

## TravelX

## PROSPECTUS

## Introduction

This policy has been designed to provide comprehensive coverage to Groups (as defined in Health Insurance regulations 2016) against Sports Activities organized within India or Globally. The Product offers coverage against Personal Accident, Loss of Fees, Public Liability, Trip/Event Cancellation, Sports Equipment Cover, Delayed Flight Departure etc with multiple sum insured options under one umbrella.

Various optional covers are offered under this policy like Mobility Extension Benefit, Reconstructive Surgery, Dependent Child Education Benefit, Home Tuition Benefit etc.

The Company will pay the Sum Insured as opted under the applicable section, to the Insured person.

## A – Coverage

## 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 &amp; 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 <b>Sum Insured</b> payable
1	<b>Permanent Total Disablement</b>	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two <i>Limbs</i>	100%
4	Permanent Total <i>Loss of Sight</i> in both eyes	100%
5	Permanent Total <i>Loss of Sight</i> of one eye and one <i>Limb</i>	100%
6	Permanent Total <i>Loss of Speech</i>	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total <b>Loss of Mastication</b>	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 <b>Activities of Daily living</b> without full time assistance	100%
10	Permanent Total <i>Loss of Hearing</i> in both ears	75%
11	Permanent Total Loss of one <i>Limb</i>	50%
12	Permanent Total <i>Loss of Sight</i> of one eye	50%
13	Permanent Total <i>Loss of 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 <b>Sum Insured</b>	75%

## 2. General Conditions applicable to Cover I – Personal Accident

- The Coverage under this Section terminates on admissibility of Claim amount up to 100% of **Sum Insured**
- In the event of admissible Claim for Accidental Death under any Cover, future Coverage under all other Sections of this **Policy** shall automatically terminate.
- 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.
- 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. 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

- 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).
- 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.
- 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
- 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).
- Any **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 naval, military or air force operation.
- 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

- ix. 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.
- x. Death or disability suffered by **Insured Person** on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. **Injury** sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xii. **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.

#### 4. 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
- 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.Kidneystone,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

**5. Reasonable Care**

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

**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. 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

- 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**
- 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**
- iv. 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
- v. 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.
- vi. 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
- vii. 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).
- viii. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- ix. From engaging in or participation in or involvement in naval, military or air force operation.
- x. 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
- 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.
- xiii. Claim arising due to Sport Player's own criminal or felonious act
- xiv. on account of participation by **Insured Person** in any **Sports Activity** other than those covered and mentioned on the Certificate of Insurance/Policy Schedule
- xv. Loss of **Fees or Remuneration** linked with performance or Consequential loss of any kind

### 4. 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.

### 5. Reasonable Care

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

## 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. 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**

### 3. 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.

#### 4. 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.

## 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. 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**
3. **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.
4. **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.

## 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;

- 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. 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.

### 3. 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**.

## 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. **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:

Permanent 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. **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
- vii. 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.
- viii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide .
- ix. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- x. Congenital external diseases, defects or anomalies,
- xi. Circumcisions (unless necessitated by **Injury** and forming part of treatment).
- xii. Any Convalescence, , sanatorium treatment, or long-term nursing care.
- xiii. **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](http://www.hdfcergo.com).
- xiv. The provision or fitting of hearing aids, spectacles or contact lenses.
- xv. 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.
- xvi. 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](http://www.hdfcergo.com)

### 3. 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.

## 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.

	Fracture	% of Sum Insured payable
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 c) Multiple fractures, at least one complete d) All other fractures	40 30 20 12
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. 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:

- i. 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
- 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, 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. .

- xii. on account of participation by **Insured Person** in any **Sports Activity** other than those covered and mentioned on the Certificate of Insurance/**Policy**

### 3. General Conditions applicable to Broken Bones

The Claims under this Section are payable subject to;

- 1) Extent and nature of fracture is certified by Medical Practitioner.
- 2) 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.

