. 16. **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. 17. **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:

1. it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs on-going 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. 18. **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. 19. **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. 20. **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. 21. **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. 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 consultation** is a procedure where a Medical Practitioner reviews an Insured Person's medical history, medically examines the **Insured Person** and makes recommendations as to care and treatment.

Def. 24. **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. 25. **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. 26. **Medical Practitioner** 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 with the **Insured Person**'s and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this **Policy**.
- Medical practitioner for mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;
- Medical Practitioner (Definition applicable for Global Cover except in India)
Means a licensed medical practitioner acting within the scope of his/her license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.
- Def. 27. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.
- Def. 28. **Non Network** means any **Hospital**, Day Care Centre or other provider that is not part of the Network.
- Def. 29. **Non-instalment Premium Payment** refers to payment of premium for the entire policy period made in advance as a single premium.
- Def. 30. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- Def. 31. **OPD Treatment**. 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. 32. **Pre Existing Disease** means any condition, ailment, **Injury** or disease:
- a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- Def. 33. **Post Hospitalization 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. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 35. **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. 36. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the **Associated Medical Expenses**
- Def. 37. **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. 38. **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.

2- Specific Definitions (Applicable to all Sections under the Policy)

Def. 1. **Activities of Daily living** means

- 1) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 2) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- 3) Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- 4) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- 5) Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- 6) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

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

Def. 3. **Accidental Damage** means a fortuitous event or circumstance which is sudden, unexpected and unintentional, and includes resultant continuous, intermittent or repeated exposure.

Def. 4. Adventure Sports Activity means any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.

Def. 5. **Age** or **Aged** means completed years as at the **Policy Commencement Date**.

Def. 6. **Associated Medical Expenses** means Consultation fees, charges on Operation theatre, surgical appliances & nursing, and expenses on Anesthesia, blood, oxygen incurred during Hospitalization of the Insured Person

Def. 6. **AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Def. 7. **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. 8. **Catastrophic Event** means and includes Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood, Inundation and Earthquake

Def. 9. **Contract Owner** means the Association, Club or Franchise with whom the **Sports Player** has entered into the contract for employment or services

Def. 10. **Commencement Date** means the **Commencement Date** of the **Policy** as specified in the **Policy Schedule**.

Def. 11. **Coverage Period** means the Period between the Coverage effective date and the expiry date applicable to **Insured Person** specified in the **Policy Schedule**/Certificate of Insurance.

Def. 12. **Contract** means an agreement between two or more parties which sets out the terms, conditions, Rules and Regulations for performing the Sports Activity and other services by the **Insured Person** and is the basis of Coverage under Section B1, II of this Policy.

- Def. 13. **Dependent Child/Children** means living dependent child or children of **Insured Person** up to age of 25 years as on date of **Injury**, including legally adopted and step- children.
- Def. 14. **Fees or Remuneration** means the amount payable and insured under the Policy as applicable under the **Contract**. Fees means the amount payable to Policyholder and Remuneration means the amount payable to Insured Person.
- Def. 15. **Financial Institution** shall have the same meaning assigned to the term as per Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
- Def. 16. **EMI or EMI Amount** means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/**Financial Institution** and the **Insured Person** prior to the date of occurrence of the Insured Coverage. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured Person prior to the occurrence of the Insured Coverage will not be considered for the purpose of this Policy and shall be deemed as paid by the **Insured Person**
- Def. 17. **Immediate Family** mean an **Insured Person's** Spouse; children; children-in-law, siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward, step or adopted children; step-parents; aunts, uncles; nieces, and nephews.
- Def. 18. **Insured Journey** means **Insured Person's** trip via **Pre-booked Travel** including **Pre-booked Event**, commencing during **Period of Insurance**
- Def. 19. **Insured Person** means You and the persons/organization named in the **Policy Schedule**.
- Def. 20. **Life threatening Illness** shall mean a serious medical condition or symptom resulting from **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. 21. **Loss of Mastication** means the total and irrecoverable loss of ability to chew food.
- Def. 22. **Loss of hearing** means the total and irrecoverable Loss of Hearing.
- Def. 23. **Limb means** the hand above the wrist joint or foot above the ankle joint.
- Def. 24. **Loss of sight** means the total and irrecoverable Loss of Sight. This is considered to have occurred if the degree of sight remaining after correction is 3 / 60 or less on the Snellen Scale.
- Def. 25. **Loss of Speech** means the total and irrecoverable Loss of Speech
- Def. 26. **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. 27. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;
- Def. 28. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person;

but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;

- Def. 29. **Period of Insurance** means the period between the Coverage **Commencement Date** and the Expiry Date as specified in Certificate of Insurance of Insured Person for a Single Trip, Annual Trip or Multi Trip Policy
- Def. 30. **Permanent Total Disablement** means that the **Insured Person** is totally disabled from undertaking all the material duties of his/her usual occupation for which the **Insured Person** is reasonably fitted by training, education or experience for a continuous period of 365 days and, at the expiration of the 365 days period, it is reasonably certain that such disability will persist throughout the Insured Person's lifetime.
- Def. 31. **Policy** means **Policy** Holders and Insured Persons statements in the proposal form and Enrolment form, this **Policy** wording (including endorsements and Clauses if any), **Policy Schedule** and Certificate of Insurance (as the same may be amended from time to time) to which this **Policy** is attached.
- Def. 32. **Policy Period** means the period between the **Commencement Date** and the Expiry Date specified in the **Policy Schedule**. For **Insured Person** it means **Period of Insurance** as specified in the Certificate of Insurance or Endorsement
- Def. 33. **Policy Holder** means Person who has proposed the **Policy** and in whose name the **Policy** is issued
- Def. 34. **Policy Schedule** means Schedule attached to and forming part of this **Policy** mentioning the details of the Insured Persons, the **Sum Insured**, the period and the limits to which benefits under the **Policy** are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- Def. 35. **Pre-booked Travel** means booking of Flight tickets including Visa from Place of Origin to Place of Destination and vice versa booked before purchasing coverage under this **Policy** and before the journey starts
- Def. 36. **Pre-booked Event** means booking of Sport Activity or any other Event booked before purchasing coverage under this **Policy** and before the journey starts
- Def. 37. **Reconstructive Surgery** means surgery to restore function or normal appearance by reconstructing organs or parts prescribed as Medically Necessary by treating Medical Practitioner and does not include cosmetic or aesthetic surgery.
- Def. 38. **Single Trip** means one Trip to the destination(s) during the Period of Insurance.
- Def. 39. **Multi Trip** means multiple trips to the destination(s) during the Period of Insurance subject to per Trip duration and estimated number of Trips as opted and as specified in the Policy Schedule / Certificate of Insurance
- Def. 40. **Service Provider** means persons, organization named in the Schedule who have been appointed by Us to provide administrative services on Our behalf and at Our direction to the **Insured Person** in accordance with the terms of this **Policy**
- Def. 41. **Sum Insured** means the sum shown in the **Policy Schedule** which represents **Our** maximum liability for each **Insured Person** for any and all benefits claimed under a Section during the **Policy** Year. In case of Section B1-VI - **Hospital Cash**, the **Sum Insured** means the maximum number of days shown in the **Policy Schedule**.

In Case of Multi Trip: Sum Insured is cumulative limit for all the trips undertaken during the **Period of Insurance**. The sum insured once exhausted will not be reinstated for any section during the **Period of Insurance**.

- Def. 42. **Student Temporary Total Disablement** means disablement which temporarily and entirely prevents an **Insured Person** from attending full time education at Educational Institute where **Insured Person** is enrolled as a student before the date of **Injury**
- Def. 43. **Sports Player** means a natural person who enters into legal relationship with the **Contract Owner** for his representation, primarily in the area of Sports and other related activities.
- Def. 44. **Sport Event** means the event insured under the **Policy** under Section B1, II.
- Def. 45. **Sports Equipment** means equipment belonging to **Insured Person**, solely used in connection with **Sports Activity** covered under the Section.

