

ADITYA BIRLA HEALTH INSURANCE CO. LIMITED.
Group Travel Protect - Policy Terms and Conditions

Section A. PREAMBLE

This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form. This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions as specified in the Policy Schedule/Certificate of Insurance/Product Benefit Table of this Policy.

You/ group Policyholder/ group organiser shall at all times ensure compliance with the requirements of the applicable IRDAI norms, as may be amended from time to time. Provided that in case You/ group Policyholder/ group organiser fails to ensure compliance with the requirements of the applicable IRDAI norms, the Insurer shall have a right to cancel the group Policy with or without notice

Section B. DEFINITIONS

The terms and conditions, benefits, exclusions, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy. *The terms listed in Section B (Definitions) and which have been used elsewhere in the Policy shall have the meaning set out against them in Section B (Definitions), wherever they appear in the Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.*

I. Standard Definitions:

	<u>Term</u>	<u>Definition</u>
1.	Accident / Accidental	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2.	Any one Illness	means a continuous Period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where the treatment may have been taken
3.	Cashless facility	means a facility extended by the Insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
4.	Condition Precedent	means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
5.	Congenital Anomaly	refers to a condition which is present since birth, and which is abnormal with reference to form, structure or position. a) Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body b) External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body.
6.	Co-payment	is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
7.	Day Care Centre	means any institution established for day care treatment of illness and/or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under—

		<ul style="list-style-type: none"> a) has qualified nursing staff under its employment; b) has qualified Medical Practitioner/s in charge; c) has a fully equipped operation theatre of its own where surgical procedures are carried out; d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel;
8.	Dental Treatment	means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
9.	Day Care Treatment	<p>refers to medical treatment, and/or surgical procedure as specified under Annexure I which is:</p> <ul style="list-style-type: none"> a) undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and b) which would have otherwise required a hospitalization of more than 24 hours. <p>Treatment normally taken on an out-patient basis is not included in the scope of this definition;</p>
10.	Deductible	means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee / applicable currency amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any Benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
11.	Disclosure to information norm	Means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
12.	Emergency Care	means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
13.	Grace Period	means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
14.	Hospital	<p>means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:</p> <ul style="list-style-type: none"> a) has qualified nursing staff under its employment round the clock; b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places; c) has qualified medical practitioner(s) in charge round the clock; d) has a fully equipped operation theatre of its own where surgical procedures are carried out; e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel. <p>Or</p> <p>Hospital (international)</p>

		Any institution established for in- patient care and day care and treatment of Injury or Illness and which has been registered as a Hospital with the local authorities or/ and recognized as a hospital in the country in which it is situated;
15.	Illness	<p>means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.</p> <p>a) Acute condition: Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.</p> <p>b) Chronic condition: A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:</p> <ol style="list-style-type: none"> i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests ii. it needs ongoing or long-term control or relief of symptoms iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it iv. it continues indefinitely v. it recurs or is likely to recur
16.	Injury	means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner;
17.	Inpatient Care	means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event;
18.	Intensive Care Unit	means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards;
19.	ICU Charges	means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
20.	Hospitalization	means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours;
21.	Maternity expenses	shall include— <ol style="list-style-type: none"> a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization). b) expenses towards lawful medical termination of pregnancy during the policy period;
22.	Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription;
23.	Medical Expenses	means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not

		been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment;
24.	Medical Practitioner	means a person who holds a valid registration from the medical council of any State and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes a physician and / or surgeon;
25.	Medically Necessary Treatment	Any treatment, tests, medication, or stay in hospital or part of a stay in hospital which: <ul style="list-style-type: none"> a) is required for the medical management of the illness or injury suffered by the insured; b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity; c) must have been prescribed by a medical practitioner; d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
26.	Pre-existing Disease (PED)	Any condition, ailment, injury or disease: <ul style="list-style-type: none"> a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement Or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement;
27.	Network Provider	Hospitals enlisted by an insurer or by an Assistance Service Provider and insured together to provide services to an insured on payment by a cashless facility;
28.	Non-Network Provider	means any hospital, day care centre or other provider that is not part of the network;
29.	Notification of Claim	means the process of notifying a claim to the insurer or TPA through any of the recognized modes of communication;
30.	OPD Treatment	means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient;
31.	Surgery / Surgical Procedure	means manual and / or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or a day care centre by a medical practitioner;
32.	Qualified Nurse	is a person who holds a valid registration from the Nursing Council in the respective jurisdiction;
33.	Reasonable and Customary Charges	means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved;
34.	Renewal	means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods;
35.	Room Rent	means the amount charged by a Hospital towards Room and Boarding expenses and shall include associated Medical Expenses;
36.	Unproven / Experimental Treatment	means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

II. Specific Definitions:		
37.	Adventure Sports	means those sports / activities which involves speed, height, a high level of physical exertion and high degree of inherent danger. These sports are either played for recreational / leisure purpose or as part of intercollegiate activity(ies). Such sports are racing on wheels or horseback, power boat racing, ski racing, hunting or equestrian activities, big game hunting, rock climbing/trekking/mountaineering, winter sports, Skydiving, Parachuting, paragliding/parapenting, Scuba Diving, ski doo riding, cavin/pot holing, bungee jumping, hell skiing, ski acrobatics, ski jumping, water ski jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting, black water rafting, yachting or boating outside coastal waters, canoeing involving rapid waters, micro-lighting, motor rallying, piloting aircraft, power lifting, quad biking, river boarding, river bugging, rodeo, roller hockey.
38.	Age	means the completed age of the Insured Person on his last birthday;
39.	Activity of Daily Living	<ul style="list-style-type: none"> a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; d) Mobility: the ability to move indoors from room to room on level surfaces; e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; f) Feeding: the ability to feed oneself once food has been prepared and made available.
40.	Ambulance	means a road vehicle or aircraft operated by a licensed / authorized service provider only and equipped for the transport and paramedical treatment of the person requiring medical attention;
41.	Annual Multi Trip Cover	means a cover under the Policy under which there can be more than one Period of Insurance for the Insured Person during the Policy Period, subject to the maximum trip duration (per trip) specified on the Policy Schedule/ Certificate of Insurance or as opted;
42.	Article	means a particular item or object in a pair / set. E.g. a pair of earrings.
43.	Assistance Service Provider	means the service provider specified in the Policy Schedule and/or Certificate of Insurance, appointed by Us from time to time;
44.	Burglary	means any act of actual, forcible and violent entry and or exit from the premises of the Insured Person with intent to commit an act of crime or theft.
45.	Certificate of Insurance	means the certificate We issue to an Insured Person evidencing cover under the Policy;
46.	Checked-In Baggage	means the baggage (luggage and personal possessions belonging to or in the lawful custody of the Insured Person) offered by the Insured Person and accepted for custody by a Common Carrier for transportation in the same Common Carrier in which the Insured Person is travelling and for which the Common Carrier has provided a baggage receipt, and the contents of the baggage checked-in by the Insured Person as long as such contents do not violate any policy or rule restricting the nature of items that may be carried on board. This shall exclude all the items that are carried/ transported under a contract of affreightment;

47.	City of Residence	means and includes any city, town or village in which the Insured Person is currently residing in India and as specified in the Insured Person's corresponding address in the Policy Schedule/Certificate of Insurance;
48.	Claim	means a demand made in accordance with the terms and conditions of the Policy for payment under a Benefit or Optional Extension in respect of an Insured Person;
49.	Company/We/Us/Our	(also referred as) means the Aditya Birla Health Insurance Company Limited;
50.	Common Carrier	means any civilian land or water conveyance or scheduled aircraft or as specified individually in the Policy Schedule operated under a valid license for the transportation of fare paying passengers under a valid ticket or as self-driven rental vehicles operated by aggregators under a valid license;
51.	Country of Residence	means the country in which the Insured Person is currently residing and as specified in the Insured Person's corresponding address as specified in the Policy Schedule or Certificate of Insurance, which for the purpose of this Policy shall be India;
52.	Contents	mean and include Appliances, furniture, fixture, fittings, linen, clothing, kitchen items, cutlery /crocery etc, contained in the Insured Person's home belonging to the Insured Person or to any Immediate Family Members permanently residing with the Insured Person including items for which the Insured Person is responsible, and used for domestic use. However, Contents does not include any deeds, bonds, bills of exchange, promissory notes, Cheques, traveler's cheques, and securities for money, documents of any kind, cash and currency notes.
53.	Damages	means sums payable following judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, 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 deemed to be uninsurable under Indian Law;
54.	Dependent Child	means a child (natural or legally adopted), who is: <ul style="list-style-type: none"> a) Financially dependent on the Insured Person; b) Does not have his independent sources of income; and c) Has not attained Age 25 years;
55.	Defence Costs	are reasonable costs necessarily incurred in defending the Insured Person against any civil proceeding initiated against him/her, during the Trip Duration.
56.	Diagnosis	means conclusion drawn by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
57.	Domestic Travel	means Trip involving Insured Person(s) travelling only within geographical boundaries of India.
58.	Excess Amount	is the amount the Insured Person is obliged to pay arising from physical loss of or damage to the rental car whilst in the Insured Person's control and custody during the covered trip
59.	Event	means any official sporting occasion, music concert, exhibition, educational / cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction, where admission is only by way of tickets purchased before the inception of the trip.
60.	Family	Means and includes Insured Person, legal spouse, son, daughter, son-in-law, daughter-in-law, parents, parent-in-laws, sister, brother, grandchildren and grandparents.

61.	Felonious Assault	means any wilful or unlawful use of force upon the Insured Person that is a felony or misdemeanour in the jurisdiction in which it occurs, and which results in Injury to the Insured Person .
62.	Gadget	<p>a. Mobile phones, Tablet, Laptops and other portable electronic devices designed to have a main function of communication, computing, entertainment, navigation or photography and capable of being powered by their own internal battery,</p> <p>b. Portable electronic devices as specified in the Policy Schedule Accessories and equipment designed to be used with devices are excluded</p>
63.	Geographical Scope	means the countries or geographical boundaries in which the coverage under the Policy is valid as specified in the Policy Schedule/ Certificate of Insurance;
64.	Hijack	means any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of the Common Carrier in which the Insured Person is travelling
65.	Immediate Family Member	means any member of the Insured Person's immediate family i.e. the Insured Person's spouse, children, son, daughter, son-in-law, daughter-in-law, parents, parents-in-law, grandparents, grandchildren, sister and brother.
66.	Identity Theft	means the unauthorized and/or illegal use of the Insured Person's information such as the Insured Person's name to open credit accounts and/or bank accounts that the Insured did not authorize.
67.	Inclement Weather	means any severe catastrophic weather conditions which delay the scheduled arrival or departure of a Common Carrier but not including normal, seasonal/climatic weather changes.
68.	Jewellery	means Gold or Silver or any Precious Metals including Diamonds or articles made from any Precious Metals and watches.
69.	Insured Person	means a person whose name specifically appears under Insured in the Certificate of Insurance and is a covered group member;
70.	Life Threatening Medical Condition	<p>means a medical condition suffered by the Insured Person which must be Medically Necessary and recommended by the Medical Practitioner as Life threatening or has any of the following characteristics:</p> <p>a) Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or</p> <p>b) Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or</p> <p>c) Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ failures and requires interpretation of multiple physiological parameters and application of advanced technology; or</p> <p>d) Critical care being provided in critical care area such as coronary care unit, Intensive Care Unit, respiratory care unit, or the emergency department;</p> <p>e) and certified in writing by the attending Medical Practitioner as a Life Threatening Medical Condition;</p>
71.	Market Value	refers to the amount required to purchase a new Gadget or Sports equipment or items contained in the Checked-in Baggage of the same kind and quality as the Gadget, Sports equipment or items contained in the Checked-in Baggage in relation to which a claim is made, less applicable depreciation per annum from the date of purchase of such Gadget or Sports equipment or items contained in the Checked-in Baggage, calculated as at the time of the loss.

72.	Medical Evacuation	means the removal of the Insured Person from the site of Accident or Illness to a nearest Hospital where necessary medical care can be accorded to him/her, including medical care required en route.
73.	Material Fact	means a fact deemed so important that it would likely to change the decision made by an Insurer if it were disclosed or misrepresented.
74.	Mobility Aid	means any adaptive equipment or device designed to assist walking or otherwise improve the mobility of people with mobility impairments like crutches, wheelchairs, walking frames and wheel trolleys.
75.	Mental Illness	as per The Mental Health Act, 2017 means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
76.	Major Travel Event	<ul style="list-style-type: none"> a) Natural Calamity b) Inclement weather condition; c) Epidemic or pandemic as declared by the World Health Organisation or respective country / State Government; and travel restrictions imposed by Central or State Government d) Quarantining of the place of residence/ city / state / country mentioned on the original itinerary due to a major outbreak of Infectious disease; e) Major industrial Accident*; f) Civil Unrest, Riot or Commotion resulting in cancellation of scheduled Common Carrier services or relevant government warning against non-essential travel; g) Strike resulting in cancellation of scheduled Common Carrier services; h) Any event leading to airspace or multiple airport closures; i) Mechanical breakdown of Common Carrier; j) Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary. k) Curfew in home city/departing station or intended destination as per travel itinerary <p>* Major Industrial Accident means an unexpected, usually sudden occurrence including, in particular, a major emission, fire or explosion, resulting from abnormal developments in the course of an industrial activity, leading to a serious danger to the public or the environment, whether immediate or delayed, inside or outside the installation and involving one or more hazardous substances.</p>
77.	Major Personal Event	<ul style="list-style-type: none"> a) Unforeseen Illness, Injury of the Insured Person / Insured Person's Immediate Family Member with or without hospitalization resulting in reasonable disablement b) Death of Insured Person's / Insured Person's immediate Family Member c) Termination of employment or layoff of the Insured Person* d) Insured Person is not medically fit to undertake travel e) Any theft, burglary, fire or allied perils at the insured's Place of Residence or business f) Cancellation or Interruption due to diagnosis of the Insured's Immediate Family Member (or relative) with any infectious or contagious disease in the country intended to be visited and which is evident from the confirmed itinerary possessed by the Insured. g) Any unavoidable or unforeseen reason leading to cancellation of trip

		*Involuntary unemployment attributed due to any dishonesty, misconduct or fraud, or poor performance ratings, wilful violation of any internal rules/regulations/policies, or any laws or any directives issued by a Public Authority and in force, or any disciplinary action initiated against the Insured Person by his/her employer is not included in the scope of this definition.
78.	Nominee	means the person named in the Certificate of Insurance to receive the benefits payable under this Policy if the Insured Person is deceased. For the purpose of avoidance of doubt it is clarified that if the Nominee is a minor on the date when payment becomes due under the Policy, payment shall be made to the Appointee named in the Certificate of Insurance;
79.	Period of Insurance	means a period within the Policy Period which commences when the Insured Person crosses the international border of the Country of Residence if the Geographical Scope is out of India to leave that country on a Common Carrier or City of Residence if the Geographical Scope is restricted to India to leave that city and expires automatically on the earliest of: <ul style="list-style-type: none"> a) the Insured Person crossing the Indian international border to return to the Country of Residence on a Common Carrier if the Geographical Scope is out of India or returning to the City of Residence if the Geographical Scope is restricted to India; or b) the expiry of the period specified in the Policy Schedule or Certificate of Insurance from the commencement of the Period of Insurance; or c) the Policy Period End Date.
80.	Place of Destination	Means the Common Carrier's final de-boarding or ending point from the Place of Origin of the Trip as shown on the ticket
81.	Place of Origin	means the starting point/ place from where the Insured Person's Trip is scheduled to be undertaken through a Common Carrier by which he finally leaves the Country of Residence or City of Residence;
82.	Place of Residence	means the dwelling place that the Insured Person is presently resident in as specified as the correspondence address of the Insured Person in the Policy Schedule or Certificate of Insurance;
83.	Policy	means these Policy Terms & Conditions, Benefit, Optional Extensions (if any), the Proposal Form, Policy Schedule, Certificate of Insurance, and Annexures which form part of the policy contract and shall be read together;
84.	Master Policy Schedule/ Policy Schedule	means schedule attached to and forming part of this Policy, mentioning the details of the Proposer / Group Manager, the Sum Insured, Period and limits to which benefits under the Policy would be payable.
85.	Policyholder	(also referred as You) means the person who is the Group Administrator and named in the Policy Schedule as the Policyholder;
86.	Policy Period	means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specifically appearing in the Policy Schedule;
87.	Policy Period End Date	means the date on which the Policy expires, as specified in the Policy Schedule;
88.	Policy Period Start Date	means the date on which the Policy commences, as specified in the Policy Schedule;
89.	Post-natal	period is the period beginning immediately after the birth of a child and extending for about six weeks
90.	Pre-Natal	period (also known as antenatal care) refers to the regular medical and nursing care recommended for women during pregnancy
91.	Professional Sports / Sportsperson	means any sporting activity which is undertaken by the Insured Person for full time and from which he/she derives earnings, wage, reward, or profit from involvement in sports.