#### 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.

#### 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
  - v.
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

## 2. 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**.

#### Product Details:

<b>Product Name</b>	TravelX				
<b>Product Type</b>	Individual Sum Insured Basis				
<b>Age Limit (Age last Birthday as at Policy Inception date)</b>	Minimum Entry Age - 91 days Maximum Entry Age - Lifetime				
<b>Policy Type</b>	Benefit and Indemnity				
<b>Sum Insured Limit and Co-Payment</b>	<b>Se c</b>	<b>Sub sec</b>	<b>Coverag e</b>	<b>Sum Insured</b>	<b>Co-Payment / Deductible</b>
	<b>A. SPORTify</b>				
	<b>1</b>	<b>I</b>	<b>Personal Accident</b>		<NA>
		i	Accidental Death and Disappearance	Rs. (10,000-25 Crs.)	
		ii	Permanent Disability	Rs. (10,000-25 Crs.)	
		II	Optional Cover Personal Accident		
		i	Temporary	Rs. ( 500 - 1	



		Total Disablement-Accident only		
	ii	Temporary Total Disablement-Accident & Illness only	Lakh) 104 weeks	
	iii	Modification of time deductible for TTD	1/2/3 weeks	Deductible 1/2Weeks
<b>2</b>	<b>I</b>	<b>Loss of Fees*</b>		
	i	Accidental Death and Disappearance	Rs. (50,000-100 Crs.)	<NA>
	ii	Accidental injury	Rs. (50,000-100 Crs.)	
	iii	Illness	Rs. (50,000-100 Crs.)	
	II	Optional Cover under Loss of Fees		
	i	EMI Protector	Rs. (5, 000- 5 Crs.)	
<b>3</b>	<b>I</b>	<b>Public Liability *</b>	Rs. (50,000- 35 Crs.)	Deductible 1 / 10 Lakh
<b>4</b>	<b>I</b>	<b>Trip/ Event Cancellation*</b>	Rs. (5,000-10 Lakhs)	<NA>
<b>5</b>	<b>I</b>	<b>Sports Equipment Cover</b>	Rs. (5,000-1Cr.)	<NA>
<b>6</b>	<b>I</b>	<b>Hospital Cash</b>		
	i	Hospital Cash - Accident	Rs. (500 to 20,000)	<NA>
	II	Optional Cover under Hospital Cash		
	i	Companion benefit	.5X/1X	
	ii	Hospital Cash – ICU	2X/3X/4X/5X/10X	
	iii	Time Deductible Modification Option	<Time deductible Opted>	Deductible 72Hours/120 Hours

	7	I	<b>Emergency Medical Expenses (EME)</b>		
		i	Emergency Medical Expenses (EME) - Accident	Rs. (50,000-1Cr.)	
		II	Optional Cover under EME		
		i	Emergency Medical Expenses (EME) - Global	Rs. (50,000-1Cr.)	
		ii	Co-Payment		10%/15%/20%
	9	I	<b>Broken Bones</b>	Rs. (50,000-5 Lakhs)	<NA>
	<b>Optional Coverages</b>				
		i	Mobility Extension Cover*	Rs.(10,000 to 5 Lakhs)	<NA>
		ii	Reconstructive Surgery Cover*	Rs.(1Lakh to 10 Lakhs)	<NA>
		iii	Medical Evacuation and Repatriation Cover	Rs.(2.5 Lakhs/5 Lakhs/10 Lakhs/15 Lakhs)	<NA>
		iv	Dependent Child Education Benefit	Rs.(10,000 to 25 Lakhs)	<NA>
		v	Home Tuition Benefit	Rs.(10,000 to 10 Lakhs)	<NA>
		vi	Funeral Expense Benefit	Rs.(5,000 to 10 Lakhs)	<NA>
	<b>B. Dynamic Flight Delay*</b>				
	1	<b>Total Delay Departure Delay</b>			Rs.(500 – 10,000)