- Def. 46. **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. 47. **Time Deductible** means a cost sharing requirement under a health insurance **Policy** that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A **Time Deductible** does not reduce the **Sum Insured**
- Def. 48. **Temporary Total Disablement** means disablement which temporarily and entirely prevents an **Insured Person** from engaging in or giving attention to the **Insured Person's** usual occupation.
- Def. 49. **Trip** means any journey undertaken within the Period of Insurance which commences when the **Insured Person** leaves Home for onward journey and terminates when he returns Home in case of return journey or reaches destination in case of a one way journey or the Policy Expiry date whichever is earlier.
- Def. 50. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited
- Def. 51. **Policyholder** means the Group Owner/Organization/association/entity/society named in the **Policy Schedule** who has concluded the terms on behalf of the Insured Persons and in whose name the **Policy** is issued.

3-Specific Definitions applicable to Dynamic Flight Delay

1. **Actual Arrival Time** means the date & time **Your Flight** arrives at its scheduled destination airport
2. **Actual Departure Time** means the date & time **Your Flight** takes off from its scheduled departure airport
3. **Your Flight** means a specified flight at a specified date and time for which **Insured Person** has a valid Reservation and which is insured under this Section.
4. **Period of Insurance** is the period shown as mentioned on the Schedule of Coverage in the Certificate of Insurance. It starts from the date and time of Your Flight and ends at the Actual Departure Time of Your Flight
5. **Scheduled arrival** time is the published scheduled time of arrival as stated in the original Reservation or revised **Arrival Time** communicated up to 6 hours prior to **Scheduled Departure time**
6. **Scheduled departure** time is the published scheduled time of departure as stated in the original Reservation or revised departure time communicated up to 6 hours prior to published departure time
7. **Sum Insured** means the benefit amount payable under this Section as defined against Delay Period and mentioned on the Certificate of Insurance/**Policy Schedule**, which represents **Our** maximum liability under this Section.
8. **Reservation** means the fact that the passenger has a confirmed ticket or boarding pass which indicates that the booking for travel on a particular flight has been accepted and registered by the Operating Airline.
9. **Operating Airline** means an airline that performs or intends to perform flights under a contract with a passenger or on behalf of another person, legal or natural, having a contract with that passenger.
10. **Delay Period** – means specified period of Delay in numbers/slabs of Minutes/hours which should elapse/pass after the Scheduled Departure Time or Scheduled **Arrival Time**, for **Insured Person** to be eligible to Claim under this Section.
11. **Delay/Delayed** means the difference between Actual and Scheduled Departure Time/Arrival time of Your Flight recorded by independent data provider of flight information as mentioned in the Schedule of Coverage on the **Policy Schedule**.

Section B – Coverage & Exclusion

Section 1 – SPORTify

We will pay under below listed Covers subject to **Sum Insured**, limits/Sub limits, **Co-Payment**, Deductible and **Time Deductible** as specified on the Schedule of Coverage in the Certificate of Insurance/**Policy Schedule**. Subject to otherwise terms and conditions of the **Policy**.

I. Personal Accident

1. Coverage

i. Accidental Death & Disappearance

a. Accidental Death

We will pay the **Sum Insured** if **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance/Policy Schedule, which shall within twelve months of its occurrence causes Death of **Insured Person**.

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** or;
- while undertaking a **Sports Activity** mentioned on Certificate of Insurance/Policy Schedule 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**.

ii. Permanent Disablement

We will pay the **Sum Insured**, corresponding to Disablement in accordance with the table below, if **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance/Policy Schedule, which shall within twelve (12) months of its occurrence causes Permanent Disablement as defined below and certified by Medical Practitioner.

| S No | Disablement | Percentage of Sum Insured payable |
|------|---|--|
| 1 | Permanent Total Disablement | 100% |
| 2 | Permanent and incurable insanity | 100% |
| 3 | Permanent Total Loss of two <i>Limbs</i> | 100% |
| 4 | Permanent Total Loss of <i>Sight</i> in both eyes | 100% |
| 5 | Permanent Total Loss of <i>Sight</i> of one eye and one <i>Limb</i> | 100% |
| 6 | Permanent Total Loss of <i>Speech</i> | 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 any of the three Activities of Daily living without full time assistance | 100% |
| 10 | Permanent Total Loss of <i>Hearing</i> in both ears | 75% |
| 11 | Permanent Total Loss of one <i>Limb</i> | 50% |
| 12 | Permanent Total Loss of <i>Sight</i> of one eye | 50% |
| 13 | Permanent Total Loss of <i>Hearing</i> in one ear | 15% |
| 14 | Permanent Total Loss of the lens in one eye | 25% |
| 15 | Permanent Total Loss of use of four fingers and thumb of either hand | 40% |

| | | |
|----|--|-------|
| 16 | Permanent Total Loss of use of four fingers of either hand | 20% |
| 17 | Permanent Total Loss of use of one thumb of either hand: | |
| A | Both joints | 20% |
| B | One joint | 10% |
| 18 | Permanent Total Loss of one finger of either hand: | |
| A | Three joints | 5% |
| B | Two joints | 3.50% |
| C | One joint | 2% |
| 19 | Permanent Total Loss of use of toes: | |
| A | All – one foot | 15% |
| B | Big – both joints | 5% |
| C | Big – one joint | 2% |
| D | Other than Big – each toe | 2% |
| 20 | Established non-union of fractured leg or kneecap | 10% |
| 21 | Shortening of leg by at least 5 cms. | 7.50% |
| 22 | Ankylosis of the elbow, hip or knee | 20% |
| 23 | Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of 75% of Sum Insured | 75% |

2. General Conditions applicable to Cover I – Personal Accident

1. The Coverage under this Section terminates on admissibility of Claim amount up to 100% of **Sum Insured**
2. In the event of admissible Claim for Accidental Death under any Cover, future Coverage under all other Sections of this **Policy** shall automatically terminate.
3. In the event of admissible Claim under this Coverage, any amount of Claim already paid will be deducted from the admissible Claim amount to arrive at Total **Sum Insured** payable under this Coverage.
4. 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 shown in the Table of Benefits, but shall not exceed the **Sum Insured**.

3. Optional Cover under Personal Accident

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for and subject to otherwise all other terms and conditions of the **Policy** and this Section.

i. Temporary Total Disablement – Accident

We will pay the **Sum Insured** per week subject to maximum number of weeks as specified in the Schedule of Coverage on the **Policy Schedule/Certificate of Insurance**, if **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance, which shall within twelve (12) months of its occurrence causes **Temporary Total Disablement**. The benefit is applicable up to period of disablement subject to maximum of number of weeks and **Sum Insured**.

ii. Temporary Total Disablement – Accident & Illness

We will pay the **Sum Insured** per week subject to maximum number of weeks as specified in the Schedule of Coverage on the **Policy Schedule/Certificate of Insurance**, if **Insured Person**;

a. sustains **Injury** or

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. UIN - HDFTGBP21269V022021

b. contracts **Illness**

during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance, which shall within twelve (12) months of its occurrence causes **Temporary Total Disablement**. The benefit is applicable up to period of disablement subject to maximum of number of weeks and **Sum Insured**.