92.	Public Transport	means travel systems available for use by the general public, typically managed on a schedule, operated on established routes, and that charge a fee for each trip. Examples of public transport include city buses, trams (or light rail), passenger trains, rapid transit (metro/subway/underground etc.) and taxis. Transport between cities will additionally include airlines.
93.	Prosthetic Devices	means the mobility aid equipment's which are external devices designed to perform or replace all or part of the function of a permanently inoperative or malfunction body part.
94.	Relative	Means Husband, wife, grandparent, grandchildren, parent, parent-in-law, brothers, sisters, sons, daughters.
95.	Robbery	means an act of taking or attempting to take anything of value by force, threat of force, or by putting an individual in fear.
96.	Single Trip Cover	means a cover of the Insured Person under the Policy under which there cannot be more than one Period of Insurance during the Policy Period;
97.	Subrogation	shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source;
98.	Sum Insured	means: (a) If the Certificate of Insurance is on individual cover basis, the amount specified in the Certificate of Insurance which represents Our maximum, total and cumulative liability for any and all Claims under any and all Benefit /Optional Extensions in respect of the Insured Person for the Policy Period. (b) If the Certificate of Insurance is on family floater basis, the amount specified in the Certificate of Insurance which represents Our maximum, total and cumulative liability for any and all Claims under any and all Benefit/ Optional Extensions in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period.
99.	Trip	means any journey undertaken within the Policy Period and which commences when the Insured Person leaves departure point for onward journey and terminates when he returns arrival point in case of return journey as shown in the Policy Schedule / Certificate of Insurance or the Policy Expiration date whichever is earlier. Departure Point: Departure Point means location address as specified in the Policy Schedule / Certificate of Insurance for Your onward journey. Arrival Point Arrival Point means location address as specified in the Policy Schedule / Certificate of Insurance for Your return journey.
100.	Traveling Companion	means person(s) who is/are booked to accompany You on Your Trip.
101.	Tuition Fees	means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses
102.	Terrorism/Terrorist Incident	means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing

		economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism;
103.	You/Your/Policyholder	means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.
104.	Appliances	shall mean and include electrical, mechanical and electronic appliances such as refrigerator, television, DVD player, videocassette recorder/player, washing machine, microwave oven, music system, personal computer, laptops and air-conditioner contained or fixed in the Insured Person's home for domestic use.
105.	Foreign Enemy	means any group of individuals, entity or country, who intend to cause Injury, or commission an act dangerous to human life or property in the location where the Insured Person is travelling to, by the use of hostile force or violence.
106.	Contribution	is essentially the right of an Insurer to call upon other Insurers liable to the same Insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
107.	Insured Event	means an event, loss or damage specifically described as covered and for which the Insured Person is entitled to benefit/s under this Policy.
108.	Loss	means loss or damage.
109.	Minor Child(ren)	shall mean any child of the Insured Person, below the age of 18 years.
110.	Money	Means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveler's cheques, postal orders and current postage stamps not forming part of a collection.
111.	Mugging	is a violent, unprovoked attack by someone not insured on this Policy which results in physical bodily injury, as shown in the police report.
112.	Permanent Partial Disability	means a bodily injury caused by Accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Table of Benefits.
113.	Permanent Total Disability	means a bodily injury caused by Accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevent the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.
114.	Port	means a scheduled point of departure or arrival of a Common Carrier in which an Insured Person is booked to Travel.
115.	Principal Outstanding Amount	is the outstanding balance of debt on a loan borrowed by the Insured Person for the purpose of this Trip and which does not include interest or other charges.
116.	Reasonable Additional Expenses	means any expenses for meals, temporary accommodation, emergency communication and purchases of toiletries, medication and clothing necessarily incurred by the Insured Person and not provided by the Common Carrier, or any other individual/entity, free of charge
117.	Schengen Countries	are a group of countries that includes Austria, Belgium, Czech Republic ,Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland. The list of these countries is subject to update from time to time as and when necessitated by the relevant authorities.

118.	Semi-Professional sportsperson	shall mean those sports persons who participate in sports and get remuneration for participating, but whose primary source of income is not from sports.
119.	Strike	means stoppage of work announced, organized and sanctioned by a labour union, inclusive of work slowdowns, lockouts and sickouts, which interferes with the normal departure and arrival of a Common Carrier.
120.	Sub-limit	means a cost sharing requirement under a Policy in which an Insurer would not be liable to pay any amount in excess of the pre-defined limit.
121.	Travel Agent	means the Travel Agent, tour operator or other entity from which the Insured / Insured Person purchases the insurance Policy or travel arrangements, and includes all officers, employees and affiliates of the Travel Agent, tour operator or other entity.
122.	Theft	means an act of illegally, permanently and directly or indirectly depriving the Insured Person of his or her personal belongings or any property by violent or forceful means.
123.	Unattended	means a vehicle, premises, devices or personal belongings that are unattended if there is no one who is able to observe or to prevent interference with it.

Section C. BENEFITS UNDER THE POLICY

The Certificate of Insurance will specify which of the Benefits and Optional Extensions are in force for the Insured Person.

All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured. Our maximum, total and cumulative liability in respect of an Insured Person for any and all Claims arising under a Benefit during the Period of Insurance shall not exceed the benefit amount specified against the applicable Benefit in the Certificate of Insurance and subject always to the availability of the Sum Insured of the respective Benefit. Claims made under applicable Optional Extensions shall be considered as a part of the limit for that Benefit to which the Optional Extension has been added and such Claims shall be payable subject to the availability of that benefit amount specified in the Certificate of Insurance and the Sum Insured.

Each Claim in respect of an Insured Person shall be payable subject to any applicable Deductible or Co-payment as specified against that Benefit or Optional Extension in the Certificate of Insurance or as opted and in force. Claims made under this Policy will be paid on reimbursement basis only unless specifically approved by Us or Our Assistance Service Provider or as may be specifically provided for in the subsequent sections.

If the Geographical Scope specified in the Certificate of Insurance is out of India, Country of Residence (India) is to be considered and if the Geographical Scope specified in the Certificate of Insurance is restricted to India, City of Residence is to be considered. Coverage shall be restricted to the Geographical Scope in force for the Insured Person.

The Certificate of Insurance will specify the currency in which claims under the Benefit and Optional Extensions will be made.

Claim documents as specified in Section F.C.6 (Claim Documentation) is applicable to each and every claim.

I. MEDICAL COVERS

The Certificate of Insurance will specify whether Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment) is in force to the Insured Person.

1. IN-PATIENT CARE FOR ILLNESS AND INJURY WITH DAY CARE TREATMENT

If an Insured Person is diagnosed with an Illness or sustains an Injury whilst on a Trip during the Period of Insurance, which is not due to a Pre-existing condition, We shall indemnify the Reasonable and Customary Charges related to the Medical Expenses incurred for Hospitalization or Day Care Treatments as specified in Annexure I provided that:

- (i) The Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (ii) Treatment must be a Medically Necessary Treatment.

For the purpose of this Benefit, 'treatment' shall be deemed to include only the following:

- (i) In patient treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an insured event or at the nearest suitable Hospital.
- (ii) Prosthetic Devices/Mobility Aid that is prescribed by a physician as necessary part of the treatment for broken limbs or Injuries of the Insured Person
- (iii) Physiotherapy, Radiotherapy, heat therapy or phototherapy treatment prescribed by a physician.
- (iv) X-Ray and other diagnostic tests, provided these pertain to the diagnosed Illness due to which Hospitalization was deemed medically necessary.
- (v) Prescribed medications and investigation respectively, Medical Practitioners, surgeons, anaesthetist and nursing fees
- (vi) Cost of transportation, including necessary medical care en-route, by recognized emergency service providers/surface Ambulance for medical attention at the nearest Hospital or at the nearest available physician.
- (vii) Lifesaving unforeseen emergency measures, or measures to relieve acute pain, provided to the Insured Person by Medical Practitioners.

2. IN-PATIENT CARE FOR INJURY WITH DAY CARE TREATMENT

If an Insured Person sustains an Injury whilst on a Trip during the Period of Insurance, which is not due to a Pre-existing condition, We shall indemnify the Reasonable and Customary Charges related to Medical Expenses incurred for Inpatient Hospitalization or Day Care Treatments as specified in Annexure I provided that:

- (i) The Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (ii) Treatment must be a Medically Necessary Treatment.
- (iii) No claims in relation to any Illness sustained by the Insured Person will be considered under this Benefit

3. OPTIONAL EXTENSIONS TO BENEFIT – 'MEDICAL COVERS' – C.I.1 OR C.I.2

The Certificate of Insurance will specify which of the following Optional Extensions are in force for the Insured Person. The Optional Extensions mentioned under this Section are extensions to Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment), as applicable and specified under the Policy Schedule/ Certificate of Insurance and cannot be read /selected on a standalone basis.

Note:

Optional Extension 1.a - PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION or Optional Extension 1.b **PRE-EXISTING DISEASE COVER, Optional Extension 4** - ADDITIONAL SUM INSURED IN CASE OF ACCIDENT, **Optional Extension 5** - MATERNITY, Optional Extension 6 – **MATERNITY COMPLICATIONS** are not applicable for C.I.2 - "In-patient Care for Injury with Day Care Treatment".

Please note that either Optional Extension 1. (a) or Optional Extension 1. (b) can be opted.

(i) **OPTIONAL EXTENSION 1.a: PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION**

We will indemnify the Reasonable and Customary Charges related to the Medical Expenses incurred whilst on a Trip during the Period of Insurance, for the Insured Person's Hospitalization, treatment and stabilization of a Life Threatening Medical Condition directly attributed to Pre-Existing Condition(s) provided that:

- (i) Treatment must be Medically Necessary Treatment, and recommended in writing by the Medical Practitioner.

- (ii) Permanent Exclusions mentioned under Section D.B.12.(c) related to Pre-existing condition – shall stand covered to the extent of cover under this Optional Extension;
- (iii) We or Our Assistance Service Provider are given written intimation within 48 hours of Hospitalization;
- (iv) Our maximum, total and cumulative liability for any and all claims under this Optional Extension in respect of the Insured Person is limited to the amount specified in the Certificate of Insurance.
- (v) The Pre-existing Disease in respect of which treatment is being taken has been declared to Us and accepted and noted in the Certificate of Insurance.

OPTIONAL EXTENSION 1.b: PRE-EXISTING DISEASE COVER for any illness

On receipt of additional premium, all expenses incurred by the Insured Person in relation to Insured Person's Pre-Existing Disease, directly or indirectly, and which cannot be postponed till the Insured Person returns to India and provided that the Insured Person is within Age 70 years, We shall pay for the Medical Expenses to the extent of limits specified in the Policy Schedule / Certificate of Insurance subject to the terms, conditions, exceptions and limitations as laid down under Medical Expenses related Benefits/ Optional Extension under this Policy.

Exclusions:

Expenses incurred in relation to the following are not payable under this Benefit

- (i) Any Illness or Injury sickness for which the Insured Person has taken medical treatment in the preceding 12 months prior to the commencement of the Policy.
- (ii) Any complication arising out of any surgery / treatment of injury or likewise treatment taken during preceding 12 months prior to commencement of the Policy.
- (iii) Hospitalization for any diseases, treatment or surgery which was already diagnosed prior to departure and for which Insured Person's medical advisor has recommended due prior to his departure.
- (iv) Removal or up gradation of any implants already placed inside / outside of body of the Insured Person.
- (v) Dental problem of any kind,
- (vi) Stone removal of any site,
- (vii) Hernia, Piles, Cataract, Hydrocele, Fistula in Anus, Tonsillitis
- (viii) Any treatment initiated abroad and which is to be continued on return to Republic of India

(ii) OPTIONAL EXTENSION 2: EXTENDED COVER IN THE COUNTRY OF RESIDENCE

If We have admitted a Claim under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment) as applicable, then

1. We shall indemnify the Reasonable and Customary Charges related to Medical Expenses incurred on Hospitalization of the Insured Person in the Country of Residence for a maximum period of 30 days or as specified in the Certificate of Insurance from the expiry of the Period of Insurance, provided that:
 - (i) The Hospitalization is required for the same Illness or Injury for which the Claim under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment) was admitted for the Insured Person;
 - (ii) Our pre-authorization under this Optional Extension has been obtained.

2. We shall also indemnify the costs of an air ticket for a direct route economy class travel for the Insured Person and one accompanying attendant to return to the Country of Residence from the place of occurrence of the Illness or Injury provided that:
 - (i) We shall be liable to pay an amount only up to the direct route economy class airfare available on the date of the journey;
 - (ii) The costs for the attendant's airfare shall be indemnified by Us only if the treating Medical Practitioner has certified in writing that an attendant must accompany the Insured Person.
 - (iii) Our pre-authorization under this Optional Extension has been obtained.

(iii) OPTIONAL EXTENSION 3: AUTOMATIC EXTENSION

We shall automatically extend the Period of Insurance for coverage under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment) (as applicable) for the Insured Person without payment of any extra premium for up to number of days from the date of expiry of the Period of Insurance as specified in the Policy Schedule / Certificate of Insurance provided that:

- (i) We have admitted a Claim under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment); OR
- (ii) There is a delay or cancellation of the departure of the Common Carrier in which the Insured Person was booked and scheduled to return to the Country of Residence/City of Residence and such delay was beyond the control of the Insured Person and no alternative transportation was available to the Insured Person to return to the Country of Residence/City of Residence.

(iv) OPTIONAL EXTENSION 4: ADDITIONAL SUM INSURED IN CASE OF ACCIDENT

If We have admitted a Claim under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) in respect of the Insured Person for an Injury arising due to an Accident occurring during the Period of Insurance, We shall automatically provide an Additional Sum Insured as specified in the Certificate of Insurance for Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) for that Insured Person provided that:

- (i) The Additional Sum Insured shall be utilized only after the Sum Insured under Section C.I.2 (In-patient Care for Injury with Day Care Treatment) has been completely exhausted;
- (ii) The total amount payable under such Claim shall not exceed the sum of the Sum Insured and Additional Sum Insured;
- (iii) The Additional Sum Insured shall be applied only once for the Insured Person during the Period of Insurance.

(v) OPTIONAL EXTENSION 5: MATERNITY

We will indemnify the Maternity Expenses incurred in respect of the Insured Person whilst on a Trip during the Period of Insurance for Hospitalization of the Insured Person for the delivery of the Insured Person's child provided that:

- (i) Exclusion under Section D.A.14 shall not apply only to the extent of cover under this Optional Extension;
- (ii) Claims under this Optional Extension are admissible only if the Maternity Expenses are incurred in a Hospital for delivery of the child as an in-patient.
- (iii) The delivery occurs after the completion of the waiting period specified in the Policy Schedule / Certificate of Insurance.
- (iv) We shall not be liable to make payment under this Optional Extension in respect of the Insured Person more than twice during the Insured Person's lifetime.
- (v) We shall cover the reasonable pre-natal and post-natal expenses necessarily incurred, to up to 10% of the amount specified in the Policy Schedule/Certificate of Insurance against Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) provided that the condition necessitates treatment in a Hospital and the Insured Person is Hospitalized.