<b>Basis of Payment</b>	<p><b>For SPORTify</b>  <b>Claim payment on benefit basis for sections :</b>  I Personal Accident  VI Hospital Cash  IX Broken Bones  <b>Optional Cover</b>  I. Mobility Extension Benefit  II. Reconstructive Surgery Benefit  III. Dependent Child Education Benefit  IV. Home Tuition Benefit  V. Funeral Expense Benefit</p> <p><b>Claim payment on Indemnity basis for sections :</b>  II Loss of Fees<sup>#</sup>  III Public Liability  IV Trip /Event Cancellation  V Sports Equipment Cover  VII Emergency Medical Expenses  VIII EMI Protector  <b>Optional Cover</b>  iii Medical Evacuation and Repatriation Cover</p> <p><b>For Dynamic Flight Delay</b>  Benefit Basis</p> <p><b>#Loss of Fees (How it works)–</b></p> <ul style="list-style-type: none"> <li>• Policy Holder: Any affinity group e.g. Sports activities organizer, Sport associations etc.</li> <li>• Insured: Members of the Group</li> </ul> <p>Beneficiary could be individuals or the policy holder. In the event that the Policyholder has a financial interest with the members of the Group (e.g. Sport associations/franchises) the benefit would be paid to the policyholder as applicable</p>
<b>Policy Duration</b>	Upto 1 Year Min. Policy Duration for Single Trip – 30 mins.
<b>Period Of Insurance</b>	i. Single Trip ii Annual - Multi Trip iii Annual Policy
<b>List of Documents to be collected</b>	Completely filled proposal form / enrolment form/ any other relevant document.

\*Sum Insured for USD will be same as in INR

X= Sum Insured selected in Hospital cash

### Claims Procedure

On the occurrence of any Claim under this Policy, the Claims Procedure set out below shall be followed.

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

	<b>3. Temporary Total Disablement</b>	<ol style="list-style-type: none"><li>1. Duly completed and signed claim form</li><li>2. <b>Policy</b>/Certificate Copy</li><li>3. <b>Medical Practitioner's</b> Report</li><li>4. Medico Legal Certificate</li><li>5. First Information Report and Final Police report</li><li>6. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the <b>Injury</b>;</li><li>7. Original Discharge summary from the <b>Hospital</b></li><li>8. Medical reports, case histories, investigation reports, treatment papers as applicable.</li><li>9. Letter from treating <b>Medical Practitioner</b> mentioning the reason and date for disablement and confirming the disablement. And advised days of rest.</li><li>10. Leave certificate from the employer (If Employed)</li><li>11. Fitness certificate from <b>Medical practitioner</b> Insured's own Indian bank cancelled cheque copy and bank details in attached format</li><li>12. <b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format</li></ol>
<b>Loss of Fees</b>		<ol style="list-style-type: none"><li>1. Duly completed and signed claim form</li><li>2. <b>Policy</b>/Certificate Copy</li><li>3. <b>Medical Practitioner's</b> Report</li><li>4. <b>Medical Practitioner's</b> certificate on disability to appear for the <b>Sport Event</b> insured</li><li>5. Medico Legal Certificate</li><li>6. First Information Report and Final Police report, wherever is necessary</li><li>7. Fitness certificate, obtained before the contract</li><li>8. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the <b>Injury</b>;</li><li>9. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amount, Principal Outstanding, etc.</li><li>10. Death certificate</li><li>11. Post Mortem Report if conducted</li><li>12. Indemnity bond</li><li>13. Original Discharge summary from the hospital</li><li>14. Any other supporting documents as may be required by the Company</li><li>15. <b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format</li></ol>
<b>Public Liability</b>		<ol style="list-style-type: none"><li>1. Duly completed and signed claim form</li><li>2. <b>Policy</b>/Certificate Copy</li><li>3. FIR document mentioning the details of incidence in detail.</li><li>4. Legal notice issued to insured mentioning the amount for which the insured is legally liable.</li><li>5. Copy of the passport showing the date of entry and exit related to journey (to &amp; fro) from India.</li></ol>