Specific Exclusions applicable to Temporary Total Disablement due to Illness

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

a) Pre-existing Diseases – Code – Excl01

- i. Expenses related to the treatment of a **pre-existing disease** (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- ii. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- iii. If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- iv. Coverage under the **Policy** after the expiry of 36 months for any **pre-existing disease** is subject to the same being declared at the time of application and accepted by Insurer.

b) Specified Disease/Procedure waiting period- Code – Excl02

- i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- iii. If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
- iv. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- v. If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

Illness

| | |
|--|---|
| | Non infective Arthritis |
| Diseases of gall bladder including cholecystitis | Urogenital system e.g. Kidney stone, Urinary Bladder Stone |
| Pancreatitis | Ulcer and erosion of stomach and duodenum |
| All forms of Cirrhosis | Gastro Esophageal Reflux Disorder (GERD) |
| Perineal Abscesses | Perianal Abscesses |
| Cataract | Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism |
| Pilonidal sinus | |

| | |
|--|---------------------------------|
| Benign tumors, cysts, nodules, polyps including breast lumps | Osteoarthritis and osteoporosis |
| Polycystic ovarian diseases | Fibroids (fibromyoma) |
| Sinusitis, Rhinitis | Tonsillitis |
| Skin tumors | Benign Hyperplasia of Prostate |

Surgical Procedures

| | |
|--|--|
| Adenoidectomy, tonsillectomy | Tympanoplasty, Mastoidectomy |
| Dilatation and curettage (D&C) | Nasal concha resection |
| Myomectomy for fibroids | Surgery of Genito urinary system |
| Surgery on prostate | Cholecystectomy |
| Hernia | Hydrocele/Rectocele |
| Surgery for prolapsed inter vertebral disc | Joint replacement surgeries |
| Surgery for varicose veins and varicose ulcers | Surgery for Nasal septum deviation |
| Surgery for Perianal Abscesses | Fissurectomy, Haemorrhoidectomy, Fistulectomy, Ear, Nose, Throat surgeries |

c) 30-day waiting period – Code – Excl03

- i. Expenses related to the treatment of any illness within 30 days from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
- ii. This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

Specific Conditions applicable to Temporary Total Disablement (i) and (ii)

- 1) If **Injury or Illness** is sustained to or suffered in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks.
- 2) In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by a Medical Practitioner who certifies:
 - a) the date upon which the **Insured Person** recovered; or

4. Reasonable Care

The Insured Person shall take all safety precautions for the Sports Activity as mentioned under the Contract

5. Exclusions applicable to Cover I - Personal Accident including Optional Covers

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

- ii. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol (Unless prescribed by Medical Practitioner).
- iii. 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

- iv. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- v. Death or Disability suffered by the **Insured Person** on account of his participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- vi. Death or Disability 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).
- vii. Any **Insured Person** committing or attempting to commit intentional self-**Injury**(except in an attempt to save human life) or suicide.
- viii. From engaging in or participation in naval, military or air force operation.
- ix. Death or Disability suffered by **Insured Person** on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency
- x. Breach of Law: Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- xi. Death or disability suffered by **Insured Person** on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xii. **Injury** sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xiii. **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 **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

II. Loss of Fees

1. Coverage

We will indemnify the **Insured** in the manner specified in the Schedule of Coverage on the Certificate of Insurance/Policy Schedule, on loss of **Fees or Remuneration** as applicable under a contractual agreement between parties in the event of Non-participation/unavailability of the **Insured Person** for the event covered under the **Policy**, as a direct result of **Insured Person** contracting or meeting with an;

i. Accidental Death & Disappearance

Accidental Death

Where **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance, which shall within twelve (12) months of its occurrence causes Death of **Insured Person**.

Disappearance

Where **Insured Person's** body cannot be located within 365 Days;

- i. 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;
- ii. after and as a result of any **Catastrophic Event** during **Period of Insurance**
- iii. while undertaking a **Sports Activity** mentioned on Certificate of Insurance/**Policy Schedule**
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**.

ii. Accidental Injury

Where **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance including those arising out of aggravation of **Pre-existing Disease** which prevents the **Insured Person** to participate in or play the covered **Sports Activity** as certified by Medical Practitioner provided always that coverage is applicable only till the time **Injury** lasts as certified by Medical Practitioner.

iii. Illness

Where **Insured Person** contracts **Illness** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance including those arising out of aggravation of **Pre-existing Disease** which prevents the **Insured Person** to participate in or play the covered **Sports Activity** as certified by Medical Practitioner provided always that coverage is applicable only till the time **Illness** lasts as certified by Medical Practitioner.

2. Special Conditions applicable to Loss of Fees

- i. The Coverage is applicable till the time **Illness** or **Injury** lasts to the extent it continues to prevent the **Insured Person** from participation in the covered Sport Activity Where **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance)
- ii. In the event of a dispute arising as to when **illness** or **Injury** ended, the date shall be finally determined by a **Medical Practitioner** who certifies:
 - a) the date upon which the **Insured Person** recovered; or

3. Optional Covers under Loss of Fees

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for and subject to otherwise all other terms and conditions of the **Policy** and this Section.

i. EMI Protector

We will pay EMI due, of an active loan or Credit availed from a Financial Institution for each continuous and completed period of four(4) weeks of disability, in respect of the incidence(s) or occurrence(s) for which claim is admissible under Coverage (ii) or (iii). The payment is subject to maximum of number of EMI, and Sum Insured as mentioned in Schedule of Coverage on Policy Schedule/Certificate of Insurance.

4. Reasonable Care

The Insured Person shall take all safety precautions for the Sports Activity as mentioned under the Contract

5. Exclusions applicable to Loss of Fees and Optional Covers

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

5.a. Standard Exclusions

- i. **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.
- ii. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code – Excl12**

5.b. Specific Exclusions

- iii. Any Claim related to the treatment of a pre-existing Disease (PED) for which Medical Advice or treatment was recommended by a **Medical Practitioner** before **Period of Insurance** 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
- iv. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- v. Death, Disability or **Illness** suffered by the **Insured Person** on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- vi. 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).
- vii. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- viii. From engaging in or participation in or involvement in naval, military or air force operation.
- ix. on account of **Insured Person** not following the Rules, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Terms and Condition laid down by the Adventure Tour Operator and Sport Agency
- x. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xi. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.
- xii. Claim arising due to Sport Player's own criminal or felonious act
- xiii. on account of participation by **Insured Person** in any **Sports Activity** other than those covered and mentioned on the Certificate of Insurance/Policy Schedule
- xiv. Loss of **Fees or Remuneration** linked with performance or Consequential loss of any kind

III. Public Liability

1. Coverage

We will indemnify the **Insured Person** against legal liability including Defence Cost, to pay Damages for any third party Claims arising out of **Bodily Injury** or Property Damage caused by an **Accident only** while undertaking the covered **Sports Activity** mentioned in the Schedule of Coverage on **Policy Schedule**, during the **Period of Insurance**. The Claim under the section is subject to limit of Indemnity and mentioned on the Schedule of Coverage in the **Policy Schedule**

2. Specific definitions applicable to Public Liability

- 1. **Any one Accident** means maximum amount payable due to any one **Accident** as mentioned on the Certificate of Insurance/**Policy Schedule**
- 2. **Accidental** means a fortuitous event or circumstance which is sudden, unexpected and unintentional, and includes resultant continuous, intermittent or repeated exposure.
- 3. **Bodily Injury** means the death, physical bodily **Injury**, sickness or disease of a third person.
- 4. **Claim** means the receipt by the **Insured Person** of any written notice of demand for compensation or rectification made by or on behalf of a third party against the **Insured Person**, and/or any suit, claim, petition, writ, statement of claim, claim form, summons, application or other originating legal or arbitral process, cross-claim, counterclaim or third or similar party notice served upon the **Insured Person**.
All Claims resulting from one and the same act or a series of acts arising out of the same cause or event, or caused by continuous or repeated exposure to substantially the same harmful conditions, shall jointly constitute one Claim under this Cover and as having been made at the time when the first Claim was made in writing. The coverage for such Claims shall expire 3 years after the first Claim of such series has been notified to the Company.

5. **Defence Cost** means all costs, fees and expenses incurred with Company's prior written consent in the investigation, defence or settlement of any Claim and the Insured Person's costs of representation at any civil inquest, inquiry, or other proceedings in respect of matters which have a direct relevance to an actual or anticipated Claim against the Insured falling within the terms of this **Policy**.
6. **Damages** means monetary sums (including claimant's costs) payable pursuant to judgments or awards and/or settlements negotiated by or on behalf of the **Insured Person**, but shall not include fines, penalties, punitive damages, exemplary damages, non-pecuniary relief, taxes, or any other amount for which an **Insured Person** is not financially liable, or which is without legal recourse to the **Insured Person**, or any matter that may be or be deemed to be uninsurable under Indian law.
7. **Limit of Indemnity** means the amount stated in the Schedule, which shall be the Company's total liability under this **Policy** (inclusive of Damages and/or Defence Costs, and regardless of the number of Insureds or claimants or the total number or amount of Claims made against the Insured) for Any One Claim and in the aggregate for all Claims made against the **Insured Person** during the **Policy Period**.
8. **Property Damage** means actual physical damage to tangible material property belonging to a third person.