- (vi) Hospitalisation to treat maternity related complications which do not require delivery of the child shall be indemnified under this Benefit up to 10% of the amount specified in the Policy Schedule/Certificate of Insurance against Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) provided that the condition necessitates treatment in a Hospital and the Insured Person is Hospitalized.
- (vii) We shall only accept such number of claims under this benefit during the Period of Insurance as is specified against this Benefit – “Maternity” in the Policy Schedule / Certificate of Insurance.
- (viii) Maximum Age for availing maternity is cover is upto 60 Yrs.

(vi) OPTIONAL EXTENSION 6: MATERNITY COMPLICATIONS

We will indemnify the Medical Expenses (surgical and non-surgical) incurred on the Hospitalization of the Insured Person whilst the Insured Person is on a Trip during the Period of Insurance for treatment of any of the below listed maternity complications suffered by the Insured Person provided that:

- (i) Exclusion under Section D.A.14 shall not apply only to the extent of cover under this Optional Extension;

S. No Maternity Complication

1	Uterine rupture
2	Post partum haemorrhage
3	Amniotic fluid embolism
4	Placenta previa
5	Placental Abruptio
6	Disseminated Intravascular Coagulation(DIC)
7	Still Birth
8	Uterine Inversion

- (ii) Maximum Age for availing this cover is upto 60 Yrs

(vii) OPTIONAL EXTENSION 7: DRUG AND ALCOHOL ABUSE

We will indemnify the Medical Expenses incurred whilst the Insured Person is on a Trip during the Period of Insurance for treatment of symptoms arising from alcohol and drug abuse suffered by the Insured Person, which is not due to Pre-existing condition, provided that:

- (i) Permanent Exclusion – under section D.A.9 shall not apply only to the extent of cover under this Optional Extension.
- (ii) The Insured Person is Hospitalized for such treatment and the Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iii) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.

(viii) OPTIONAL EXTENSION 8: SELF INFLICTED INJURY

We will indemnify the Medical Expenses incurred whilst the Insured Person is on a Trip during the Period of Insurance for treatment of an Injury which is self-inflicted by the Insured Person provided that:

- (i) Exclusion under Section D.B.10 (Behavioural Exclusion) shall not apply only to the extent of cover under this Optional Extension.
- (ii) The Insured Person is Hospitalized for such treatment and the Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iii) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.
- (iv) The Injury / illness diagnosed is not due to a Pre-existing condition.

(ix) OPTIONAL EXTENSION 9: RESTRICTION / SUB-LIMIT ON MEDICAL EXPENSES

If this Optional Extension is in force, then Our maximum liability for Claims made in respect of the Insured Person’s Hospitalization under Section C.I.1 (In-patient Care for Illness and Injury with Day

Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment) shall be limited in accordance with the table below:

Medical Expense Sub-limit

Medical Expenses	Restriction / Sub Limits
Room Rent	As specified in the Policy Schedule/Certificate of Insurance
ICU Charges	
Operation Theatre charges (including Surgeon charges)	
Anaesthesia	
Ambulance Services	
Diagnostics & Radiology Services	
Medical Practitioner's visit fees	
Miscellaneous Expenses	
Per Hospitalisation Limit under section C.I.1 or Section C.I.2	
Hospitalisation or day care for Emergency Care only	

Sublimit based Criteria:

Age Based

Sublimit can be restricted according to the Age criteria as specified in the Policy Schedule/Certificate of Insurance

Pre-existing disease

Sublimit can be restricted for any Pre-existing disease declared or diagnosed during the Trip, as specified in the Policy Schedule/ Certificate of Insurance

For the purpose of application of the above limits:

- (i) **Surgery** includes operation theatre charges, surgeon fees, implant charges and all other associated charges.
- (ii) **Ambulance Services** include the cost of transportation of the Insured Person to the nearest Hospital and paramedic services.
- (iii) **Miscellaneous Expenses** includes but is not limited to the cost of medicines, pharmacy or drugs supplies, nursing charges, blood storage and processing charges and any other services which are not specified above.

(x) OPTIONAL EXTENSION 10: SPORTS INJURY (Adventure and/or Professional Sports)

If an Insured Person suffers an Injury whilst participating in Adventure Sports and /or Professional Sports as specified in the Policy Schedule / Certificate of Insurance on a Trip during the Period of Insurance that solely and directly requires the Insured Person's Hospitalization, then We shall indemnify the Medical Expenses incurred on that Hospitalization provided that:

- (i) Exclusion under Section D.A.6 (Hazardous or Adventure sports: (Code- Excl 09) shall not apply only to the extent of cover under this Optional Extension;
- (ii) The Insured Person's Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iii) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.
- (iv) The sports activity has been carried out in accordance with the guidelines, codes of good practice and recommendations as laid down by the applicable governing body or authority in respect of that sport.
- (v) The Insured Person has informed Us in writing of the participation in such professional sport / training session prior to the commencement of the Period of Insurance.

(xi) OPTIONAL EXTENSION 11: CORPORATE FLOATER

If an Insured Person has exhausted the Sum Insured specified in the Policy Schedule/Certificate of Insurance under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or

Section C.I.2 (In-patient Care for Injury with Day Care Treatment) and further incurs any Medical Expenses that would otherwise have been admitted under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment), these Medical Expenses will be indemnified from the Sum Insured of Corporate Floater up to the limits as specified in the Policy Schedule/Certificate of Insurance. The amount payable under this Optional Extension for an Insured Person per claim shall be restricted to the amount as specified in Policy Schedule / Certificate of Insurance, however in no event exceeding the original benefit amount specified in the Certificate of Insurance under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment) for the Insured Person and is payable subject to the availability of the Sum Insured of Corporate Floater, provided that:

- (i) The amount from corporate floater Sum Insured shall be utilized only after the Sum Insured amount specified in the Certificate of Insurance under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment) and the Additional Sum Insured specified in the Certificate of Insurance in case of Accident (if in force for the Insured Person) has been completely exhausted;
- (ii) The total amount payable under such Claim shall not exceed the sum of the benefit amount specified in the Policy Schedule/Certificate of Insurance under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 (In-patient Care for Injury with Day Care Treatment) and Additional Sum Insured specified in the Certificate of Insurance in case of Accident (if in force for the Insured Person) and the eligible amount under corporate floater Sum Insured;
- (iii) The amount from corporate floater Sum Insured shall be available only for such Insured Person for whom Claim for Hospitalization following an Illness/ Injury has been accepted under the Policy;
- (iv) The amount from corporate floater Sum Insured shall be applied only once during the Period of Insurance for an Insured Person.
- (v) We shall only accept such number of claims under this benefit during the Period of Insurance as is specified against this benefit Corporate Floater in the Policy Schedule/Certificate of Insurance.

4. MEDICAL EVACUATION

We shall indemnify the reasonable costs necessarily incurred for the Medical Evacuation of the Insured Person whilst on a Trip during the Period of Insurance in an emergency through an Ambulance or any other transportation and evacuation services including necessary medical care en-route forming part of the treatment, provided that:

- (i) The Insured Person's Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (ii) The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's emergency medical evacuation;
- (iii) These transportation expenses are limited to transporting the Insured Person from the place of contracting or sustaining such Illness or Injury to the nearest appropriate Hospital;
- (iv) This Benefit shall be provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance;
- (v) No claims for reimbursement of expenses incurred for services arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative. Where during an emergency, Our Assistance Service Provider is unable to provide the service or where the Insured Person is unable to inform the Assistance Service Provider, the Insured Person can arrange for evacuation service and can claim the same with Us.
- (vi) Where it is medically necessary in the opinion of Assistance Service Provider, who has certified in writing that the Insured Person needs to be accompanied by a Medical Professional or any other authorized person then the costs for the accompanying person upto airfare shall be indemnified by Us only
- (vii) The scope of cover for this Benefit shall be limited to the following:
 - a. For any Illness diagnosed as first incidence during the Period of Insurance where Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) is in force under the Policy.

- b. For any Injury sustained by the Insured Person during the Period of Insurance where Section C.I.2 (In-patient Care for Injury with Day Care Treatment) is in force under the Policy.

5. REPATRIATION OF MORTAL REMAINS

If the Insured Person dies whilst on a Trip during the Period of Insurance as a result of Illness / Injury occurring during the Period of Insurance, We shall indemnify the costs of repatriation of the mortal remains of the Insured Person to the Country of Residence/City of Residence or, up to an equivalent amount, for a local burial excluding costs incurred towards buying / procuring a grave or cremation at the place where death has occurred provided that:

- (i) We shall not be liable to make payment under this Benefit in respect of the Insured person in excess of the amount specified in the Policy Schedule/Certificate of Insurance;
- (ii) The costs of this Benefit are certified in writing and authorized by Us or the Assistance Service Provider in advance;
- (iii) The scope of cover for this Benefit shall be limited to the following:
 - a) Death of the Insured Person solely and directly due to any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance where Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment); is in force under the Policy;
 - b) Death of the Insured Person solely and directly due to any Injury sustained by the Insured Person during the Period of Insurance where Section C.I.2 (In-patient Care for Injury with Day Care Treatment) is in force under the Policy.

6. DENTAL EXPENSES

- a) We shall indemnify the Reasonable and Customary Charges incurred on the Medical Expenses whilst on a Trip during the Period of Insurance in connection with any Injury/Illness to the Insured Person's Sound Natural Teeth diagnosed as first incidence during the Period of Insurance provided that:
 - (i) The treatment is provided by a Medical Practitioner qualified in practicing dentistry or dental surgery;
 - (ii) Exclusion under Section D.B.8 (Dental Expenses) shall not apply only to the extent of cover under this Optional Extension.
 - (iii) The Injury / illness diagnosed is not due to a Pre-existing condition.

For the purposes of this Optional Benefit only:

Sound Natural Teeth means natural teeth that are either unaltered or are fully restored to their normal function and are disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

b) Exclusions applicable to Benefit: Dental Expenses

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Treatment of any orthopaedic, degenerative or odontogenic diseases;
- (ii) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution;
- (iii) Treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Any treatment of a Pre-Existing Disease.
- (v) Cementing or fixation of tooth or teeth bridge(s).
- (vi) Beauty and / or cosmetic treatment and/or reconstructive plastic surgery in any form or manner, unless medically required as a result of Injury.

7. DAILY ALLOWANCE

If the Insured Person sustains an Injury or Illness whilst on a Trip during the Period of Insurance solely and directly requires the Insured Person's Hospitalization during the Period of Insurance, then We shall pay the daily amount specified in the Certificate of Insurance for each continuous and completed day of Hospitalization for up to the maximum duration specified in the Certificate of Insurance, provided that:

- (i) The Insured Person is Hospitalized for Medically Necessary Treatment requiring Emergency Care for treatment of any Injury or Illness suffered by the Insured Person.

8. OUT-PATIENT COVER

- a) The Certificate of Insurance will specify whether Section C.8.(a.1) – (OUT-PATIENT CARE) or Section C.8.(a.2) (OUT-PATIENT CARE FOR INJURY) applies to the Insured Person.

1. OUT-PATIENT CARE

If an Insured Person suffers an Injury or Illness whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person to take Outpatient Treatment, then We shall indemnify the Medical Expenses incurred on that Out-patient Treatment.

2. OUT-PATIENT CARE FOR INJURY

If an Insured Person sustains an Injury whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person to take Out-patient Treatment, then We shall indemnify the Medical Expenses incurred on that Out-patient Treatment.

b) OPTIONAL EXTENSION TO OUT-PATIENT COVER

The Certificate of Insurance will specify which of the following Optional Extensions are in force for the Insured Person.

1. OPTIONAL EXTENSION 1: CANCER SCREENING AND MAMMOGRAPHY

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for cancer screening and/or mammography on the advice of a Medical Practitioner whilst on a Trip during the Period of Insurance provided that

- (i) Exclusion mentioned in Section C.8(c)(viii) (Screening for cancer or mammography) applicable to Benefit 8 (Out-Patient Cover) shall not apply only to the extent of cover under this Optional Extension.

2. OPTIONAL EXTENSION 2: TREATMENT OF MENTAL & NERVOUS DISORDER

We will indemnify the Medical Expenses incurred whilst the Insured Person is on a Trip during the Period of Insurance for Out-patient Treatment of mental and/or nervous disorders suffered by the Insured Person. provided that:

- (i) the condition is not related to any past medical conditions or has been manifested before the commencement of the policy.

3. OPTIONAL EXTENSION 3: RADIOTHERAPY AND CHEMOTHERAPY CHARGES

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for Radiotherapy and/or Chemotherapy on written advice of a Medical Practitioner whilst on a Trip during the Period of Insurance provided that:

- (i) Exclusion mentioned in Section C.8(c)(iv) (Radiotherapy and Chemotherapy charges) applicable to Benefit 8 (Out-Patient Cover) shall not apply only to the extent of cover under this Optional Extension.

4. OPTIONAL EXTENSION 4: VACCINATION CHARGES

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for vaccination whilst on a Trip during the Period of Insurance provided that:

- (i) Exclusion mentioned under Section D.B.7 (Immunization or Vaccination) applicable to Benefit 8 (Out-Patient Cover) shall not apply only to the extent of cover under this Optional Extension
- (ii) Notwithstanding above post exposure prophylaxis vaccination are not covered.

5. OPTIONAL EXTENSION 5: NON-EMERGENCY OPD CONSULTATION

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for a medical consultation required on a non-emergency basis whilst on a Trip during the Period of Insurance provided that:

- (i) Exclusion mentioned in Section D.B.12(d) applicable to Benefit 8 (Out-Patient Cover) shall not apply only to the extent of cover under this Optional Extension.

6. OPTIONAL EXTENSION 6: PSYCHOLOGICAL AND MENTAL COUNSELLING

We will indemnify the Medical Expenses necessarily incurred in respect of the Insured Person for any counselling post diagnosis of the mental illness by a specialist Medical Practitioner provided that:

- (i) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment;
- (ii) The Insured Person is not Hospitalized for such treatment.
- (iii) The condition is not related to any past medical conditions or has been manifested before the commencement of the policy.

c) Exclusions applicable to Benefit – Out-patient cover:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Medical treatment taken outside the Country of Residence/City of Residence if that is the sole reason or one of the reasons for the journey.
- (ii) Any treatment or Medical Expenses incurred for any Illness which is a Pre-Existing Disease.
- (iii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Radiotherapy and Chemotherapy charges.
- (v) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (vi) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
- (vii) Physiotherapy expenses or any services provided by chiropractitioner.
- (viii) Screening for cancer or mammography.

9. RETURN OF MINOR CHILD

If the Insured Person is travelling with his Minor Child(ren) of Age below 18 years and if he suffers an Injury or Illness during the Trip, We will reimburse the actual cost of a direct route economy class air ticket or equivalent amount incurred through other modes of Common Carrier for the Minor Child(ren) to travel from the place of Hospitalization of the Insured Person to the Country of Residence/City of Residence:

Or

We will reimburse the cost of one round trip economy class air ticket or equivalent amount incurred through other modes of Common Carrier towards one Immediate Family Member of the Insured Person to escort the unattended Minor Child(ren) to take them back to Country of Residence / City of Residence,

Provided that

- (i) The Insured Person is Hospitalized for Medically Necessary Treatment which is required in an Emergency for any Injury or Illness suffered (if this Benefit is applicable to the Insured Person along with Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or treatment of any Injury suffered (if this Benefit is applicable to the Insured Person under the Policy along with

Section C.I.2(In-patient Care for Injury with Day Care Treatment) whilst on a Trip during the Period of Insurance;

- (ii) The Insured Person's Minor Child(ren) are covered under this Policy as Insured Persons or are covered under any other travel insurance policy issued by Us for the same Period of Insurance;
- (iii) The Insured Person's Minor Child(ren) are unattended in the place of Hospitalization;
- (iv) The treating Medical Practitioner certifies in writing that the Insured Person is required to be Hospitalized for at least 5 consecutive days
- (v) The Insured Person's Minor Child(ren) return travel to the Country of Residence shall commence not later than 10 days from the commencement of the Insured Person's Hospitalization.
- (vi) This Benefit shall be provided on a Cashless Facility basis only, provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance.
- (vii) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section C.I.1 In-patient Care for Illness and Injury with Day Care Treatment or Section C.I.2 In-patient Care for Injury with Day Care Treatment as applicable.