	6. <b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.
<b>Trip/Event Cancellation</b>	<ol style="list-style-type: none"> <li>1. Duly completed and signed claim form</li> <li>2. <b>Policy</b>/Certificate Copy</li> <li>3. Copy of travel itinerary</li> <li>4. Verification of trip payment</li> <li>5. Proof of event and travel booking document</li> <li>6. Proof of cancellation of event and travel documents</li> <li>7. Original airline tickets, vouchers or cruise documents</li> <li>8. Copy of trip cancellation statement from airline/cruise line, hotel, itemizing non-refundable charges</li> <li>9. Copy of any refund cheque or credit voucher</li> <li>10. Itemized expense receipts</li> <li>11. 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.</li> <li>12. <b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>
<b>Sports Cover</b> <b>Equipment</b>	<ol style="list-style-type: none"> <li>1. Duly completed and signed claim form</li> <li>2. <b>Policy</b>/Certificate Copy</li> <li>3. Repair bill</li> <li>4. F.I.R / Final Investigation report (for theft/RSMdT Claims).</li> <li>5. Statement of Witness, if any</li> <li>6. Invoice of the equipment purchase</li> <li>7. Letter of Indemnity.</li> <li>8. <b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>
<b>Hospital cash</b>	<ol style="list-style-type: none"> <li>1. Duly completed and signed claim form</li> <li>2. <b>Policy</b>/Certificate Copy</li> <li>3. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for <b>Hospital</b> cash benefit</li> <li>4. First consultation letter from treating Medical Practitioner</li> <li>5. Certificate from treating Medical Practitioner, specifying the duration and etiology</li> <li>6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable</li> <li>7. NEFT details &amp; cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.</li> <li>8. <b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>
<b>Emergency Medical Expenses</b>	<ol style="list-style-type: none"> <li>1. Duly completed and signed claim form</li> <li>2. <b>Policy</b>/Certificate Copy</li> <li>3. Consultation note or Emergency Room's Medical Practitioner medical report.</li> </ol>



	<ol style="list-style-type: none"> <li>Relevant treatment papers or Discharge Summary.</li> <li>Copy of the passport showing the date of entry and exit related to journey (to &amp; fro) from India.</li> <li>MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable</li> <li>All relevant Original Invoices for the expenses incurred.</li> <li><b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>
<b>Broken Bones</b>	<ol style="list-style-type: none"> <li>Duly completed and signed claim form</li> <li><b>Policy</b>/Certificate Copy</li> <li>Medical Practitioner's Report</li> <li>First Information Report and Final Police report</li> <li>Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury;</li> <li>Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability;</li> <li>Original Discharge summary from the hospital</li> <li>Medical reports, case histories, investigation reports, treatment papers as applicable.</li> <li>MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable</li> <li>Relevant treatment papers clearly mentioning the areas of fracture with their severity.</li> <li><b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>
<b>Mobility cover      Extension</b>	<ol style="list-style-type: none"> <li>Duly completed and signed claim form.</li> <li><b>Policy</b>/Certificate Copy</li> <li>Expenses incurred towards supporting equipment (wheel chair, railings, customized motor vehicle)</li> <li>Consultation Note OR Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary.</li> <li>Copy of the passport showing the date of entry journey from India.</li> <li>All relevant Original Invoices for the expenses incurred.</li> <li>Letter from treating <b>Medical Practitioner</b> mentioning the reason for disablement and confirming the disablement.</li> <li>Expenses incurred towards supporting equipment (wheel chair, railings, and customized motor vehicle.</li> <li>Details of home, office and /or vehicle or towards purchase of an Artificial limb/wheelchair/or any limb during claim processing</li> <li><b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>
<b>Reconstructive Surgery Cover</b>	<ol style="list-style-type: none"> <li>Duly completed and signed claim form</li> <li><b>Policy</b>/Certificate Copy</li> <li>Consultation note or Emergency Room's <b>Medical Practitioner</b></li> </ol>