3. Terms and Conditions applicable to Public Liability Cover

i. Subrogation

The insured shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be necessary or required by the Company for the purpose of enforcing any rights or remedies or of obtaining relief or indemnity from parties (other than those insured under this Policy) to which the Company shall be or would become entitled or subrogated upon their paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company

ii. Contribution

If at the time of any loss or damage hereby insured there be any other subsisting insurance or insurances, whether effected by the **Insured Person** or by any other person or persons covering the Third party Claim insured under the Policy, **We** shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.

4. Specific Exclusions applicable to Public Liability

Unless expressly stated to the contrary, the Company is not liable for and no indemnity is available under this **Policy** for any Claim arising out of or connected to the following:

- i. Any agreed assumption of risk by the **Insured Person**, unless to the extent that liability would have attached in the absence of such agreement.
- ii. Any **Accident** arising out of the deliberate, wilful or intentional non-compliance with any statutory provision.
- iii. Any **Bodily Injury** of any person under a contract of employment or apprenticeship with the **Insured Person**, or the Insured Person's contractors or sub-contractors, if such **Injury** was contracted and/or arose out of and in the course of his/her employment.
- iv. The Insured Person's consequential losses of any kind, be they by way of loss of profit, loss of opportunity, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature and loss of goodwill.
- v. The infringement of plans, copyrights, patents, trade names, trademarks or registered designs.
- vi. Libel, slander, false arrest, wrongful eviction, wrongful detention, defamation including, anguish or shock resulting therefrom.
- vii. Any Claim caused by or contributed to by;
 - a. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
 - b. the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- viii. The ownership, possession or use by or on behalf of the **Insured Person** of any watercraft, hovercraft, or air- or spacecraft unless while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on **Policy Schedule**, during the **Period of Insurance**

- ix. Damage to property belonging to third parties that is rented, leased or hired or under hire-purchase or on loan to the **Insured Person**. An indemnity shall however be provided for Claims arising out of **Accidental** damage to premises or the contents thereof, that are temporarily occupied by the **Insured Person** for the purpose of performing Professional Sport but only to the extent the **Insured Person** is held legally liable for the same independently of any specific agreement relating to the use of the same.
- x. The deliberate, conscious or intentional disregard by the **Insured Person** of the need to take all reasonable steps to prevent **Injury** and/or Property Damage.
- xi. **Injury** and/or Property Damage occurring prior Coverage start date specified in the **Policy Schedule/Certificate of Insurance**.
- xii. Any liability under any other statute or law which attaches liability on a no fault basis.
- xiii. Any Claim made, threatened or intimated against the **Insured Person** prior to the **Period of Insurance**.
- xiv. Any Claim arising out of, or involving any fact or circumstance of which written notice has been given under any previous **Policy** (whether insured by the Company or not); or of which the Insured first became aware prior to the **Period of Insurance**.
- xv. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage to property by or under the order of any government or public local authority.
- xvi. Claim due to any other Sport Activity not covered under the **Policy**

IV. Trip/Event Cancellation

1. Coverage

We will indemnify the **Insured Person** towards official cancellation charges incurred by **Insured Person**, on cancellation of **Pre-booked Travel** Expenses and **Pre-booked Event** expenses, upto maximum of **Sum Insured**, in the event of following events occurring during **Period of Insurance** before the **Insured Journey** starts;

- i. The Accidental Death of the **Insured Person** or Insured Person's **Immediate Family**
- ii. **Hospitalization** of the **Insured Person** due to **Life threatening illness** or **Injury**.
- iii. Material loss or damage to the Insured Person's Home due to Fire, Burglary or **Catastrophic Event** 10 days prior to the commencement of an **Insured Journey** which renders Insured Person's place of residence or place of business uninhabitable
- iv. **Insured Person's** presence being required by the Police following burglary at **Insured Person's** place of residence or place of business 10 days prior to the commencement of an **Insured Journey**
- v. Government restrictions following Pandemic at Place of Origin or Destination
- vi. Government restrictions following **Catastrophic Event** at the Place of Origin or Destination

Which results in cancellation of Insured Person's **Pre-booked Travel** or **Pre-booked Event** at destination before the journey start date.

2. Specific Conditions and Exclusions applicable to Trip/Event cancellation

- a. We will not make payment for any claim in respect of any **Insured Person**, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**
 - i. Cancellation or postponement of Trip by the Common Carrier
 - ii. Cancellation of Event by the Event organiser or Company conducting the event
 - iii. Cancellation of Trip or Event by order of any Government (other than because **Catastrophic Event**)
 - iv. Cancellation of Trip or Event due to any reasons other than covered
 - v. Cancellation of Event by the Event organiser or Company conducting the event on account of bankruptcy
- b. No Claim shall be admissible under this Cover if the below information is made public which results into cancellation of **Insured Journey** before purchase of the Cover;
 - i. advance warning of Strikes or labor disputes
 - ii. change in laws, regulations or orders issued by the respective Government or the regulating authority which was publicly announced

- iii. permanent withdrawal of services of any tour operator, travel agent, airline or travel service provider due to reason which was publicly announced

V. Sports Equipment Cover

1. Coverage

If during the **Period of Insurance**, **Sports Equipment** belonging to the **Insured Person** stated in the Certificate of Insurance/**Policy Schedule** is lost due to Burglary, Theft or Hold-up, **We** will indemnify the **Insured Person** for the cost of the insured **Sport Equipment** subject to depreciation of 50% on each and every item and maximum up to **Sum Insured**.

2. Specific Definitions applicable to Sports Equipment Cover

- a. **Burglary** means loss due to theft or destruction of Sport Equipment insured following upon actual forcible and violent entry of and/or exit from the premises.
- b. **Hold-up** means when the **Insured Person** or its personnel is/are threatened by any weapon and there exists a possibility of actual physical threat to the **Insured Person** or its personnel.

3. Specific Conditions applicable to Sports Equipment Cover

i. Single Article limit

Unless specifically and separately stated on Certificate of Insurance/**Policy Schedule**, the Company's liability in respect of each article/articles or pairs shall not exceed 5% of the **Sum Insured** of Insured **Sports Equipment** stated in the Certificate of Insurance/**Policy Schedule**.

ii. Articles in Pair or Sets

Where the insured **Sports Equipment** consists of articles in pair or set, the Company's liability in respect thereof shall not exceed the value of any particular part or parts which may be lost or damaged without reference of any special value not more than proportionate part of Insured value of the pair or set.

iii. Average

If the value of **Sports Equipment** hereby insured shall at the time of any loss or damage be collectively of greater value than the **Sum Insured** thereon, then the **Insured Person** shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss or damage accordingly. Every item, if more than one, in the Certificate of Insurance/**Policy Schedule**, shall be separately subject to this condition.

iv. Reasonable Care

The **Insured Person** shall take all reasonable steps to safeguard the property insured against loss that may give rise to Claim under this **Policy**

v. Subrogation

The insured shall at the expense of the Company do and concur in doing and permit to be done all such acts and things as may be necessary or required by the Company for the purpose of enforcing any rights or remedies or of obtaining relief or indemnity from parties (other than those insured under this Policy) to which the Company shall be or would become entitled or subrogated upon their paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company

vi. Contribution

If at the time of any loss or damage happening to **Sports Equipment** hereby insured there be any other subsisting insurance or insurances, whether effected by the **Insured Person** or by any other person or persons covering the same **Sports Equipment**, **We** shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.