10. COMPASSIONATE VISIT - TRAVEL

We shall indemnify the Insured Person for the actual expenses necessarily incurred by the Insured Person towards a return (two-way) upto the cost of direct route economy class airfare from the Country of Residence/City of Residence of an Immediate Family Member to the place of Hospitalization of the Insured Person upto the limits specified in the Policy Schedule/Certificate of Insurance, provided that:

- (i) The Insured Person is Hospitalized for Medically Necessary Treatment which is required in an Emergency for any Injury or Illness suffered by the Insured Person whilst on a Trip during the Period of Insurance;
- (ii) No adult Immediate Family Member of his/her family is present.
- (iii) The treating Medical Practitioner advises in writing that the attendance of an Immediate Family Member is necessary;
- (iv) The treating Medical Practitioner certifies in writing that the Insured Person is required to be Hospitalized for at least 5 consecutive days;
- (v) The Immediate Family Member's return travel to the Country of Residence/City of Residence shall commence not later than the date of the Insured Person's return to the Country of Residence/City of Residence.
- (vi) It is a Condition Precedent to Our liability under this Benefit that the need for such a special assistance and consequent visit of any one of the Immediate Family Member from a particular place is also approved by the Assistance Service Provider before the Immediate Family Member undertakes the Trip.
- (vii) This Benefit shall be provided on a Cashless Facility basis only, provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance.
- (viii) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment) as applicable.
- (ix) The scope of cover for this Benefit shall be limited to the following:
 - a. For any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance if this Benefit is applicable to the Insured Person under the Policy along with Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment)
 - b. For any Injury sustained by the Insured Person during the Period of Insurance if this Benefit is applicable to the Insured Person under the Policy along with Section C.I.2 (In-patient Care for Injury with Day Care Treatment)

11. COMPASSIONATE VISIT - EMERGENCY HOTEL ACCOMMODATION / EXTENSION

If the Illness or Injury suffered (if this Benefit is applicable to the Insured Person along with Section C.I.1) or treatment of any Injury suffered (if this Benefit is applicable to the Insured Person along with Section C.I.2) by the Insured Person whilst on a Trip during the Period of Insurance solely and directly requires the Insured Person's Hospitalization, We shall indemnify the reasonable hotel accommodation charges necessarily incurred by an Immediate Family Member in the place of Hospitalization of the Insured Person, provided that:

- (i) The Insured Person's Hospitalization continues for more than 5 consecutive days;

- (ii) The Immediate Family Member's extended stay in the hotel was not part of the planned stay or covered under the original hotel booking;
- (iii) The Immediate Family Member is also an Insured Person or is covered under any other travel insurance policy issued by Us for the same period as the Period of Insurance.
- (iv) Our liability shall be in relation to hotel accommodation in the lower of same category of accommodation or original booking (per day) as the case may be covered by the original confirmed bookings.
- (v) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section C.I.1 or C.I.2 as applicable.
- (vi) We shall not be liable to pay any amount under this Benefit after the Insured Person's discharge from Hospital;
- (vii) We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same illness / Injury.
- (viii) This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule / Certificate of Insurance for each claim;

12. REPLACEMENT OF STAFF

We shall indemnify the expenses incurred by Insured Person during the Period of Insurance for the actual cost up to direct route economy class airfare to travel from the Country of Residence/City of Residence to the place of destination due to Hospitalization of the Co-worker, provided that:

- (i) Section C.I.1 In-patient Care for Illness and Injury with Day Care Treatment) or Section C.I.2 In-patient Care for Injury with Day Care Treatment) is in force under the Policy;
- (ii) The treating Medical Practitioner certifies in writing that the Insured Person is required to be Hospitalized for at least 10 consecutive days and would not be in a position to resume duties up to a specific date as deemed fit.;
- (iii) The Insured Person's journey to the place of the Co-worker's Hospitalization commences not later than 20 days from the date of the Co-worker's discharge from Hospital;
- (iv) The need of such replacement is essential and certified in writing by You as necessary to minimize the loss of business and/or avoid violation of the Your contractual obligations.
- (v) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section C.I.1 In-patient Care for Illness and Injury with Day Care Treatment or C.I.2 In-patient Care for Injury with Day Care Treatment as applicable.

Co-worker: is the Insured Person who is a member of Your organisation and is not an Insured Person under this Policy.

13. MATERNITY CASH BENEFIT

We shall pay the benefit amount specified in the Policy Schedule/Certificate of Insurance against this Benefit if the Insured Person is Hospitalized for the delivery of the Insured Person's child during the Period of Insurance, provided that:

- (i) The delivery occurs after the completion of the waiting period specified in the Certificate of Insurance.
- (ii) We shall not be liable to make payment under this Benefit in respect of the Insured Person more than once during the Period of Insurance and more than twice during the Insured Person's lifetime.

14. CHILD CARE (ACCOMMODATION)

If the Insured Person is less than Age 12 and is Hospitalized for Medically Necessary Treatment of an Illness or Injury (if this Benefit is applicable to the Insured Person along with Section C.I.1 - In-patient Care for Illness and Injury with Day Care Treatment) or an Injury (if this Benefit is applicable to the Insured Person along with Section C.I.2 - In-patient Care for Injury with Day Care Treatment) whilst on a Trip during the Period of Insurance, We shall indemnify the Insured Person for the actual expenses necessarily incurred in respect of the accommodation of one Immediate Family Member with the Insured Person in Hospital, provided that:

- (i) The Insured Person's Immediate Family Member is also covered under this Policy as an Insured Person or is covered under any other travel insurance policy issued by Us for the same Period of Insurance;
- (ii) The treating Medical Practitioner certifies that the Insured Person is required to be Hospitalized for at least 5 consecutive days.
- (iii) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment) as applicable.
- (iv) We shall not liable to pay for expense on food and other miscellaneous expenses by the attendant during his/her stay.

15. HEALTH CHECKUP

We shall indemnify the medically necessary expenses incurred in respect of the Insured Person whilst on a Trip during the Period of Insurance for a health check-up (including dental health check-up and eye/ vision check-up) upto the limits as specified in the Certificate of Insurance.

16. CUSTODIAL CARE

If the Insured Person has opted for C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment), then We shall pay the daily benefit amount specified in the Policy Schedule / Certificate of Insurance for each continuous and completed day of post Hospitalization custodial care services provided by a non-medical individual to assist the Insured Person in the Activities of Daily Living that usually can be self-administered, provided that

- (i) The Insured Person's Hospitalization continues for more than 5 consecutive days;
- (ii) We shall not be liable to make payment under this Benefit for a period more than as specified in the Certificate of Insurance from the Insured Person's discharge from Hospital;
- (iii) The treating Medical Practitioner's Prescription must specify that medical services of a non-medical individual are required to be provided to the Insured Person at his/her home;
- (iv) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment) as applicable.

17. DAILY ALLOWANCE IN CASE OF ISOLATION / QUARANTINE:

If the Insured Person is diagnosed with an Illness whilst on Trip and is advised by the treating Medical Practitioner to be isolated / quarantined / confined to a medical facility for prevention of spread of specified Illness as declared by the World Health Organization or respective country State Government / Local Governing Body, We shall pay the amount specified in the Policy Schedule / Certificate of Insurance as a daily benefit amount for the maximum number of days as mentioned in the Policy Schedule / Certificate of Insurance for each 24 hours of continuous and completed days of admission.

Our liability to make payment under this benefit is subject to and is in excess of the **Deductible** of the number of days specified in Policy Schedule / Certificate of Insurance.

II. ACCIDENT COVERS:

18. PERSONAL ACCIDENT COVER

Option 1 – Personal Accident

If the Insured Person has opted for Option 1 - Personal Accident Cover, then We shall pay in accordance with the following cover in force under the Policy and as specified in the Policy Schedule / Certificate of Insurance.

1. Accidental Death

If the Insured Person dies within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Trip within the Period of Insurance, We shall pay in accordance with the cover opted for and specified in the Policy Schedule / Certificate of

Insurance, provided that death is solely and directly due to the Injury and the Insured Person or his representative arranges for the immediate treatment of the Insured Person in a Hospital.

Event	% of SI Payable
Death	100%

2. Permanent Total Disablement

If the Insured Person suffers Permanent Total Disablement (of the nature specified in the table below) within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Trip within the Period of Insurance, We shall pay in accordance with the cover opted for and specified in the Policy Schedule / Certificate of Insurance, provided that Permanent Total Disablement is solely and directly due to the Injury and the Insured Person or his representative arranges for the immediate treatment of the Insured Person in a Hospital.

Event	% of SI Payable
Permanent Total Disablement (PTD)	-
Loss of sight of both eyes, or actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye, and loss of one entire hand or one entire foot	100%
Loss of sight of one eye, or actual loss by physical separation of one entire hand or one entire foot	50%

For the purpose of this Benefit only, physical separation of a hand or foot means actual severance of hand at or above the wrist, and of foot at or above the ankle.

The criteria for deciding total loss of function of body part or organ for the permanent total disablement shall be based on a certificate from treating Medical Practitioner's certificate / disability certificate from civil surgeon

3. Permanent Partial Disablement (PPD):

If an Insured Person suffers an Injury due to an Accident that occurs during the Trip and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 12 months from the date of the Accident, We will pay the amount specified in the table below:

If due to any accident, multiple physical and mental functions of the Insured/Insured Person are impaired, the amount payable shall be cumulative sum of the percentage of Sum Insured stated in the Table of Benefits for PPD below, but the total compensation payable for all the Disabilities together shall be up to the 100% of the Sum Insured specified in the Policy Schedule/Certificate of Insurance.

The Sum Insured as specified in the Policy Schedule / Certificate of Insurance shall be the limit per person per Policy period payable only in Indian Currency on the Insured Person's return to India. The Sum Insured shall be Our total, cumulative and maximum liability under this benefit.

Subject to the above, We shall pay to the Insured Person or his/her Nominees or the legal representative, as the case may be, the sum or the sums as set forth in the Table of Benefits below

Table of Benefits for PPD - Total and irrecoverable loss of various parts as given below:	%age of Sum Insured
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Use of a hand or a foot without physical separation	50%

Loss of speech	50%
Loss of toes – all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger - one phalanx	3%
Loss of metacarpals – first or second (additional) or third, fourth or fifth (additional)	3%
Any other permanent partial Disability	Percentage as assessed by an independent and / or doctor of the Company Physician

This Benefit will be payable provided that:

The Disability occurs within one year of accident

The Disability must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the Disability

If a Claim has been made under this Benefit in respect of the Insured Person which does not result in 100% of the benefit amount specified in the Policy Schedule / Certificate of Insurance against this Benefit being paid, then cover for the Insured Person under this Benefit shall continue for the remainder of the benefit amount. Any amounts already paid under this Benefit in respect of an Insured Person during the Period of Insurance shall be subtracted from any further amounts due under this Benefit in respect of the Insured Person during that Period of Insurance.

Our maximum, total and cumulative liability under this Benefit shall not exceed the amount specified against this Benefit in Policy Schedule / Certificate of Insurance.

Our maximum, total and cumulative liability under this Benefit for Insured Person less than 5 years of Age shall not exceed US\$2000 unless specified otherwise in the Policy Schedule / Certificate of Insurance/.

Option 2 - PERSONAL ACCIDENT (COMMON CARRIER)

If an Insured Person suffers an Injury due to an Accident that occurs whilst on a Trip during the Period of Insurance while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly results in the Insured Person's death or Permanent Total Disability or Permanent Partial Disablement (PPD) within 12 months from the date of the Accident, We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. We have accepted a claim under Benefit (Personal Accident – Death) or Benefit (Permanent Total Disability) or Benefit (Personal Accident – Permanent Partial Disability) in respect of the Insured Person;
- b. The amount payable under this Benefit shall be in addition to any other amounts payable under the Policy in respect of the Insured Person.

19.b TERRORISM COVER:

Notwithstanding any of the exclusions mentioned in the policy wordings, It is hereby understood and agreed that in consideration of payment of additional premium, the policy extends to cover claims due to Terrorism as defined under the Policy for the Insured benefits under Medical covers (1) & (2) (as opted) or Personal Accident Cover and Personal Accident-Common Carrier cover of this Policy

III. TRAVEL COVERS:

19. 1. TRIP DELAY (Benefit Basis)

- a) If the departure of a Common Carrier in which the Insured Person is scheduled to travel on a valid ticket during the Period of Insurance is delayed from the schedule departure time for more than the number of consecutive and completed hours/minutes as specified in the Policy Schedule / Certificate of Insurance from the later of the declared time of departure or expected time of departure solely and directly due to any
 - (i) Major Travel Event
 - (ii) Delay caused by operational problem at the Common Carrier end (like crew / staff scheduling issues etc).
 - (iii) Cancellation or rescheduling of flights done at the instance of the Common Carrier that causes delay,

then We shall pay the fixed benefit amount as stated in the Policy Schedule / Certificate of Insurance against this Benefit.

b) Exclusions applicable to Benefit Trip Delay

Any Claim in respect of any Insured Person, arising out of or directly or indirectly due to any of the following reasons, shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any contingencies other than those specifically named above;
- (ii) The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority;
- (iii) Delay caused by strike or industrial action if already notified at the time the Insured Person booked his/her ticket or paid or committed to other travel and accommodation expenses.
- (iv) The failure of the Insured Person to arrive for the Common Carrier's departure in sufficient time to complete all departure formalities in accordance with the Common Carrier's published time schedule.
- (v) Rescheduling of the flight by the flight operator minimum 10 hours prior to the original departure date & time of the booked common carrier is not covered.

2. TRIP DELAY (Indemnity)

If the departure of a Common Carrier in which the Insured Person is scheduled to travel on a valid ticket during the Period of Insurance is delayed from the scheduled departure time for more than the number of consecutive and completed hours/minutes as specified in the Policy Schedule / Certificate of Insurance from the later of the declared time of departure or expected time of departure solely and directly due to any

- (iv) Major Travel Event
- (v) Delay caused by operational problem at the Common Carrier end (like crew / staff scheduling issues etc).
- (vi) Cancellation or rescheduling of flights done at the instance of the Common Carrier that causes delay,

then We shall reimburse the Reasonable Additional Expenses towards meals and lodging incurred by the Insured Person upto the limit mentioned in the Policy Schedule / Certificate of Insurance against this Benefit.

Exclusions applicable to Benefit Trip Delay

Any Claim in respect of any Insured Person, arising out of or directly or indirectly due to any of the following reasons, shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (vi) Any contingencies other than those specifically named above;
- (vii) The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority;
- (viii) Delay caused by Strike or industrial action if already notified at the time the Insured Person booked his/her ticket or paid or committed to other travel and accommodation expenses.
- (ix) The failure of the Insured Person to arrive for the Common Carrier's departure in sufficient time to complete all departure formalities in accordance with the Common Carrier's published time schedule.
- (x) Rescheduling of the flight by the flight operator minimum 10 hours prior to the original departure date & time of the booked common carrier is not covered.

20. COMMON CARRIER DELAY

After the departure of the Common Carrier from the Place of Origin in which the Insured Person is travelling during the Period of Insurance, if the actual arrival time is later than the scheduled arrival time for more than the number of consecutive and completed hours/minutes as specified in the Policy Schedule / Certificate of Insurance, We shall pay the fixed amount as stated in the Policy Schedule / Certificate of Insurance against this Benefit, if such delay is caused due to Major Travel Event.

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to Us directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of the number of consecutive and completed hours/minutes specified in the Policy Schedule / Certificate of Insurance from the Common Carrier's scheduled time of arrival.
3. We shall be liable under this Benefit for only one/ two delay/s, as specified in the Policy Schedule / Certificate of Insurance encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is issued on a Single Trip or Multi Trip Policy.
4. Our maximum, total and cumulative liability to make payment is only in excess of the Deductible of the number of hours as mentioned in the Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusions applicable to COMMON CARRIER DELAY

We shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action or severe weather known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

21. FLIGHT DELAY (Indemnity)

In the event of delay of the airlines, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in India/ Country of Origin in case of overseas travel and

In the event of delay of the airlines, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in City of Residence for Domestic Travel,

We shall reimburse the Insured Person any reasonable and necessary expenses incurred on any alternate travel booking under any mode of transport (however travel booking superior to original category is not covered) post deduction of compensation offered by service provider/Common Carrier or through any other source, for travelling to the next intended destination as per Insured Person's main travel booking up to the limit of Sum Insured as mentioned in the Policy Schedule/ Certificate of Insurance, if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Any Strike, riots, industrial action at the Port or relating to the Common Carrier
3. Any delay by the Airlines

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to Us sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to Us directly from a reliable source in the public domain;
2. The delay of the Common Carrier is beyond 2 hrs from the scheduled departure time of the Common Carrier at the Port.
3. We shall be liable under this Benefit for only one/ two delay/s, as specified in the Policy Schedule / Certificate of Insurance, encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy
4. Our liability to make payment is only in excess of the Deductible as mentioned in the Policy Certificate.