	<p>medical report</p> <p>Relevant treatment papers or Discharge Summary.</p> <ol style="list-style-type: none"> <li>Documents confirming date of accident and date of reconstruction surgery</li> <li>MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable</li> <li>Copy of the passport showing the date of entry and exit related to journey (to &amp; fro) from India.</li> <li>All relevant Original Invoices for the expenses incurred.</li> <li><b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>
<b>Medical Evacuation and Repatriation</b>	<ol style="list-style-type: none"> <li>Duly completed and signed claim form .</li> <li><b>Policy</b>/Certificate Copy</li> <li>Consultation note or Emergency Room's Medical Practitioner medical report</li> <li>Copy of the passport showing the date of entry and exit related to journey (to &amp; fro) from India.</li> <li>All relevant Original Invoices for the expenses incurred towards ambulance facility.</li> <li>A covering letter from claimant mentioning the details of loss.</li> <li><b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>
<b>Dependent Child Education Benefit</b>	<ol style="list-style-type: none"> <li>Duly completed and signed claim form</li> <li><b>Policy</b>/Certificate Copy</li> <li>Consultation Note OR Emergency Room's Medical Practitioner medical report OR</li> <li>Relevant Treatment Papers OR Discharge Summary. .</li> <li>Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident.</li> <li>Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability;</li> <li>Death certificate</li> <li>Final police investigation report</li> <li>Postmortem Report or Coroner's Report</li> <li>MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.</li> <li><b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>
<b>Home Tuition Benefit</b>	<ol style="list-style-type: none"> <li>Duly completed and signed claim form</li> <li><b>Policy</b>/Certificate Copy</li> <li>Consultation Note OR Emergency Room's Medical Practitioner medical report OR</li> <li>Relevant Treatment Papers OR Discharge Summary. .</li> <li>Copy of the passport showing the date of entry and exit related to journey (to &amp; fro) from India.</li> <li>Disability certificate from a government certified Medical Practitioner</li> </ol>

	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. <b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.
<b>Flight Delay</b>	1. Duly completed and signed claim form 2. <b>Policy</b> /Certificate Copy 3. Boarding Pass/Proof of travel 4. <b>Insured Person's</b> own Indian bank cancelled cheque copy and bank details in attached format.
<b>Condonation of Delay</b>	If the claim is not notified/ or submitted to <b>Us</b> within the specified time limits, then <b>We</b> shall be provided the reasons for the delay in writing. <b>We</b> 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 SPORT*ify*
2. Conditions for obtaining **Cashless facility**:
  - i. **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**.
  - ii. 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.
  - iii. 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.
  - iv. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
  - v. 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**:
  - i. Policy Number
  - ii. Name of the Insured person(s) named in the Policy schedule availing treatment
  - 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

## 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**

The Company shall be under no obligation to renew the **Policy**/Coverage on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at **Renewal** based on claim experience and a fresh assessment of the risk. This **Policy** may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of **Renewal**. Unless renewed as herein provided, this **Policy** shall automatically terminate at the expiry of the **Policy Period/Coverage Period**.

#### 12. **Grace Period (applicable only for Section I.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
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Option 1	Half Yearly	30 days
Option 2	Quarterly	30 days
Option 3	Monthly	15 days

- i. *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).*
- ii. 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 I.ii Temporary Total Disablement – Accident & Illness
- iii. No interest will be charged If the instalment premium is not paid on due date.
- iv. In case of instalment premium due not received within the **Grace Period**, the Policy will get cancelled.
- v. In the event of a claim **Company** has the right to cover, all subsequent premium instalments due and payable.
- vi. 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. 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

If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents. 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. **We** and **Our**

#### 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**.

### Contact Us

	Within India	Outside India
<b>Claim Intimation:</b>	Service No. 022-62346234 / 0120-62346234 Email:healthclaims@hdfcergo.com Reimbursement Claim Intimation: Visit <a href="http://www.hdfcergo.com">www.hdfcergo.com</a> - > Help - > Claim Registration	ntact No: 800 08250825 Global Contact Toll +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Emailtravelclaims@hdfcergo.com
<b>Claim document submission at address</b>	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

### Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out orrenewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rupees Ten Lakh Rupees.

**IRDAI Regulation no 5-** This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests)  
Regulation

**DISCLAIMER:** THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.

**Premium Table: As Attached**



### **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 OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG





33	MORTUARY CHARGES	67	AMBULANCE
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