4. Specific Exclusions applicable to Sports Equipment Cover

1. Loss of insured Sport Equipment from safe, following use of the key or any duplicate thereof or access code to the safe belonging to the **Insured Person**, unless this has been obtained by Hold-up.
2. Loss to money, diamonds, precious or semi-precious stone, metals, bullion, furs, medals, numismatic property, rare books, curios or works of art, securities, manuscripts, deeds, bonds, bills of exchange, promissory notes, stocks or share certificates, stamps and travel tickets or traveller's cheque, business books or documents, plans, designs, blue prints, cards evidencing affiliation / membership with any third party programme or club.
3. Loss while in the custody of or being used by anyone other than the **Insured Person**.
4. Theft from any car, except car of fully enclosed saloon type having at the time all the doors, windows and other openings securely locked.
5. Loss, arising from war, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, insurrection, civil commotion, military or usurped power, seizure, capture confiscation, arrests, restraints and detainment by the order of any Government or any other authority. In any action suit or other proceedings where the Company alleges that by reason of the above provisions any loss or damage is not covered by this insurance, the burden of proving that such loss or damage is covered shall be upon the Insured.
6. Any loss arising through delay, detention or confiscation by Customs or other authorities.
7. Any loss whatsoever, resulting or arising there from or any consequential loss, and any legal liability of whatsoever nature, caused by or contributed to by or arising from ionizing radiation or contamination by radioactivity, from any source whatsoever.
8. Any loss caused by or contributed to by or arising from nuclear weapons material.
9. Loss or damage to the insured property due to riot, strike and malicious act.
10. Any loss, damage, cost or expense of whatsoever nature caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
11. Consequential loss or legal liability of any kind.
12. **Accidental** damage of any kind
13. Loss attributable to wilful or gross negligence on part of the **Insured Person** or any other person acting on behalf **Insured Person**

VI. Hospital Cash

1. Coverage

Hospital Cash – Accident

We will pay Sum Insured for each continuous and completed period of 24 hours on Medically Necessary;

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- i. **Hospitalization**
- ii. Domiciliary **Hospitalization**
- iii. **Hospitalization** for AYUSH Hospital

of an **Insured Person** due to **Injury** sustained including aggravation of **Pre-existing Disease** during **Period of Insurance**, including and while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance.

The payment is subject to **Time Deductible** and per day benefit **Sum Insured** for up to maximum number of benefit days as specified on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.

2. Optional Covers under Hospital Cash

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance. These Covers are optional and applicable only if opted for and subject to otherwise all other terms and conditions of the **Policy** and this Section.

i. **Companion Benefit**

In the event of admissible Claim under this Coverage, **We** will pay additional **Sum Insured** towards expenses of an accompanying person during **Hospitalization** of the **Insured Person**.

ii. **Hospital Cash – ICU**

In the event of **Hospitalization** of **Insured Person** under Coverage, for which admission is required in an **Intensive Care Unit**, **We** will pay **Sum Insured** for each continuous and completed period of 24 hours of **Hospitalization** in **Intensive Care Unit**.

iii. **Time Deductible modification option**

On availing this option, **Time Deductible** as mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance will be applied on each and every admissible Claim under the **Policy**.

3. Exclusions applicable to Hospital Cash

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

- i. Any Claim related to the treatment of a pre-existing Disease (PED) for which Medical Advice or treatment was recommended by a **Medical Practitioner** before **Period of Insurance**
- ii. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic 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, unless prescribed by Medical Practitioner
- iii. 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
- iv. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- v. **Injury** suffered by the **Insured Person** on account of his participation as the driver, co-driver or passenger during trial runs using a motorized vehicle or bicycle
- vi. **Injury** 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).

- vii. **Hospitalization** due to engaging in or participation in or involvement in naval, military or air force operation.
- viii. On account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Terms and Condition laid down by the Adventure Tour Operator and Sport Agency.
- ix. Breach of Law: **Hospitalization** for treatment directly arising from or consequent upon any **Insured Person** committing or 'attempting to commit a breach of law with criminal intent.
- x. Whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xi. Whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.
- xii. Circumcisions (unless necessitated by **Injury** and forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description and sex transformation operations.
- xiii. Hospitalization for Cosmetic or Plastic Surgery unless following an **Accident** or Burn(s) 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.
- xiv. Hospitalization for Congenital external diseases, defects or anomalies
- xv. Hospitalization for Experimental, investigational or Unproven treatments, devices and pharmacological regimens.
- xvi. Any Hospitalization for Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.

VII. Emergency Medical Expenses

1. Coverage

Emergency Medical Expenses - Accident

We will pay Medical Expenses listed below for an **Emergency Care** of an **Insured Person** due to an **Injury** sustained only

While undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance/Policy Schedule during the **Period of Insurance**, subject to **Co-Payment**, **Deductible** and **Sub-limit** as applicable.

Medical Expenses

1. **Room Rent** and boarding in the event of **Hospitalization** of **Insured Person**
2. **Intensive Care Unit** charges in the event of **Hospitalization** of **Insured Person**
3. **Post Hospitalization expenses** up to 30 days
4. Consultation fees & Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenses listed above for **Domiciliary Hospitalization** in India only

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to In-patient care AYUSH treatment sustained due to an Injury while undertaking the **Sports Activity** mentioned in the Certificate of Insurance is also covered under 'Emergency Medical Expenses' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this cover.

Room Rent & Proportionate deduction:

In the event of **Hospitalization**, **Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent 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 in respect of **Hospitals** where differential billing for **Associated Medical Expenses** is not followed based on **Room Rent**

2. Optional Covers under Emergency Medical Expenses

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for and subject to otherwise all other terms and conditions of the **Policy** and this Section.

i. Emergency Medical Expenses – Global

On availing this Cover, **We** will pay Medical Expenses under this Coverage incurred all over the world where such treatment cannot be postponed until the **Insured Person** has returned to India.

ii. Co-Payment

On availing this Cover, **Co-Payment** will be applicable as mentioned in the Schedule of Coverage on the Certificate of Insurance/**Policy Schedule** on all **Hospitalization** Claims under this Coverage.

3. Exclusions applicable to Medical Expenses

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

3.a. Standard Exclusions

- i. **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.
- ii. **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.
- iii. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- iv. 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
- v. 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
- vi. **Unproven Treatments-** 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. Code – Excl16

3.b. Specific Exclusions

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

- i. 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.
- ii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide.
- iii. Any Insured Person's participation or involvement in naval, military or air force operation.
- iv. Congenital external diseases, defects or anomalies,
- v. Circumcisions (unless necessitated by Injury and forming part of treatment).
- vi. Any Convalescence, ,sanatorium treatment, or long-term nursing care.
- vii. 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 and is attached and also available at www.hdfcergo.com.
- viii. The provision or fitting of hearing aids, spectacles or contact lenses.
- ix. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- x. 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). Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

VIII. Broken Bones

1. Coverage

We will pay the **Sum Insured** corresponding to Fracture in accordance with table below, if **Insured Person** sustains **Injury only** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, which results in Fracture defined below.

| | | % of Sum Insured payable |
|----|--|---------------------------------------|
| | Fracture | |
| 1) | Fractures of the Skull: a) Compound fracture with damage to the brain tissue b) Compound fracture without damage to the brain tissue c) All other fractures | 100 75 50 |
| 2) | Fractures of hip or pelvis (excluding thigh or coccyx): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures | 100 50 30 20 |
| 3) | Fracture of thigh or heel: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures | 50 40 30 20 |
| 4) | Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures | 40 30 20 12 |

| | | |
|----|---|---------------------|
| | c) Multiple fractures, at least one complete d) All other fractures | |
| 5) | Fractures of Lower Jaw: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures | 30 20 16 8 |
| 6) | Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel): a) All compound fractures b) All other fractures | 20 10 |
| 7) | Colles type fracture to the Lower Arm: a) Compound b) Other | 20 10 |
| 8) | Fractures of Spinal Column (Vertebrae but excluding coccyx): a) All compression fractures b) All spinous, transverse process or pedicle fractures c) All other vertebral fractures | 20 20 10 |
| 9) | Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures | 16 12 8 4 |

2. General Conditions applicable to Broken Bones

The Claims under this Section are payable subject to;

- Extent and nature of fracture is certified by Medical Practitioner.
- The total amount payable under this Section, in respect of more than one fracture due to the same **Injury**, will be calculated by adding the various benefits together, but shall not exceed the **Sum Insured** under this Section.