A Deductible as mentioned in the Policy Schedule / Certificate of insurance shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusions applicable to Flight Delay (Airlines):

We shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.
4. Any delay, which was made public or known to you at least 6 hours prior to the scheduled departure of the Common Carrier.

22. TRIP CANCELLATION/TRIP CURTAILMENT / TRIP INTERRUPTION

1. Trip Cancellation: (Before commencement of Trip)

- (i) If the Insured Person's Trip is unavoidably cancelled before the commencement of the Period of Insurance solely and directly as a result of the following
 - a) Major Travel Event provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey;
 - b) Major Personal Event provided that the peril takes place prior to the commencement of the Period of Insurance
 - c) The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.

Then, **We** shall reimburse the non-refundable expenses related to the **Common Carrier** tickets or/and accommodation and/or scheduled tour booking or/and events paid by the **Insured Person** following necessary cancellation of the Insured Journey prior to departure.

- (i) If a Claim is admitted under this Benefit and the Certificate of Insurance specifies that this is a Single Trip Policy, the Policy shall be immediately and automatically cancelled on Our admission of the Claim.

- (ii) If a Claim is admitted under this Benefit and the Certificate of Insurance specifies that this is an Annual Multi Trip Policy, no other Claim shall be admitted under the Policy in respect of that Period of Insurance.
- (iii) Any amount refunded to the Insured Person by the Common Carrier in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Benefit.
- (iv) We shall not cover any claim that is caused by or attributable to or arising out of any reason that is foreseeable reason by You with high degree of probability.

2. Trip Curtailment: (Cutting short of Trip)

We will reimburse the additional Common Carrier expenses incurred by the Insured Person for his return journey to the Arrival Point along with non-refundable expenses related to the Common Carrier tickets or/and accommodation and/or scheduled tour booking or/and events paid by the Insured Person if it's necessary and unavoidable for the Insured Person to cut short Insured Trip as a result of the following:

- (i) Major Travel Event
- (ii) Major Personal Event
- (iii) The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.

This Benefit is payable provided that:

- (i) We shall not cover any claim that is caused by or attributable to or arising out of any reason that is foreseeable by You with high degree of probability.
- (ii) Non-refundable expenses related to the Common Carrier tickets shall not exceed economy air fare by the most direct route.

3. Trip Interruption

Post commencement of the Trip, if the Insured person was unable to stay in the original booked destination which has been interrupted as a result of the following

- i. Major Travel Event
- ii. Major Personal Event,
- iii. The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.

then We shall reimburse

- (i) Reasonable transportation expenses for getting to the place where Insured Person can continue his/her Trip
- (ii) Reasonable accommodation expenses of the same standard to enable Insured Person to continue his/her Trip

Exclusions applicable to Benefit - Trip Cancellation / Interruption / Curtailment

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- (ii) Facts or matters of which the Insured Person was aware or should have been aware (by the way of sources such as travel advisories issued by competent / Government authority(s) etc.) might result in the cancellation or curtailment of the trip.
- (iii) Claim shall be paid either under Trip Cancellation / Trip Interruption/ Trip Curtailment

23. CHANGE FEE COVERAGE:

We shall reimburse to the Insured Person, the difference in the fare and the rescheduling charges charged by the Common Carrier to change the travel dates upto a maximum of the Sum Insured subject to the Co-

payment as specified in the Policy Schedule / Certificate of Insurance provided, the Trip is rescheduled for a covered reason as stated below:

1. Unforeseen disease, illness, injury, or death of the Insured/Insured's Immediate Family Member. Disease, Injury or Illness must be so disabling as to reasonably causing a Trip to be rescheduled and must be supported by medical records and opinion acceptable to the Us.
2. When Insured's Principal residence and/or his intended place of stay at destination is rendered uninhabitable due to Fire, flood, vandalism or natural disaster and when his place of business is rendered inoperative due to operation of said perils.
3. Termination of employment or layoff affecting the Insured provided that the Insured has been employed with the same employer for at least five continuous years without any break.
4. The Insured and/or his Immediate Family Member have become victim of Felonious Assault 10 days prior to the departure date provided he/they are not principal or an accessory in such Felonious Assault.
5. Inclement weather in the city or primary place of departure and / or at intended destination.
6. Terrorist Incident in the home city and/or at departing station and/or destination listed on the insured's itinerary 3 days prior to the Insured's departure date and resulting that the Insured is unable to move out consequent upon such Terrorist Incident.
7. War like situation with closing of air space at the primary place of departure and / or at intended destination.
8. Civil Unrest, Riot and Strike in the home city and/or at departing station and/or intended destination (as defined in the Policy) of the Insured making the Trip impossible, provided that
 - i. The Govt. of India issues a travel advisory.
 - ii. Airport is shut down forcing the airline to delay the flight for more than 24 hours or to cancel the flight.
 - iii. Curfew is imposed by the City Administration.
9. In the event of refusal of visa application by the concerned authority the Company shall reimburse the Insured Person up to the limit of Sum Insured and limit as specified against this Benefit in the Policy Schedule / Certificate of Insurance for expenses which are not recoverable from any other source. However, Insurer will not be liable to pay the benefit, if the visa refusal is due to any of the following reasons:
 - a. Visa application submission prior to issuance of Policy
 - b. Past or current criminal actions of the insured
 - c. Damaged and invalid passport
 - d. Insufficient travel or income documents
 - e. Inability to prove travel itinerary or financial means of subsistence
 - f. Unacceptable birth or marriage certificate
 - g. Any error on the part of the Insured while submission of the documents to the Visa Facilitation Authorities
10. In the event of delay in receipt of Visa from the concerned authority after the commencement of the cover, provided the insured has applied within the stipulated time and documentation as per the visa application norms set by the respective visa authority.

Co-Payment:

It is also hereby agreed and declared that the Insured Person shall bear a co-payment as specified in the Policy Schedule/ Certificate of Insurance of the admissible claim amount in respect of each and every claim.

24. TRIP CANCELLATION DUE TO DOMESTIC DISTURBANCES AND INCONVENIENCE:

We shall reimburse the Insured Person any non-refundable charges pre-paid by the Insured Person, in excess of the Deductible subject to the limit specified in the Policy Schedule / Certificate of Insurance, provided the Insured Person misses his Trip resulting in cancellation of the Insured Trip due to any of the following reasons

1. Loss of passport in India
2. Visa not being accepted by Indian Immigration authorities
3. Loss of wallet and cards while travelling to the International airport
4. Compulsory quarantine or prevention of travel by the Government of India

Special Condition applicable to Trip Cancellation due to Domestic Disturbances and Inconvenience:

- i. This benefit cannot be opted along with Trip Cancellation and/or Interruption or All Risk Cancellation

25. COMMON CARRIER CANCELLATION:

We shall reimburse reasonable expenses towards any alternate Common Carrier of the same standard to enable Insured Person to continue his/her Trip in the event, that the Insured Person's booked and confirmed journey is cancelled by the Common Carrier prior to the scheduled departure as specified in the Certificate of Insurance / Policy Schedule provided that:

- (i) The Insured Person provides Us with a written proof from the Common Carrier of the cancellation of the journey unless this proof is available to Us directly from a reliable source in the public domain.
- (ii) Any amount refunded to the Insured Person by the Common Carrier in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Benefit
- (iii) Any alternate travel arrangements offered by the Common Carrier, is not accepted

Specific Exclusions to Carrier Cancellation:

We will not pay for any expenses or loss as a result of:

1. Any cancellation of the journey by the Insured Person.

26. 1. MISSED CONNECTION (Indemnity)

In the event of an Insured Person failing to board any Common Carrier onwards to an intended destination due to a delay or cancellation of a prior connecting Common Carrier, including any change of route, non-landing / docking or offloading of passenger due to overbooking , and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Person, We shall reimburse following expenses post deduction of compensation offered by the service provider/Common Carrier or any other source and upto the limits of Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance and subject always to only in excess of the Deductible specified in Policy Schedule / Certificate of Insurance.

1. Non-refundable, unused portion of the pre-paid expenses but limited to lodging cost and/or the ticket cancellation charges, as long as these expenses are supported by a proof of purchase and is not reimbursable by another source.
2. Such delay must be authenticated by the Common Carrier in writing.
3. Reasonable expenses towards alternative travel bookings made up to such intended destination as may be absolutely necessary by any other Common Carrier
4. Reasonable and necessary costs of up gradation of travel booking to a superior class in the same form of Common Carrier subject to same category of travel booking not being available and same has been confirmed by the travel service provider.
5. Necessary expenses incurred towards Reasonable Additional Expenses, if not provided by the Common Carrier or other third party, subject to production of bill/receipts if this cover has been offered on indemnity basis.
6. Reasonable and necessary costs of up gradation of accommodation arrangements provided in cases where only partial services are provided by the concerned travel service provider subject to the same category of travel booking not being available and same has been confirmed by travel service provider.

2. MISSED CONNECTION (Benefit)

In the event of an Insured Person failing to board any Common Carrier onwards to an intended destination due to a delay or cancellation of a prior connecting Common Carrier, including any change of route, non-landing / docking or offloading of passenger due to overbooking , and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Person and such delay is authenticated by the Common carrier in writing, We shall pay a fixed benefit amount specified in the Policy Schedule/Certificate of Insurance subject to the limit of Sum Insured as specified in the Policy Schedule / Certificate of insurance and subject always to only in excess of the Deductible specified in Policy Schedule / Certificate of Insurance.

27. 1. MISSED CARRIER (Indemnity)

- a) If the Insured Person fails to reach the Place of Origin before the scheduled departure time of the Common Carrier due to any of the following reason
1. Major Travel Event
 2. Any Injury sustained by the Insured Person due to an Accident during such transit
 3. Delayed arrival of the Common Carrier used to reach the Place of Origin

We shall indemnify the Insured Person for the cost up to direct route economy class airfare actually incurred by the Insured Person to continue the journey to the scheduled Place of Destination up to the limit specified in the Certificate of Insurance / Policy Schedule provided

- (i) We shall not be liable to make any payment under this Benefit if the delay could reasonably have been foreseen by the Insured Person or if the Insured Person could reasonably have become aware of such delay in advance by the way of sources such as travel advisories issued by competent / Government authority(s) etc.;
- (ii) We shall be liable under this Benefit only if the time gap between the scheduled/estimated time of arrival (ETA) of the Common Carrier to the Place of Origin as evidenced by an automated system of the same Common Carrier at the time of commencing such transit (which is used for transit to the Place of Origin of the booked journey) by the Insured Person, and the scheduled departure time of the missed Common Carrier for such booked journey with the airline only in this case from the Place of Origin is more than the number of consecutive minutes / hours specified in the Policy Schedule / Certificate of Insurance;
- (iii) The minimum time gap between ETA of the Common Carrier/public transport to the Place of Origin and the scheduled time of departure of the booked journey shall be as specified in the Policy Schedule / Certificate of Insurance in case the Common Carrier (hired for transit to the Place of Origin of the Trip) originates the transit within the same city / suburban city of the Place of Origin of the Trip. However, in case the Place of Origin of the Trip is beyond the same city / suburban city limits from which such transit commences, then the applicable minimum time gap between the ETA of the Common Carrier to the Place of Origin for commencement of the Trip and the scheduled time of departure of the missed Common Carrier (airline only in this case) from the Place of Origin shall be 30 minutes more than the number of consecutive minutes / hours specified in the Policy Schedule / Certificate of Insurance;
- (iv) We shall not accept more than one claim under this Benefit during the Period of Insurance for each Trip;
- (v) Our maximum, total and cumulative liability to make payment under this Benefit shall always be in excess of the Deductible subject to a deduction of and the total amount refunded or returned to the Insured Person by any applicable Common Carrier.
- (vi) Where this Benefit is in force for the Insured Person, the scope of cover for this benefit shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance in Section B of the Policy shall stand amended to the limited extent specified in this Benefit.
- (vii) The Insured Person provides Us with a written proof from the Common Carrier (airline only in this case,) of the missed departure which the Insured person was expected to travel as a bona fide passenger.
- (viii) For the purpose of this Benefit only a valid and duly registered airline shall be considered as the Common Carrier which commences its Trip from the Place of Origin.

b) Exclusions applicable to Benefit – Missed Carrier

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any contingencies other than those specifically named above;
- (ii) Delay caused by Strike or industrial action if already notified at the time the Insured Person booked his/her travel tickets.
- (iii) The delay in arrival is caused by or attributable to any deviation from the originally scheduled route at the instance of the Insured Person for any reason whatsoever;
- (iv) Any failure to board the booked Common Carrier (airline) other than those directly attributable to the delay in arrival of the earlier Common Carrier.

2. MISSED CARRIER (Benefit)

- a) If the Insured Person fails to reach the Place of Origin before the scheduled departure time of the Common Carrier due to any of the following reason
 - 1. Major Travel Event
 - 2. Any Injury sustained by the Insured Person due to an Accident during such transit
 - 3. Delayed arrival of the Common carrier
- (i) We shall pay a fixed benefit qua to the amount specified in the Policy Schedule/ Certificate of Insurance
- (ii) We shall not be liable to make any payment under this Benefit if the delay could reasonably have been foreseen by the Insured Person or if the Insured Person could reasonably have become aware of such delay in advance by the way of sources such as travel advisories issued by competent / Government authority(s) etc.;
- (iii) We shall be liable under this Benefit only if the time gap between the scheduled/estimated time of arrival (ETA) of the Common Carrier to the Place of Origin as evidenced by an automated system of the same Common Carrier at the time of commencing such transit (which is used for transit to the Place of Origin of the booked journey), and the scheduled departure time of the missed Common Carrier (for the booked journey with the airline only in this case) from the Place of Origin is more than the number of consecutive minutes / hours specified in the Policy Schedule / Certificate of Insurance;
- (iv) The minimum time gap between ETA of the Common Carrier/public transport to the Place of Origin and the scheduled time of departure of the booked journey shall be as specified in the Policy Schedule / Certificate of Insurance in case the Common Carrier (hired for transit to the Place of Origin of the Trip) originates the transit within the same city / suburban city of the Place of Origin of the Trip. However, in case the Place of Origin of the Trip is beyond the same city / suburban city limits from which such transit commences, then the applicable minimum time gap between the ETA of the Common Carrier to the Place of Origin for commencement of the Trip and the scheduled time of departure of the missed Common Carrier(airline only in this case) from the Place of Origin shall be 30 minutes more than the number of consecutive minutes / hours specified in the Policy Schedule / Certificate of Insurance;
- (v) We shall not accept more than one claim under this Optional Benefit during the Period of Insurance for each Trip;
- (vi) Our maximum, total and cumulative liability to make payment under this Benefit shall always be in excess the total amount refunded or returned to the Insured Person by any applicable Common Carrier.
- (vii) Where this Benefit is in force for the Insured Person, the scope of cover for this benefit shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance in Section B of the Policy shall stand amended to the limited extent specified in this Benefit.
- (viii) The Insured Person provides Us with a written proof from the Common Carrier (airline only in this case) of the missed departure in which the Insured Person was expected to travel as a bona fide passenger.

- (ix) For the purpose of this Benefit only a valid and duly registered airline shall be considered as the Common Carrier which commences its Trip from the Place of Origin.

b) Exclusions applicable to Benefit – Missed Carrier

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any contingencies other than those specifically named above;
- (ii) Delay caused by Strike or industrial action if already notified at the time the Insured Person booked his/her travel tickets.
- (iii) The delay in arrival is caused by or attributable to any deviation from the originally scheduled route at the instance of the Insured Person for any reason whatsoever;
- (iv) Any failure to board the booked Common Carrier (airline) other than those directly attributable to the delay in arrival of the earlier Common Carrier.