3. Specific Exclusions applicable to Broken Bones

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

- The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic 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 unless prescribed by Medical Practitioner
- 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
- Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- 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).
- Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- From engaging in or participation in or involvement in naval, military or air force operation.

- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Terms and Condition laid down by the Adventure Tour Operator and Sport Agency Breach of Law: Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or 'attempting to commit a breach of law with criminal intent.
- ix. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- x. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.
- xi. on account of participation by **Insured Person** in any **Sports Activity** other than those covered and mentioned on the Certificate of Insurance/**Policy**

1A. Optional Covers under Section 1 – SPORTify

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for and subject to otherwise terms and conditions of the **Policy**.

i. Mobility Extension Benefit

We will pay the **Sum Insured** to the **Insured Person** towards the cost of;

- 1) a self-powered, climbing wheelchair; and/or
- 2) adjustment of Control in Insured Person's Motor Vehicle, owned prior to disablement; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence,

certified as necessary by Medical Practitioner if during **Period of Insurance**, **Insured Person** sustains **Injury only** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance, which, within 12 months of its occurrence results in **Permanent Total Disablement**

Exclusions applicable to Mobility Extension Benefits

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

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner.
- 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 travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. 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. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.

- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or **civil commotion** or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

Reasonable Care

The Insured Person shall take all safety precautions for the Sports Activity as mentioned under the Contract.

ii. Reconstructive Surgery Benefit

We will pay **Sum Insured** on Medically Necessary **Hospitalization** of an **Insured Person** for Medically Necessary **Reconstructive Surgery** required as a direct result of **Insured Person** sustaining **Injury only** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**.

Exclusions applicable to Reconstructive Surgery Benefit

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

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner..
- 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 travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. 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. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or **civil commotion** or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

Reasonable Care

The Insured Person shall take all safety precautions for the Sports Activity as mentioned under the Contract

iii. Medical Evacuation & Repatriation Cover

a. Medical Evacuation

If **Insured Person** sustains **Injury** or contracts **Illness only** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, We will indemnify the **Insured Person** 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 **Illness/Accident** to the nearest **Hospital**, that ground transportation cannot provide.

b. Repatriation of Mortal remains

If **Insured Person** sustains **Injury** only while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, which within twelve (12) months of its occurrence causes Death of **Insured Person**, We will indemnify the nominee towards the cost of transportation of mortal remains of **Insured Person** from the location of Death to nearest **Hospital**, cremation/burial ground or **Insured Person's** residence

General Conditions applicable to Medical Evacuation and Repatriation Cover

1. The Coverage under this Section terminates on admissibility of Claim amount up to 100% of **Sum Insured**
2. In the event of admissible claim under a. Medical Evacuation and subsequent claim under b. Repatriation of Mortal remains, any amount of Claim already paid under this Cover will be deducted from the admissible Claim amount to arrive at total **Sum Insured** payable under this Cover.

Exclusions applicable to Medical Evacuation and Repatriation Cover

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

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner.
- 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 travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. 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. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**

- xi. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

Reasonable Care

The Insured Person shall take all safety precautions for the Sports Activity as mentioned under the Contract

iv. Dependent Children Education Benefit

We will pay the **Sum Insured** towards education of **Dependent Children**, if **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance, which within twelve (12) months of its occurrence, causes **Death** or **Permanent Total Disablement** of **Insured Person**.

General Conditions applicable to Dependent Children Education Benefit

- 1) This Coverage is applicable only to living **Dependent Children**
- 2) The **Sum Insured** for this Cover is the total claim amount payable for all **Dependent Children** combined

Exclusions applicable to Dependent Children Education Benefit

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

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner.
- 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 travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. 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. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life)
- vii. From engaging in or participation in or involvement into naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or **civil commotion** or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

Reasonable Care

The Insured Person shall take all safety precautions for the Sports Activity as mentioned under the Contract

v. Home Tuition Benefit

We will pay the **Sum Insured** towards Home Tuition Fees if **Insured Person** sustains **Injury only** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, which results in **Student Temporary Total Disablement** or Student Permanent Disablement.

Specific Exclusions applicable to Home Tuition Benefit

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

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner.
- 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 travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. 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. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or **civil commotion** or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

Reasonable Care

The Insured Person shall take all safety precautions for the Sports Activity as mentioned under the Contract

vi. Funeral Expenses Benefit

We will pay the **Sum Insured** towards Funeral Expenses of **Insured Person**, if **Insured Person** sustains **Injury** during **Period of Insurance** and while undertaking the **Sports Activity** covered under, which results in Death within twelve (12) months of its occurrence.

Exclusions applicable to Funeral Expenses Benefit

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

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner..
- 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 travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding Test drives) using a motorized vehicle or bicycle
- v. 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. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- ix. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- x. whilst or as a result of active participation in any violent labour disturbance, riot or **civil commotion** or public disorder.
- xi. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

Reasonable Care

The Insured Person shall take all safety precautions for the Sports Activity as mentioned under the Contract

Section 2 – Dynamic Flight Delay

1. Coverage

We will pay Insured Person **Sum Insured** if your flight is delayed beyond the **Delay Period** in the manner specified in the Schedule of Coverage on Certificate of Insurance/**Policy Schedule** or cancelled, provided that;

1. You have a valid Reservation of Your Flight

2. Specific Exclusions applicable to Dynamic Flight Delay

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

1. **We** shall not pay any benefit under this Section if this Cover is purchased after any of the below information is made public which results into delay of the Your Flight:
 - i. advance warning of Strikes or labor disputes
 - ii. change in laws, regulations or orders issued by the respective Government or the regulating authority which was publicly announced
 - iii. permanent withdrawal of services of any tour operator, travel agent, airline or other service provider due to any reason whatsoever which was publicly announced
 - iv. government restrictions on the travel to destination or grounding of Aircrafts
2. **We** shall not be liable for any claim arising out of war or any act of war, invasion, act of foreign enemy, hostilities (whether declared or not), (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, chemical or biological weapons.
3. Any act of Terrorism which means an act, use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
 4. Cancellation of Your Flight by You

Section C – General Terms and Conditions

1. **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 misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the **Insurer**.

2. **Special Provisions**

Any special provisions subject to which this **Policy** has been entered into and endorsed in the **Policy** or in any separate instrument shall be deemed to be part of this **Policy** and shall be within the ambit of Policy terms and conditions.

3. **Entire Contract**

The **Policy** constitutes the complete contract of insurance. No change or alteration in this **Policy** shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the **Policy**.

4. **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.

5. **Right to inspect**

If required by the Company, an agent/representative of the Company including an Investigator or Surveyor appointed on that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The **Policy Holder/Insured Person** shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under the **Policy**.

6. **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**.

7. **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.

8. **Moratorium Period**

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

9. **Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

10. **Geography**

The **Policy** provides worldwide coverage unless specified in the Coverage otherwise

11. **Renewal**

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause of this schedule.

- a) Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.

- b) The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- c) No loading shall apply on renewals based on individual claims experience
- d) The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- e) Renewal premium due can be paid prior to the due date as per norms set out by the Company.

12. Grace Period (applicable only for Section B1-I -3 ii Temporary Total Disablement – Accident & Illness)

- i. A Grace Period of 30 days for Renewal of Coverage is applicable under the Policy issued on Annual basis. However, Hospitalization or diagnosis of an Illness/Surgical Procedure contracted or Injury sustained during the Grace Period will not be admissible under the Policy.
- ii. For Renewal received after completion of 30-day Grace Period, the Coverage would be considered as fresh without any Renewal benefits

13. Cancellation

- i. Cancellation by Insurer

We may cancel the **Policy** or Coverage on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form/enrolment form by **Policy Holder** or **Insured Person** upon giving 7 days' notice. No refund will be allowed in this case.

- ii. Cancellation by **Insured Person** –

For Single Trip:

The Coverage under the **Policy** can be cancelled within 24 hours of enrolment under the Policy and only for travel period beyond 48 hours from the time of such cancellation request. Full refund will be allowed in this case.