28. 1. FLIGHT DIVERSION AND CANCELLATION (Benefit):

If the Insured Person's flight is diverted or cancelled as a result of a Major travel event, We shall pay the fixed benefit equal to the amount specified in the Policy Schedule / Certificate of Insurance, subject to the following:

- (i) Benefit shall not be applicable if such diversion / cancellation is foreseen by the Insured Person or that the Insured Person could have reasonably become aware of such diversion / cancellation in advance.
- (ii) Any deviation from the originally scheduled route done at the instance of the Insured Person for reasons whatsoever.
- (iii) Any occasion when the airline has offered an alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

2. FLIGHT DIVERSION AND CANCELLATION (Indemnity)

If the Insured Person's flight is diverted or cancelled as a result of a Major Travel Event, We shall pay for the expenses incurred by the insured in order to reach the destination originally intended and as stated on the original itinerary up to the sum insured mentioned in the Policy Schedule / Certificate of Insurance subject to the following.

- (i) Benefit shall not be applicable if such diversion / cancellation is foreseen by the Insured Person or that the Insured Person could have reasonably become aware of such delay in advance.
- (ii) Any deviation from the originally scheduled route done at the instance of the Insured Person for reasons whatsoever.
- (iii) Any occasion when the carrier has offered an alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.
- (iv) The Insured Person may claim only either under "Trip Delay" or "Missed Connection" or "Missed Departure" or "Flight Diversion/Cancellation" or "common carrier cancellation" not all

29. 1. OVERBOOKED COMMON CARRIER (Indemnity):

In the event of the Insured Person being denied boarding of an opted Common Carrier due to over-booking, and no alternative transportation is made available within specific hours specified as deductible in Policy Schedule / Certificate of Insurance from the scheduled departure time of such opted Common Carrier, We shall indemnify the Insured Person for expenses incurred, by the Insured Person subject to evidence of bills/receipts in respect of hotel accommodation if not provided by the Common Carrier or any other third party and purchase of a new ticket for the same category as per the original booking, less refund, if any, obtained from the Common Carrier, subject to the maximum of the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance.

- (i) The over-booked details to be obtained by the Insured Person must be verified in writing by the operators of the Common Carrier or their handling agents.
- (ii) A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

Our maximum, total and cumulative liability shall be in relation to the travel covered by such confirmed booking and provided that Our liability to such additional expenses shall be limited only to the same class of travel covered by the original confirmed bookings as specified in Certificate of Insurance / Policy Schedule

- (iii) It is a Condition Precedent to Our admission of liability under this Benefit that the Insured Person shall take all steps to fix the primary responsibility for the bouncing of bookings with the Common Carrier and try to recover from them the consequential loss incurred by the Insured Person by way of additional expenses for alternative travel arrangement. Details of the steps taken by the Insured Person shall be furnished to Us.
- (iv) Any recovery towards additional expenses incurred for alternative travel effected from the Common Carrier, if any, effected from the concerned agencies after settlement of the Claim under the Policy, shall be remitted to Us to the extent of the amount of Claim admitted and paid by Us to the Insured Person.

2. OVER BOOKED COMMON CARRIER Benefit)

In the event of the Insured Person being denied boarding of an opted Common Carrier due to over-booking, and no alternative transportation is made available within the specific hours specified as deductible in Policy Schedule / Certificate of Insurance from the scheduled departure time of such opted Common Carrier, We shall pay a fixed benefit amount specified in the Policy Schedule/Certificate of Insurance subject to the limits of the Sum Insured specified in the Policy Schedule / Certificate of Insurance.

The over-booked details to be obtained by the Insured Person must be verified in writing by the operators of the Common Carrier or their handling agents.

30. MISSED EVENT

If the Insured Person is travelling with a Common Carrier to attend an Event and the Insured Person fails to reach the Event whilst on Trip during the Policy Period due to any of the below reasons which are beyond the control of the Insured Person, then We shall reimburse the expenses incurred by the Insured Person towards the Event Ticket purchased before the inception of the Trip upto the limits as specified in the Policy Schedule / Certificate of Insurance

- (ii) Serious sickness/ Injury leading to Hospitalization or Death of Insured Person or his immediate Family member(s);
- (iii) The Public Transport or Common Carrier that Insured Person was travelling to reach the Event venue does not run according to its timetable; or
- (iv) The Public Transport or Common Carrier Insured Person was travelling in meets with an Accident or breaks down and there is no alternative transportation available.
- (v) Major Travel Event
- (vi) We shall not pay, if Cancellation of the Event by the organiser or any related party of the organiser.

31. ALL RISK CANCELLATION

In the event of cancellation of the booked tickets of Trip by the Insured Person due to unexpected or unforeseen events / circumstances beyond the control of the Insured Person,

We will extend the coverage to the following benefit where in force under the Policy:

1. Trip Cancellation
2. Common Carrier Cancellation
3. Hotel/ Private Rental Cancellation

Special Conditions

1. Cancellation of the tickets by the Insured Person should be done when he/she has become aware that service provided by such ticket cannot be availed.
2. Any part of the ticket cost being sponsored by any party other than the Insured Person will be not be compensated for.
3. The Insured Person has made cancellation before the specific number of hours prior to the scheduled timing of the services to be availed under the booked ticket as specified in the Policy Schedule / Certificate of Insurance.

We shall not be liable to admit any claim under this Benefit for

1. Any cancellation due to any reason whatsoever initiated by the ticket service provider.
2. Any prepaid ticket costs that can be claimed back from the service provider.
3. No show by the intended user of the tickets.
4. Any contractual breach by Insured Person including but not limited to non-adherence to the terms and conditions of the ticket service provider.
5. Circumstances leading to ticket cancellation of which Insured Person is aware or ought objectively to have been aware, before the Period of Insurance.
6. Cancellation of the tickets either wholly or in part done at the instance of the common carrier or by the travel agent or service provider or air transport authority or any government body.
7. Any ticket cancellation where Insured Person don't affect the cancellation before the scheduled timing of the services

32. 1. Option 1 - VISA REJECTION/DENIAL (Endorsement)

If the Insured Person's application for a visa for a covered Trip is rejected on arrival at the Place of Destination or before travel or entry (Place of Origin) is denied by the issuing authorities or the visa arrival is delayed for more than the specific number of days specified in the Policy Schedule / Certificate of Insurance over the expected days of visa arrival, We will extend the scope of coverage under the following benefits, where in force in respect of the Insured Person for the covered reasons specified in the Certificate of Insurance,

1. Trip Cancellation
2. Common Carrier Cancellation
3. Missed Event
4. Hotel/ Private Rental Cancellation

We shall not be liable to pay any expenses under this Benefit for:

- a) Any improper documentation submitted by the Insured Person, when such documentation was to be required in the visa application form.
- b) If the Insured Person is engaged in any criminal activity or has a criminal history.
- c) Rejection of visa due to non-furnishing of any documents required in the visa application form, as may be specified by the relevant authority.

2. Option 2 - VISA Cost Cover

If the Insured Person's application for a visa for a covered trip is rejected on arrival or before travel or Entry into the Place of Origin is denied by the issuing authorities or the visa arrival is delayed for more than the specific number of days specified in the Policy Schedule / Certificate of Insurance over the expected days of visa arrival then for the covered reasons as specified in the Certificate of Insurance, We shall indemnify the costs incurred by the Insured Person towards fees for the applied visa upto the limit as specified in the Policy Schedule / Certificate of Insurance.

We shall not be liable to pay any expenses under this Benefit for:

- a) Any improper documentation submitted by the Insured Person, when such documentation was to be required in the visa application form.
- b) If the Insured Person is engaged in any criminal activity or has a criminal history.

- c) Rejection of visa due to non-furnishing of any documents required in the visa application form, as may be specified by the relevant Authority.

33. HOTEL OVER BOOKING (Indemnity)

We shall pay the following expenses, in the event of hotel booking at the destination point(s) being bounced i.e. Insured Persons could not obtain hotel accommodation services already booked for him on confirmed basis with the suppliers/agents outside Republic of India due to non-supply of services. We shall reimburse the following expenses upto the limit specified in Policy Schedule / Certificate of Insurance;

- a. Reasonable cost of transportation expenses to the alternative hotel.
- b. The difference of cost in up gradation to a superior class of accommodation, wherever alternate accommodation is not available on the cost of pre-booked hotel. For this benefit the Insured shall be required to furnish proof that the alternate accommodation on the cost of pre-booked hotel is not available in the form of a certificate issued by the Alternate Accommodation Service Provider.

Our maximum, total and cumulative liability to make payment is only in excess of the Deductible as mentioned in the Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

34. EMERGENCY REUNION VISIT & RESUMPTION OF TRIP

We will reimburse the cost of one round Trip economy class air ticket to the Insured Person to return Home to the address specified in the Certificate of Insurance for an emergency visit during the Policy Period:

- (i) In the Event of death of Insured Person's Immediate Family Member, or
- (ii) In case of Hospitalisation of the Insured Person's Immediate Family Member for more than seven (7) consecutive days due to Injury or Illness, or
- (iii) In case of any calamity or Emergency events like house becoming uninhabitable due to fire or Act of God;

This Benefit will be payable provided that:

- (i) Your resumption of travel should take place within two (2) months from the date of Your visit to home; and
- (ii) at least one month of the Policy Period is available under the Policy, where You resume Your travel back to the destination; and
- (iii) Your resumption of travel is necessary for official or academic purpose.

35. 1. LOSS OF CHECKED-IN BAGGAGE (Indemnity)

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, We shall reimburse the Insured Person up to the limit of **Sum Insured specified** against this Benefit in the Policy Schedule / Certificate of Insurance, subject to the following:

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the City of Origin, or any other Port in India/ Country of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the claim.
2. A Deductible as specified in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.
3. Our maximum, total and cumulative liability under this Benefit in respect of any one Checked-in Baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one Checked-in Baggage, the maximum, total and cumulative liability is up to 100% of the applicable Sum Insured.
4. We have been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.

5. If we have made any payment under this Benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the Our property.
6. Any partial loss of the items contained within the Checked-in Baggage, not amounting to a total and complete loss of such Checked-in Baggage, shall not be payable.
7. In the event of simultaneous claims under this Benefit as well as under Delay of Checked-in Baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of Checked-in Baggage during any one Period of Insurance.

Specific Exclusions applicable to Total Loss of Checked-in Baggage:

We shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by Us.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to Us.
3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.

2. LOSS OF CHECKED-IN BAGGAGE (Benefit)

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the **Common Carrier**, We pay the lumpsum amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, subject to the following:-

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the **Insured Person** back to the City of Origin, or any other Port in India/ Country of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the Claim.
2. Our maximum, total and cumulative liability under this Benefit in respect of any one Checked-in Baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the maximum, total and cumulative liability is up to 100% of the applicable Sum Insured.
3. The Company has been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.
4. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become Our property.
5. Any partial loss of the items contained within the Checked-in Baggage, not amounting to a total and complete loss of such Checked-in Baggage, shall not be payable.
6. In the event of simultaneous claims under this Benefit as well as under Delay of Checked-in Baggage, the higher of the claims shall be payable by Us in respect of the same item(s) of Checked-in Baggage during any one Period of Insurance.

Specific Exclusions applicable to Total Loss of Checked-in Baggage:

We shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by Us.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to Us.
3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.

36. 1. DELAY OF CHECKED-IN BAGGAGE (Indemnity)

We shall reimburse the Insured Person for reasonable costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured Person for the delay in the scheduled arrival of the Checked-in Baggage caused by a Common Carrier at the place of destination specified on Insured Person's valid ticket, on a trip covered under this Policy up to the limits specified in the Policy Schedule / Certificate of Insurance. In addition, We shall reimburse the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier upto the limits specified in the Policy Schedule/Certificate of Insurance. This Benefit will not be applicable for a return journey to Country of Residence / City of Residence.

The cover is limited to the travel destinations specified in the main travel ticket from the Republic of India in case of overseas travel and in India in case of Domestic Travel with all halts and via destinations included in the main travel ticket and declared to Us at the time of purchase of this Policy.

Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule / Certificate of Insurance.

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, a Deductible of number of hours specified in the Policy Schedule / Certificate of Insurance shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's intended destination.
2. We shall be provided with a proof of such delay in writing from the Common Carrier.
3. We shall be provided with the receipts of the purchase of toiletries, medication and clothing that the Insured Person needed to buy in the duration of such delay.
4. If We shall make any payment under this Benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become Our property.
5. In the event of simultaneous claims under this Benefit as well as under total loss of Checked-in Baggage, the higher of the claims shall be payable by Us in respect of the same item(s) of Checked-in Baggage during any one Period of Insurance.

2. DELAY OF CHECKED-IN BAGGAGE (Benefit)

We shall pay lump sum amount specified in the Policy Schedule/Certificate of Insurance to the Insured Person in the event of the delay in the scheduled arrival of the Checked-in Baggage caused by a Common Carrier at the Place of Destination specified on his valid ticket, on for a Trip covered under this Policy up to

the limits specified in the Policy Schedule / Certificate of Insurance and for the expenses incurred by the Insured Person towards transportation for recovering the checked-in baggage from the Common Carrier. This Benefit will not be applicable for a return journey to Country of Residence / City of Residence.

The cover is limited to the travel destinations specified in the main travel ticket from the Republic of India in case of overseas travel and in India in case of Domestic Travel with all halts and via destinations included in the main travel ticket and declared at the time of purchase of this Policy.

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, a Deductible of number of hours specified in the Policy Schedule/ Certificate of Insurance shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's intended destination.
2. We shall be provided with a proof of such delay in writing from the Common Carrier.
3. If We shall make any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become Our property.

37. EMERGENCY ACCOMODATION COVERAGE:

We shall reimburse the additional cost of emergency accommodation upto a maximum of the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance upon the occurrence of any of the perils below.

- (i) If the Insured Person could not stay in the accommodation originally booked due to fire, flood, earthquake, storm, hurricane, explosion, outbreak of major infectious diseases.
- (ii) The Insured Person / Immediate Family Member(s) incur expenses for accommodation due to the Hospitalization and or isolation/quarantine of Insured/ Immediate Family Member(s) in the visiting country where they are travelling together due to any covered Illness/Injury.
- (iii) Expenses incurred in accommodation due to a local government body declared lockdown in the visiting city, state or country preventing travel back to India OR a lock down declared by state or government of India.

Additionally, We shall also reimburse the difference of cost between the originally booked flight for scheduled journey which could not be undertaken and the alternate flight arrangements made by the insured Person.

Our liability to make payment is only in excess of the Deductible as specified in Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

38. HIJACK DISTRESS ALLOWANCE

a) If the Common Carrier in which the Insured Person is traveling whilst on a Trip during the Period of Insurance on a valid ticket is Hijacked, then We shall pay the daily amount specified in the Policy Schedule / Certificate of Insurance for each day for which the Insured Person continues to be held captive by the hijackers, provided that:

- (i) We shall be liable to make payment under this Benefit only if the Hijack has continued for a period of at least 24 consecutive hours unless a separate period is specified in the Policy Schedule / Certificate of Insurance;
- (ii) We shall not be liable to make payment under this Benefit for more than 30 days unless a separate number of days is specified in the Certificate of Insurance;

- (iii) We shall not be liable to make payment if the Insured Person is travelling by any other mode of transportation;
- (iv) Our liability under this Benefit in respect of the Insured Person shall not extend beyond the date and time of the Insured Person's release;
- (v) We shall not be liable to make payment under this Benefit if a Claim has already been made under either Benefit (Trip Delay) or Benefit (Missed connection).
- (vi) We shall not be liable to make payment under this Optional Benefit in any claim where the Insured Person is considered as the principal or accessory or is in anyway involved with the Hijacking.
- (vii) We shall not be liable to make payment under this Optional Benefit in any claim as a consequence of change in the direction of the route of the aircraft due to traffic, weather, fuel shortage, technical snag or security reasons.

39. 1. OVERSEAS TRAVEL SERVICE SUPPLIER INSOLVENCY (Indemnity)

We shall reimburse the below stated expenses upto a maximum of the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance incurred by the Insured Person in case of pre booked tour by paying an advance with an Overseas Travel Service Provider located at the intended destination(s), provided the Overseas Travel Service Provider turns insolvent and the Insured Person does not get intended service.

1. We will pay the reasonable cost of such rearrangement but not exceeding the cost that the Insured Person has already incurred for intended journey and should be for the same standard of transportation and accommodation as was originally booked by the Insured Person for intended journey.
2. In case of cancellation of journey because of non-rearrangement of scheduled journey, We shall be liable only up to the extent of non-refundable cost of unused travels for which the Insured has already paid, including agent's fee for such cancellation but limited to the amount of commission the agent had earned on pre-paid refundable amount of cancelled travel arrangements.
3. Any additional expenses necessarily incurred on returning to Insured Person's home including reasonable hotel accommodation and transport expenses

Our maximum total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusion applicable to Overseas Travel Service Supplier Insolvency:

1. If insolvency is of any travel agent, tour wholesaler, tour operator or booking agent in India.
2. If Insolvency is of a travel services provider, who at the relevant time, the travel services provider was insolvent or a reasonable person would have reason to expect the travel services provider might become insolvent.
3. Accommodation expenses incurred after the pre-decided return date of the trip to insured's town.
4. Benefit under this section shall be payable for insured contingencies happening Outside India.

2. OVERSEAS TRAVEL SERVICE SUPPLIER INSOLVENCY (Benefit)

We shall pay a lump sum amount as a benefit up to a maximum of the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards the expenses incurred by the Insured Person in case the Overseas Travel Service Provider located at the intended destination(s) with whom a tour is of pre booked by paying an advance turns insolvent and the Insured Person does not get intended service.

Our maximum total and cumulative liability to make payment under this Benefit is only upto the limit as specified in Policy Schedule / Certificate of Insurance.

Specific Exclusion applicable to Overseas Travel Service Supplier Insolvency:

1. If insolvency is of any travel agent, tour wholesaler, tour operator or booking agent in India.
2. if at the relevant time, the travel services provider was insolvent or a reasonable person would have reason to expect the travel services provider might become insolvent.

3. Accommodation expenses incurred after the pre-decided return date of the trip to Insured Person's town.

Benefit under this section shall be payable for insured contingencies happening Outside India only.

40. 1. HOTEL /PRIVATE RENTAL CANCELLATION: (Indemnity)

We shall indemnify the Insured Person for any cancellation charges related to the accommodation booked in advance in a hotel Private Rental properties via app/web portal/travel agent for the Period of Insurance solely and directly due to one of the reasons below, provided that Our liability shall be limited to the difference between the actual charges incurred for the reservation of such accommodation and the amounts obtained by refund towards the complete cancellation of the original reservation due to

- (i) Major Travel Event
- (ii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury for at least 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 consecutive days from the scheduled commencement of the Period of Insurance;
- (iii) The Insured Person is Hospitalized in an Emergency due to an unforeseen Illness or Injury (if this Benefit is applicable to the Insured Person along with Section C.I.1) or any Injury suffered (if this Benefit is applicable to the Insured Person along with Section C.I.2) and such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days and the treating Medical Practitioner certifies in writing that the Insured Person is not fit to undertake travel.
- (iv) The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.

2. HOTEL /PRIVATE RENTAL CANCELLATION (Benefit)

We shall pay lump sum amount to the Insured Person towards any cancellation charges related to the accommodation booked in advance in a hotel /Private Rental properties via app/web portal/travel agent for the Period of Insurance solely and directly due to one of the reasons below, provided that Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured specified in the Policy Schedule / Certificate of Insurance.

- (i) Major Travel Event
- (ii) The Insured Person's Immediate Family Member dies or is Hospitalized in an emergency due to an unforeseen Illness or Injury for at least 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 consecutive days from the scheduled commencement of the Period of Insurance;
- (iii) The Insured Person is Hospitalized in an emergency due to an unforeseen Illness or Injury (if this Benefit is applicable to the Insured Person along with Section C.I.1) or any Injury suffered (if this Benefit is applicable to the Insured Person along with Section C.I.2) and such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days and the treating Medical Practitioner certifies in writing that the Insured Person is not fit to undertake travel.
- (iv) The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.

41. POLITICAL RISK AND CATASTROPHE EVACUATION

- a) We shall indemnify the Insured Person for the actual expenses necessarily incurred by the Insured Person whilst on a Trip during the Period of Insurance to return to the Country of Residence or the nearest place of safety for one of the following reasons, up to the cost of a direct route economy class air fare for the same (one way) or hotel accommodation up to a maximum of 7 days for a limit as specified in the Certificate of Insurance:
 - (i) Officials of embassy of the Country of Residence of the Insured Person in writing recommend, or a notification is issued by the Government of the city where Insured Person is visiting, that people, which include the Insured Person should leave the city, or

- (ii) A catastrophe (fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic due to contagious disease) has occurred in the city in which the Insured Person is in, necessitating his/her immediate evacuation in order to avoid risk of personal Injury or Illness to himself/herself.

b) Exclusions applicable to Benefit – Political Risk and Catastrophe Evacuation:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) The Insured Person violating the laws or regulations of the city/country from which he is to be evacuated or deported or declared as a person non-grata.
- (ii) Failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation.
- (iii) Failure to honour any contractual obligation or bond or to obey any conditions in a license.
- (iv) If the Geographical Scope specified in the Certificate of Insurance is out of India, the Insured Person is a national of the country from which he/she is to be evacuated and if Geographical Scope specified in the Certificate of Insurance is within India, the Insured Person is a resident of the city from which he/she is to be evacuated.
- (v) Circumstances that resulted in the Insured Person's evacuation being in existence prior to the Insured Person entering the city /country or their occurrence being foreseeable to a reasonable person before the Insured Person entered the country/ city by the way of sources such as travel advisories issued by competent / Government authority(s) etc.

42. CRUISE COVER:

We shall reimburse the following expenses incurred by the Insured Person during the Policy Period in excess of the Deductible specified and upto a maximum of the Sum Insured specified in Policy Schedule / Certificate of Insurance:

1. Missed Port Departure

In the event where the Insured Person fails to arrive at the Departure Point in time to board the ship on which he has booked to travel on the initial journey of his Trip as a result of:

- a) The failure of scheduled Public Transport on which the Insured Person is travelling to run according to its timetable
- b) An Accident or breakdown of the vehicle in which the Insured Person is travelling;
- c) An Accident or breakdown occurring ahead of him on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which Insured Person is travelling; or Strike, industrial action or adverse weather conditions,

We shall reimburse the Insured Person reasonable additional accommodation (room only) and travel expenses necessarily incurred in joining the cruise ship journey at the next docking port up to the limit specified in Policy Schedule / Certificate of Insurance.

Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule/Certificate of Insurance.

2. UNUSED EXCURSIONS

We shall reimburse the cost of pre-booked excursions, which Insured person was unable to use and which are not refundable from any other source as a direct result of being confined by the medical officer on the ship to insured/insured person own cabin due to an accident or illness which is covered under "In-patient care for Illness and Injury with Day Care Treatment" or "In-patient care for Injury with Day Care treatment" or Out-patient Cover if opted.

3. CRUISE INTERRUPTION

In the event of Insured/Insured person requiring hospital treatment on dry land due to temporary illness, the policy reimburse the amount specified in the policy schedule/certificate, the travel expenses incurred to reach the next port in order to re-join the cruise. The insured / insured person has to submit a certificate from the medical practitioner in attendance to confirm the insured/ insured person's unforeseen illness or injury.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

IV. PERSONAL COVERS

43. SPONSOR PROTECTION

We shall indemnify the Insured Person for the balance fees for regular classroom study for the educational course in the event of the death of the Sponsor directly arising out of and consequent upon an Injury sustained during the Period of Insurance, provided that:

- (i) Our cumulative liability under this Benefit shall be limited to the actual unpaid fees for the remaining period of the course or the Period of Insurance, whichever is earlier.
- (ii) We shall be liable to pay for such fees only after the demand for such fees is raised by the educational institute.
- (iii) We shall be liable to pay such fees under this Benefit only if the Insured Person continues to be enrolled and attend that course at the educational institute as per the rules of such institute.
- (iv) If the Insured Person discontinues his studies for any reason, We shall have the right to recover such fees paid by it from the Insured Person.

For the purpose of this Benefit,

"Sponsor" shall mean any individual responsible for paying the tuition fees of the Insured Person for his full time study in a registered educational institution.

Note: Insured Person cannot claim under section – "Sponsor Protection" and section "Study interruption" for the same occurrence/event.

44. STUDY INTERRUPTION

We shall indemnify the Insured Person for the Tuition Fees up to the limit stated in the Policy Schedule/ Certificate of Insurance, that have been paid in advance to the educational Institution that are neither refundable nor recoverable from any other source, as a result of the occurrence of any of the following events which prevent the Insured Person from continuing his/her study for the remaining part of the term at the educational Institution:

- (i) Hospitalization of the Insured Person for Medically Necessary Treatment of any Injury or Illness suffered (if this Benefit is applicable to the Insured Person along with Section C.I.1 (C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or treatment of any Injury suffered (if this Benefit is applicable to the Insured Person along with Section C.I.2) for more than 30 consecutive days for either an Injury or Illness or
- (ii) In the case of Medical Evacuation to Country of Residence/City of Residence, or
- (iii) Death of an Immediate Family Member arising out of and consequent upon an Injury sustained during the Period of Insurance.

In the event of a Claim, the Insured Person shall make a request to the educational institute, in writing, seeking a written response from it towards any amount due to the Insured Person by way of refunds. Any such refunds shall be first deducted from the amount payable by Us.

Exclusions applicable to Benefit – Study Interruption:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any routine physical check-up and/or any treatments or examinations related thereto.
- (ii) Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.
- (iii) Any elective surgery.
- (iv) Any costs in any way related to psychiatric or mental disorder or any costs or periods of residence in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- (v) Any costs relating in any way related to the abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
- (vi) Any treatment which is paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the educational institution to the extent so furnished or paid or under any mandatory government program or facility set up for treatment without cost to any individual.

45. MUGGING COVER

a) We shall pay Lump sum payment specified in Policy Schedule / Certificate of Insurance in the event of a financial emergency arising due to the Insured Person being mugged of funds whilst on a Trip during the Period of Insurance, provided that:

- (i) Such loss of travel fund is required to be reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
- (ii) In case if loss of traveller's cheque the same needs to be immediately reported to the local branches of agents of the issuing authority.
- (iii) Loss of travel funds covered under this Benefit shall be reported and the Claim be made immediately whilst on the Trip.

b) Exclusions applicable to Benefit – Mugging Cover

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) A shortage or loss of funds due to currency fluctuation, errors, omissions, exchange loss or depreciation in value.
- (ii) Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incidence and a written report being obtained for the same.
- (iii) Any claim in respect of traveller's cheque not immediately reported to the local branches or agents of the issuing authority.
- (iv) Loss of funds not kept in personal custody of the Insured Person.
- (v) Any claim made after the first arrival post incidence of the Insured Person back to the Republic of India.

46. IDENTITY DOCUMENT THEFT/LOSS

If the Insured Person loses his original identity proof document (Driving license (including International Driving License), PAN card, Aadhaar or Voter ID card) on account of theft occurring whilst on a Trip during the Period of Insurance, We shall indemnify the necessary costs incurred by the Insured Person towards obtaining a new identity proof document.

Specific Exclusions applicable to Loss of Identity Documents:

We shall not make any payment if the loss of document(s) is –

- i. due to delay or confiscation or detention by customs, police or other authorities.
- ii. due to its being left unattended or forgotten by the Insured Person in a public place or in a Public Transport.

47. 1. GADGET COVER (Indemnity)

We will indemnify the Insured Person for loss incurred due to loss / theft of Gadget during the course of the Trip / upto the limit specified in the Policy Schedule / Certificate of Insurance subject to the following:

- (i) The Gadget must be owned by and accompany the Insured Person during the course of the Trip and You must provide Us with any receipts, documents or proof of purchase, that it is reasonable for Us to determine such ownership or possession.
- (ii) The Insured Person has to report the loss to the police within 24 hours of becoming aware of the theft and a written police report being obtained in that regard
- (iii) Maximum amount to be reimbursed for the Gadget as specified in the Policy Schedule/ Certificate of Insurance shall be at the Market Value before the loss, which will be arrived at by depreciating the value by 25% per annum. However, the maximum liability would be restricted to the Sum Insured.
- (iv) We will not pay under this benefit for the loss of more than one Gadget falling under a similar category during the Trip.
- (v) Our maximum, total and cumulative liability under this Benefit will be limited to the travel destinations including all halts and via destinations during the Trip

In addition to the Permanent Exclusions listed in the Policy under Section D, We shall not be liable to make any payment under this Benefit if –

- (i) Loss is due to delay or confiscation or detention by customs, police or other authorities.
- (ii) Loss is due to its being left unattended or forgotten by the Insured Person in a public place or in a Public Transport.
- (iii) Loss of baggage sent in advance or souvenirs and articles mailed or shipped separately.
- (iv) Loss or damage which is paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and / or accommodation.
- (v) Loss of software or data in the laptop/ tablet / mobile phone and any consequential loss.

2. GADGET COVER (Benefit)

We shall pay a lump sum amount for the actual loss incurred due to loss / theft of Gadget up to the limit specified in the Policy Schedule / Certificate of Insurance subject to the following:

- (i) The Gadget must be owned by and accompany the Insured Person during the course of the Trip and You must provide Us with any receipts, documents or proof of purchase, that it is reasonable for Us to request
- (ii) The Insured Person has to report the loss to the police within 24 hours of becoming aware of the theft and a written police report being obtained in that regard
- (iii) Our maximum, total and cumulative liability would be restricted to the Sum Insured for any gadget not older than 5 years.
- (iv) Our maximum, total and cumulative liability will be limited to the travel destinations including all halts and via destinations during the Trip
- (v) We shall be provided with the original invoice/receipt evidencing the proof of purchase and ownership of such Gadget, or document evidencing the authorized custody of the same, if such Gadget is provided by his/her employer/business organization.

In addition to the Permanent Exclusions listed in the Policy under Section D, We shall shall not be liable to make any payment under this Benefit if –

- (i) Loss is due to delay or confiscation or detention by customs, police or other authorities.
- (ii) Loss is due to its being left Unattended or forgotten by the Insured Person in a public place or in a Public Transport.
- (iii) Loss of baggage sent in advance or souvenirs and articles mailed or shipped separately.
- (iv) Loss or damage which is paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and / or accommodation.
- (v) Loss of software or data in the laptop/ tablet / mobile phone and any consequential loss.
- (vi) Any second hand or refurbished Gadgets.
- (vii) No claims shall be payable for any Gadget which is older than 5 years

48. DIGITAL CAMERA INSURANCE:

If at any time during the Policy Period, the Digital Camera insured as defined in the Policy shall suffer any unforeseen and sudden physical loss or damage from any cause while the Insured Person is on Trip, other than those specifically excluded, in a manner necessitating repair or replacement, We will indemnify the Insured Person in respect of such loss or damage upto the maximum of the Sum Insured subject to a Co-payment as Specified in the Policy Schedule / Certificate of Insurance.

Specific Exclusion applicable to Digital Camera Insurance:

We shall not, however, be liable to pay any expenses under this Benefit for

1. Loss or damage as a direct consequence of the continual influence of operation (eg. wear and tear, cavitations, erosion, corrosion, incrustation) or of gradual deterioration due to atmospheric conditions;
2. any costs incurred in connection with the maintenance of the Digital Camera, such exclusion also applying to parts exchanged in the course of such maintenance operations;
3. loss or damage for which the manufacturer or supplier of the Digital camera is responsible either by law or under contract;
4. loss of or damage to rented or hired Digital Camera for which the owner is responsible either by law or under a lease and/or maintenance agreement;
5. consequential loss or liability of any kind or description;
6. aesthetic defects
7. any Digital Single Lens Reflex (DSLR) camera purchased 30 days prior to the inception of this policy.
8. Damage due to Pollution: any damage, loss or destruction to the Digital Camera on account of pollution or contamination

Our liability under this Benefit shall be subject to the following specific Conditions applicable to Digital Camera Insurance:

1. In cases where damage to the Digital Camera can be repaired We shall pay the expenses necessarily incurred to restore the damaged camera to its former state of serviceability
2. the cost of any alterations, improvements or overhauls shall not be recoverable under this Benefit
3. in cases where the Digital Camera is subjected to total loss and meanwhile it becomes obsolete, all costs necessary to replace the lost or damaged Digital Camera with a follow-up model of similar type and similar quality will be reimbursed.
4. We will make payments only after being satisfied, with necessary bills and documents that the repairs have been effected or replacements have taken place, as the case may be.