No refund for cancellation beyond 24 hours of enrolment under the Policy

For Annual and Multi-Trip:

The Coverage under the Policy can be cancelled by informing the Company and the refund premium paid shall be adjusted on the basis of the Company retaining a minimum of Rs. 251(two fifty one only) or Short term scale basis as applicable basis the following grid:

Refund of premium on cancellation will be made under the Policy subject to no claims being paid or admitted by the Company.

| Month | % Refund |
|----------------|----------|
| Up to 1 month | 75.0% |
| Up to 3 month | 50.0% |
| Up to 6 month | 25.0% |
| Beyond 6 month | 0.0% |

For Instalment options-

- In case of Instalment option, 50% of current instalment premium will be refunded when policy is cancelled within 6 months else no refund will be payable.
- In case of admissible claim under the policy, future instalments will be adjusted in the claim amount and no refund of any premium will be applicable during policy year.

14. **Endorsements**

The following endorsements are permissible during the **Coverage Period**:

Non-Financial Endorsements – which do not affect the premium

- Minor rectification/correction in name of the **Policy Holder/Insured Person** (and not the complete name change)
- Rectification in gender of the **Insured Person** (if this does not impact the premium)
- Rectification of date of birth of the **Insured Person** (if this does not impact the premium)
- Change in the correspondence address of the **Policy Holder/Insured Person** (if this does not impact the premium)
- Change in Nominee Details
- Change in bank details
- Any other non-financial endorsement

Financial Endorsements – which result in alteration in premium

- Cancellation of **Policy**
- Any other financial endorsement

15. **Premium payment in Instalments**

If the **Policyholder/Insured Person** has opted for Payment of Premium on an instalment basis i.e. Single, Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- Grace Period** as mentioned in the table below would be given to pay the instalment premium due for the **Policy**.

| Options | Instalment Premium Option | Grace Period |
|----------|---------------------------|--------------|
| Option 1 | Half Yearly | 30 days |
| Option 2 | Quarterly | 30 days |
| Option 3 | Monthly | 15 days |

- 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).
- The **Insured Person** will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated **Grace Period** available under section B1 I.3ii Temporary Total Disablement – Accident & Illness
- No interest will be charged If the instalment premium is not paid on due date.
- In case of instalment premium due not received within the **Grace Period**, the Policy will get cancelled.
- In the event of a claim **Company** has the right to cover, all subsequent premium instalments due and payable.
- The **Company** has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by instalment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by 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 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

16. **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholder/**Insured Person** about the same 90 days prior to expiry of the policy.

17. **Possibility of Revision of terms of the Policy including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Policyholder/**Insured Person** shall be notified three months before the changes are effected.

18. **Settlement (Provision for Penal Interest)**

- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- 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 intimation to the date of payment of claim at a rate 2% above the bank rate.
- c. 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. 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. 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. 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. Upon acceptance of an offer of settlement by the Insured Person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Person. If We, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of Insured Person and to investigate the circumstances pertaining to the claim.
- d. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

19. **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**.

Section D- Other Terms & Conditions

1 – Claims Procedure

On the occurrence of any event that may give rise to a Claim under this **Policy**, the Claims Procedure set out below shall be followed.

| | | |
|--|---------------------------------|--|
| Claim Intimation | | You shall intimate the Claims to Us through any available mode of communication as specified in the Certificate of Insurance/Policy , or Our Website; You can register your claim through Our web portal, my : health Mobile App /IPO, e-mail, Call to Our call center. |
| Claim Intimation Timelines | | Immediately within 15 days of Hospitalization/Injury/loss/damage under this Policy : |
| Claim Documents Submission timelines | | Immediately within 15 days of claim intimation. |
| Particulars to be provided to Us for Claim notification | | <ol style="list-style-type: none"> 1. Certificate Number/Policy Number 2. KYC document, if claim amount is more than 1 Lakh 3. Name of the Insured Person(s) named in the Policy Schedule/Certificate of insurance availing treatment 4. Nature of Injury, Hospitalization, loss or damage 5. Name and address of the attending Medical Practitioner/Hospital 6. Date of admission & probable date of discharge |
| Personal Accident | 1. Accidental Death | <ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Medical Practitioner's Report 4. Medico Legal Certificate 5. First Information Report and Final Police report, wherever is necessary 6. Death certificate 7. Post mortem/FSL (Forensic science laboratory)report, if conducted – To check for drug abuse/intoxication 8. Any other supporting documents as may be required by the Company 9. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| | 2. Permanent Disablement | <ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Medical Practitioner's Report 4. Medico Legal Certificate 5. First Information Report and Final Police report 6. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 7. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; 8. Original Discharge summary from the Hospital Medical reports, case histories, investigation reports,treatmentpapers as applicable. 9. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 10. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |

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|--------------------------------|---------------------------------------|---|
| | 3. Temporary Total Disablement | <ol style="list-style-type: none">1. Duly completed and signed claim form2. Policy/Certificate Copy3. Medical Practitioner's Report4. Medico Legal Certificate5. First Information Report and Final Police report6. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury;7. Original Discharge summary from the Hospital8. Medical reports, case histories, investigation reports, treatment papers as applicable.9. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest.10. Leave certificate from the employer (If Employed)11. Fitness certificate from Medical practitioner Insured's own Indian bank cancelled cheque copy and bank details in attached format12. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format |
| Loss of Fees | | <ol style="list-style-type: none">1. Duly completed and signed claim form2. Policy/Certificate Copy3. Medical Practitioner's Report4. Medical Practitioner's certificate on disability to appear for the Sport Event insured5. Medico Legal Certificate6. First Information Report and Final Police report, wherever is necessary7. Fitness certificate, obtained before the contract8. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury;9. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amount, Principal Outstanding, etc.10. Death certificate11. Post Mortem Report, if conducted and12. Indemnity bond13. Original Discharge summary from the hospital14. Any other supporting documents as may be required by the Company15. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format |
| Public Liability | | <ol style="list-style-type: none">1. Duly completed and signed claim form2. Policy/Certificate Copy3. FIR document mentioning the details of incidence in detail.4. Legal notice issued to insured mentioning the amount for which the insured is legally liable.5. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India.6. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Trip/Event Cancellation | | <ol style="list-style-type: none">1. Duly completed and signed claim form2. Policy/Certificate Copy3. Copy of travel itinerary4. Verification of trip payment5. Proof or event and travel booking document6. Proof of cancellation of event and travel documents7. Original airline tickets, vouchers or cruise documents |

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|--|---|
| | <ol style="list-style-type: none"> Copy of trip cancellation statement from airline/cruise line, hotel, itemizing non-refundable charges Copy of any refund cheque or credit voucher Itemized expense receipts If the trip cancellation is due to insured's relative's death or any medical condition to the insured then medical documents confirming the same. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Sports Equipment Cover | <ol style="list-style-type: none"> Duly completed and signed claim form Policy/Certificate Copy Repair bill F.I.R / Final Investigation report (for theft/RSMDT Claims). Statement of Witness, if any Invoice of the equipment purchase Letter of Indemnity. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Hospital cash | <ol style="list-style-type: none"> Duly completed and signed claim form Policy/Certificate Copy Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit First consultation letter from treating Medical Practitioner Certificate from treating Medical Practitioner, specifying the duration and etiology MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Emergency Expenses Medical | <ol style="list-style-type: none"> Duly completed and signed claim form Policy/Certificate Copy Consultation note or Emergency Room's Medical Practitioner medical report. Relevant treatment papers or Discharge Summary. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable All relevant Original Invoices for the expenses incurred. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Broken Bones | <ol style="list-style-type: none"> Duly completed and signed claim form Policy/Certificate Copy Medical Practitioner's Report First Information Report and Final Police report Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; Original Discharge summary from the hospital Medical reports, case histories, investigation reports, treatment papers as applicable. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable |

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| | <ol style="list-style-type: none"> 10. Relevant treatment papers clearly mentioning the areas of fracture with their severity. 11. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Mobility Extension cover | <ol style="list-style-type: none"> 1. Duly completed and signed claim form. 2. Policy/Certificate Copy 3. Expenses incurred towards supporting equipment (wheel chair, railings, customized motor vehicle) 4. Consultation Note OR Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary. 5. Copy of the passport showing the date of entry journey from India. 6. All relevant Original Invoices for the expenses incurred. 7. Letter from treating Medical Practitioner mentioning the reason for disablement and confirming the disablement. 8. Expenses incurred towards supporting equipment (wheel chair, railings, and customized motor vehicle). 9. Details of home, office and /or vehicle or towards purchase of an Artificial limb/wheelchair/or any limb during claim processing 10. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Reconstructive Surgery Cover | <ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Consultation note or Emergency Room's Medical Practitioner medical report Relevant treatment papers or Discharge Summary. 4. Documents confirming date of accident and date of reconstruction surgery 5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 6. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 7. All relevant Original Invoices for the expenses incurred. 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Medical Evacuation and Repatriation | <ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Consultation note or Emergency Room's Medical Practitioner medical report 4. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 5. All relevant Original Invoices for the expenses incurred towards ambulance facility. 6. A covering letter from claimant mentioning the details of loss. 7. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Dependent Education Benefit Child | <ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Consultation Note OR Emergency Room's Medical Practitioner medical report OR 4. Relevant Treatment Papers OR Discharge Summary. . 5. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. 6. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 7. Death certificate |

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|-----------------------------|--|
| | 8. Final police investigation report 9. Post-mortem Report or Coroner's Report 10. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable. 11. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Home Tuition Benefit | 1. Duly completed and signed claim form 2. Policy /Certificate Copy 3. Consultation Note OR Emergency Room's Medical Practitioner medical report OR 4. Relevant Treatment Papers OR Discharge Summary. 5. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 6. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 7. Proof of expenses made towards the expenses made towards home tuition by qualified person of dependent child. 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 9. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Flight Delay | 1. Duly completed and signed claim form 2. Policy /Certificate Copy 3. Boarding Pass/Proof of travel 4. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. |
| Condonation of Delay | If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control. |

Cashless

1. Applicable only for Emergency Medical Expenses section under *SPORTify*

2. Conditions for obtaining **Cashless facility**:

- Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and Empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
- We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
- Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization/treatment**, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- If the claim is not notified to **Us** within the specified time limits, then **We** shall be provided the reasons for the delay in writing. **We** will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

3. **Particulars to be provided for pre-authorization:**

- Policy Number
- Name of the Insured person(s) named in the Policy schedule availing treatment

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. UIN - HDFTGBP21269V022021

- iii. Nature of Illness, loss or damage
- iv. Name and address of the attending Medical Practitioner/Hospital
- v. Date of admission & probable date of discharge
- vi. Approximate Claim Expenses
- vii. Any other relevant information as required

4. Process for Pre Authorization

| Cashless Hospitalization within India | |
|--|-----|
| 5. Process for Overseas Claims | |
| i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation | i. |
| ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; | ii. |
| <ul style="list-style-type: none"> a) Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or b) Reject the request for pre-authorization specifying reasons for the rejection | |

- **You** shall immediately contact **Us** on any of the following and intimate the claim
 - o Global Contact No : +800 08250825 (prefix area code accessible from outside India only)
 - o Landline no (Chargeable) : +91-120-4507250 or 0120-4507250
 - o Email - travelclaims@hdfcergo.com
- On registration of claim via Phone Call / Email to **Us**, **Your Policy** Verification will be done
- **We** will send the intimation mail received from **You** to the **Service Provider**
- **Service Provider** shall send the ROMIF (Release of Medical Information Form)/ ROI (Right of Information) form along with the checklist to **You** for signature and consent.
- On receipt of the signed ROMIF from **You** the **Service Provider** will then retrieve **Your** medical records from the Hospital along with invoices and will collect the documents (claim form, passport copy) from **You**
- **We** will intimate the claim on basis of the documents received from the **Service Provider**
- If these details are not provided in full or are insufficient for **Us** to consider the request, **We/Service Provider** will request additional information or documentation
- On receipt of the complete documents, either
 - o **Service Provider** will place the guarantee of payment with the hospital and will settle the bills on **Our** behalf, Or
 - o Will reject the request specifying reasons for rejection. The cost will then have to be borne by **You**
- If the Hospital does not accept the guarantee of payment from the **Service Provider**, **We** shall not be held liable for the same. The cost will then have to be borne by **You**
- In case of rejection of request for cashless settlement, **You** may raise a reimbursement request with **Us** along with required documents.
- Reimbursement claim documents to be scanned and sent at travelclaims@hdfcergo.com or processing@hdfcergo.com (size limit 2 MB) or can be submitted at the below address:

HDFC ERGO General Insurance Co Ltd
 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East
 Mumbai-400059, Ph-66383600 extn-3221

Payment of Claim

- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- 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 intimation to the date of payment of claim at a rate 2% above the bank rate.
- c. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of Insured Person and to investigate the circumstances pertaining to the claim.
- d. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

Contact Us

| | Within India | Outside India |
|---|--|---|
| Claim Intimation: | Service No. 022-62346234 / 0120-62346234 Email:healthclaims@hdfcergo.com Service No. 022-62346234 / 0120-62346234 Email:healthclaims@hdfcergo.com Reimbursement Claim Intimation: Visit www.hdfcergo.com - > Help - > Claim Registration | Contact No: 800 08250825 Global ContactNo : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Emailtravelclaims@hdfcergo.com |
| Claim document submission at address | HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh | HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, AndheriKurla Road, Andheri East, Mumbai-400059, Ph-022 66383600 |

Redressal of Grievance

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

- Website: www.hdfcergo.com
- Contact No: 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022 6234 6234 / 0120 6234 6234
- E-mail: care@hdfcergo.com

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

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com

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

| Contact Points | First Contact Point | Escalation level 1 | Escalation level 2 |
|----------------------------------|--|--|--|
| Contact us at | https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234 | https://www.hdfcergo.com/customer-care/grievances/escalation/level/1 Call - : 022 6234 6234 / 0120 6234 6234 | https://www.hdfcergo.com/customer-care/grievances/escalation/level/2 Call - : 022 6234 6234 / 0120 6234 6234 |
| Contact Point for Senior Citizen | https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234 | https://www.hdfcergo.com/customer-care/grievances/escalation/level/1 Call - : 022 6234 6234 / 0120 6234 6234 | https://www.hdfcergo.com/customer-care/grievances/escalation/level/2 Call - : 022 6234 6234 / 0120 6234 6234 |
| Write to us at | care@hdfcergo.com | grievance@hdfcergo.com | cgo@hdfcergo.com |
| Visit us | Grievance cell of any of our Branch office | The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078 | The Chief Grievance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020 |

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://igms.irda.gov.in/>.

Latest contact details of Offices of Insurance Ombudsman are provided below

List of Ombudsman:

| S.No | Office Details | Jurisdiction of Office (Union Territory, District) |
|------|--|--|
| 1 | AHMEDABAD Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| 2 | BENGALURU Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 | Karnataka. |

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|---|--|---|
| | Email: bimalokpal.bengaluru@cioins.co.in | |
| 3 | BHOPAL Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202: Email : bimalokpal.bhopal@cioins.co.in | Madhya Pradesh, Chhattisgarh. |
| 4 | BHUBANESWAR Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in | Odisha. |
| 5 | CHANDIGARH Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in | Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh. |
| 6 | CHENNAI Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in | Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry). |
| 7 | DELHI Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in | Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh. |

| | | |
|----|---|---|
| 8 | GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| 9 | HYDERABAD Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in | Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry. |
| 10 | JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in | Rajasthan. |
| 11 | KOCHI Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in | Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry. |
| 12 | KOLKATA Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in | West Bengal, Sikkim, Andaman & Nicobar Islands. |

| | | |
|----|---|---|
| 13 | LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in | Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, 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. |
| 14 | MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in | Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane). |
| 15 | NOIDA Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in | State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |
| 16 | PATNA Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in | Bihar, Jharkhand. |
| 17 | PUNE Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in | Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region). |

Annexure I - List of Non-Medical Expenses

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

| S. 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 | 59 | KIDNEY TRAY |

| | | | |
|----|----------------------|----|----------------------|
| | OF BED CHARGE) | | |
| 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 |
| 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 |
| 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 | 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 |