Warranty applicable to Digital Camera Insurance:

It is warranted that the Maintenance Agreement in force at the inception of this policy is maintained during the currency of this policy and no variation in the terms of the Agreement shall be made without the written consent of the Company being obtained.

For the purpose of this warranty the word 'Maintenance' shall mean the following:

1. Safety Checks
2. Preventive Maintenance
3. Rectification of loss or damage or faults arising from normal operations as well as from ageing

49. UNIVERSITY INSOLVENCY / DERECOGNITION OF UNIVERSITY OR COURSE

We will reimburse the actual expenses subject to maximum limit as stated in the Policy Schedule/Certificate of Insurance, incurred towards the tickets of Common Carrier limited to the economy class fare in Common Carrier, or/and accommodation expenses for a maximum of 7 days to return back to India if the University in which the Insured Person has been admitted has become insolvent.

Note:

After the settlement of the claim under the Policy, if there is any recovery towards additional expenses from the university, the same shall be remitted to Us to the extent of the claim paid to the Insured Person.

In addition to Permanent Exclusions listed under Section D in this Policy, We shall not cover any claim arising out of the Insured Person failing to adhere to the rules of the University or regulation of state in connection with the admission.

50. LEGAL EXPENSES

We shall reimburse the legal costs upto a maximum of the Sum Insured specified in the Policy Schedule / Certificate of Insurance towards expenses incurred by the Insured Person or the legal representative of the Insured Person, as the case may be, towards claims from third parties for compensation for Accidental death, Injury or damage to the health or property of the Insured Person arising due to an injury whilst on a Trip abroad.

Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible specified in Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

51. DEBIT/CREDIT CARD/FOREX CARD – FRAUD

In the event of loss or theft of the Insured Person's bank issued debit/credit/forex card whilst on a Trip covered under this Policy, We shall reimburse the financial loss incurred by the Insured Person, arising out of any fraudulent utilization of such card from the time of such loss or Theft being reported until the time of such card being blocked by issuing bank, up to the limit of Sum Insured as specified in the Policy Schedule / Certificate of Insurance.

This Benefit shall be payable subject to the following:

1. Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule / Certificate of Insurance. The Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit
2. All claims made under this Benefit shall be payable in India and in Indian Rupees only.
3. The loss or Theft is to be reported to the issuing bank and a written police report is to be furnished to the Us.

Specific Exclusions applicable to Debit/Credit Card/Forex Card – Fraud:

We shall not be liable to make any payment for any Claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Claims where the loss can or could have been recovered from any other source.
2. Any claim where loss or theft is not notified to the local police as soon as practicable from the time of the Insured Person becoming aware of the loss or theft.
3. Any costs incurred in procurement of a new card.
4. Any claims arising out of, or in connection with any contractual liability.
5. Any claim, which is in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured Person or by any person acting on behalf of the Insured Person.
6. Any loss falling under the under Section D – Permanent Exclusion of the Policy.

52. SPORTS EQUIPMENT COVER

We shall reimburse the actual loss incurred in the event of Insured Persons own or hired sports equipment are lost due to theft or damaged whilst on Trip during the Policy Period maximum upto the Sum Insured as specified in the Policy Schedule / Certificate of Insurance

Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in the Policy Schedule / Certificate of Insurance. A Deductible as specified in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusions applicable to Sports Equipment Cover:

We shall not liable to make any payments for the following losses:

1. Any loss due to theft or damage to Insured Person sports equipment and accessories during Insured Person's entire journey if he does not get a written PIR (Property Irregularity Report) issued by the airline/common carrier. For the purpose he shall be required to lodge the complaint with the airline/common carrier immediately.
2. Loss to sports equipment and accessories at any other time if the Insured Person does not report the loss or theft to the local police within 24hrs of discovering it and get a written police report from them.
3. Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
4. Loss or damage to sports equipment and accessories left unattended at any place.
5. Any loss or damage to the property due to confiscation or detention by any authority other than airline.
6. Any loss falling under Section D – Permanent Exclusion of the Policy
7. Any amount of loss that has already been compensated from the club.
8. Sports equipment accessories

Specific Conditions applicable to Sports Equipment Cover:

1. The Insured Person must keep the damaged property for Our inspection or by Our authorized representative at any time after the loss is reported to the Us
2. The Insured Person shall be required to surrender the said damaged property to Us on demand at the time of final settlement of the claim or We shall deduct an appropriate salvage value from the claim amount admissible at Our sole option.
3. If the claim involves a part of a set of property, Our liability shall be limited to the value of that part which has been damaged or lost during the trip.
4. Receipts for items lost, stolen or damaged or proof of ownership should be preserved properly by the Insured Person to substantiate his claim.
5. The Insured Person shall preserve all his recovery rights against the Third Party and shall be required to subrogate the same to Us at the time of settlement of claim.
6. Maximum amount to be reimbursed for the Sports equipment as specified in the Policy Schedule/ Certificate of Insurance shall be at the Market Value before the loss, which will be arrived at by depreciating the value by 25% per annum. However, the maximum liability would be restricted to the Sum Insured specified against this Benefit in the Policy Schedule/Certificate of Insurance

53. IDENTITY THEFT

If at any time during the Policy Period, the Insured Person shall incur expenses to resolve the Identity Theft, then We shall reimburse the following expenses upto a maximum of the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance

1. **Legal Expenses** – We will reimburse the Insured Person for the attorney and court fees incurred by the Insured Person for:
 - (i) Defending any suit brought against the Insured by a creditor or collection agency or someone acting on their behalf as a result of the Identity Theft;

- (ii) Removing any civil or criminal judgment wrongfully entered against the Insured as a result of the Identity Theft;
- (iii) Challenging the accuracy or completeness of any information in the Insured Person's consumer credit report provided this information is inaccurate and falsely provided to the credit agency or financial institution as a result of Identity Theft.

2. **Miscellaneous Expenses** – We will reimburse the following expenses:

- a) The cost of re-filing applications for credit accounts or banking accounts that are rejected solely because the lender received incorrect information as a result of Identity Theft;
- b) The cost of notarizing documents related to the Insured Person's identity theft, long distance telephone calls, and certified mail reasonably incurred as a result of the Insured Person's efforts to report an Identity Theft or to correct the financial and credit records that have been altered as a result of the Insured Person identity theft;
- c) The cost of contesting the accuracy or completeness of any information contained in the Insured Person's credit history as a result of his/her Identity Theft;
- d) The cost of a maximum of 4 (four) credit reports from an entity approved by Us. The credit reports shall be requested when you make a Claim.

Specific Exclusions applicable to Identity Theft:

We will not pay for any expenses or loss under this Benefit as a result of:

- 1. Monetary losses other than those covered above
- 2. Any physical injury, sickness, disease, disability, shock, mental anguish and mental injury including required care, loss of services or death;
- 3. Requesting credit reports before the discovery of the Insured Person's identity theft;
- 4. Taking time from self-employment or workdays that will be paid by the Insured Person's employer in order to correct the financial records that have been altered due to identity theft.

Specific Conditions applicable to Identity Theft:

- 1. The fraudulent account must have been opened in the Insured Person's name without your authorization.
- 2. Any false charge or withdrawal from the unauthorized opened account must be verified by the Insured Person's financial institution.
- 3. Coverage for false charges is limited to the amount that the Insured is held liable for by the financial institution.
- 4. We shall be permitted to inspect the Insured Person's financial records, and request such additional proof in relation to the charges, as may be necessary.
- 5. The Insured shall cooperate with Us and help Us to enforce any legal rights the Insured Person or we may have in relation to his/her identity theft; this may include the Insured Person's attendance at depositions, hearings and trials, and giving evidence as necessary to resolve his/her identity theft.
- 6. The expenses can be submitted up to 12 months after the Insured Person makes a claim

Our maximum, total and cumulative liability to make payment is only in excess of the Deductible specified in the Policy Schedule / Certificate of Insurance. A Deductible as specified in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

54. TRAVEL LOAN SECURE

We shall indemnify the Insured Person, in case the Insured Person has borrowed, for the purpose of this covered Trip, from an NBFC/Bank or any other entity authorized by relevant authorities in India to the extent of Principal Outstanding amount at the time of loss or Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance whichever is lower, due to the following perils:

1. Accidental Death of the Insured Person,
2. Permanent Total Disablement of the Insured Person and
3. Permanent Partial Disablement of the Insured Person within 180 days from the date of such Injury and such bodily injury is the sole and direct cause of his death or permanent total disablement.

The claim proceeds under this Benefit will be paid to the lending entity provided that the Insured Person has assigned the benefits under this Section in favour of the entity.

Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule / Certificate of Insurance. A Deductible as specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusion applicable to Travel Loan Secure:

No claim under this section would be paid if the death or disablement is due to or caused by

1. Directly or indirectly caused by contributed to related to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof,
2. Due to participation in winter sports, skydiving, parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot holing, hunting or equestrian activities, skiing, diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sports.
3. Any loss falling under Section D – Permanent Exclusion of the policy

Specific Conditions applicable to Travel Loan Secure:

This section does not cover the loan taken from any individual / firm / non-financial institution (including his/her own firm / Company) other than Commercial Bank /licensed financial institutions.

55. JEWELLERY INSURANCE

We shall reimburse the loss incurred due to theft or robbery of the Insured Person's Jewellery during the Period of Insurance upto a maximum of the Sum Insured subject to the Co-payment as specified in the Policy Schedule / Certificate of Insurance.

Specific Exclusions applicable to Jewellery Insurance:

We shall not, however, be liable for

1. Jewellery and Valuables not carried by the Insured or locked in a safe deposit box at all times
2. Jewellery and Valuables shipped in checked-in baggage
3. Loss or theft which has not been reported to the Policy within 24 hours of discovery.
4. Loss or damage caused by delay, wear and tear, moth, vermin, atmospheric or climatic conditions, deterioration or electrical or mechanical derangement of any kind. Loss or damage caused by spilled fluid from cosmetic or beverage containers whilst in the baggage
5. Jewellery of the Insured Person which has been entrusted to a third party.
6. Claims relating to loss, damage or theft from an unattended vehicle where the items were in a locked boot and not visible and where entry was effected by violent and forcible means.
7. Claims arising from confiscation or detention by customs or other lawful officials and authorities
8. Jewellery items which have not been noted on the police report
9. Liability in respect of a pair or set of articles where we shall be liable only for the value of that part of the pair or set which is lost or damaged.
10. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality or increased cost of working
11. Loss arising out of mysterious disappearance of the Jewellery.

Specific Conditions applicable to Jewellery Insurance:

It is hereby agreed and declared that the Our maximum, total and cumulative liability in respect of a single claim or a series of claims during the Policy Period shall not exceed the Sum Insured as specified in the Policy Schedule / Certificate of Insurance.

Co-Payment:

It is also hereby agreed and declared that the Insured Person shall subject to a co-payment as specified in the Policy Schedule / Certificate of Insurance of the admissible claim amount in respect of each and every claim.

56. HOME CARE

If the Illness or Injury suffered (if this Benefit is applicable to the Insured Person along with Section C.I.1 or treatment of any Injury suffered (if this Benefit is applicable to the Insured Person along with Section C.I.2) by the Insured Person requires the Insured Person to be necessarily attended by a Qualified Nurse immediately subsequent to the Insured Person's discharge from Hospital, We shall pay the daily payable benefit amount specified in the Policy Schedule / Certificate of Insurance for each continuous and completed day of attendance by a Qualified Nurse at the Insured Person's home provided that:

- (i) The Insured Person's Hospitalization continues for more than 5 consecutive days unless a separate period is specified in the Policy Schedule /Certificate of Insurance;
- (ii) We shall not be liable to make payment under this Benefit for a period of more than number of days as specified in the Policy Schedule / Certificate of Insurance from the Insured Person's discharge from Hospital;
- (iii) The treating Medical Practitioner's Prescription must specify that medical services of a Qualified Nurse are required to be provided to the Insured Person at his/her home;
- (iv) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section C.I.1 or C.I.2 as applicable.

57. REIMBURSEMENT OF GOLF FEES AND OTHER NON-TRANSFERABLE TICKET EXPENSES

If the Insured Person is Hospitalized for treatment of an Illness or Injury suffered (if this Benefit is applicable to the Insured Person along with Section C.I.1 or treatment of any Injury suffered (if this Benefit is applicable to the Insured Person along with Section C.I.2) immediately and not exceeding 15 days prior to the commencement of the Period of Insurance, We shall indemnify the Insured Person for any cancellation charges related to golf fees and other non-transferable ticket expenses which were already paid in advance for the Period of Insurance, provided that:

- (i) The Insured Person's Hospitalization continues for more than 5 consecutive days;
- (ii) The cancellation of the proposed golf/other events is solely and directly due to the Insured Person's Hospitalization for Medically Necessary Treatment;
- (iii) Our liability shall be limited to the difference between the charges incurred for such golf fees and other non-transferable ticket expenses and the amounts obtained by refund towards the cancellation.

58. 1. LOSS OF PASSPORT (Indemnity)

- a) If the Insured Person loses / damages his/her original passport whilst on a Trip during the Period of Insurance, We shall indemnify the necessary costs incurred by the Insured Person including cost towards issuance of emergency certificate towards obtaining a new passport or re-issue of the lost/damaged passport upto the limit as specified in the Policy Schedule / Certificate of Insurance This Benefit also provides for reimbursement of actual expenses necessarily and reasonably incurred in connection with obtaining/replacing the stolen travel documents/tickets and travelers cheques up to the limit of **Sum Insured** for this Benefit as specified in the Policy Schedule / Certificate of Insurance, if such documents/tickets/ travelers cheques belonging to the **Insured Person** be lost whilst on a covered Trip.

This Benefit also provides for the expenses incurred for accommodation expenses maximum upto 2 days prior to in the event where embassy is unable to issue the passport prior to commencement of next intended trip and subject always to the limits specified in the Policy Schedule/Certificate of

Insurance.

b) Exclusions applicable to Benefit: Loss of Passport

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
- (ii) Loss of the passport due to theft unless it has been reported to the police within 24 hours of the Insured Person becoming aware of the theft and a written police report being obtained in that regard.
- (iii) Loss of the passport due to it being left unattended or forgotten by the Insured Person in a public place or public transport, hotel or apartment.
- (iv) Loss or theft of the passport from a private place or from a private vehicle, unless it was located in a locked hotel room, apartment or locked vehicle, and forcible and violent entry was used to gain access to it.

2. LOSS OF PASSPORT (Benefit)

- a) If the Insured Person lost / damages his/her original passport whilst on a Trip during the Period of Insurance, We shall pay a lump sum benefit amount as specified in the Policy Schedule / Certificate of Insurance.

b) Exclusions applicable to Optional Benefit: Loss of Passport

- (i) Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
- (ii) Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
- (iii) Loss of the passport due to theft unless it has been reported to the police within 24 hours of the Insured Person becoming aware of the theft and a written police report being obtained in that regard.
- (iv) Loss of the passport due to it being left unattended or forgotten by the Insured Person in a public place or public transport, hotel or apartment.
- (v) Loss or theft of the passport from a private place or from a private vehicle, unless it was located in a locked hotel room, apartment or locked vehicle, and forcible and violent entry was used to gain access to it.

59. UP-GRADATION TO BUSINESS CLASS

- a) We shall indemnify the Insured Person for the actual expenses incurred by the Insured Person for up-gradation to a business class air ticket by the most direct route from the place of Hospitalization of the Insured Person to the Country of Residence/City of Residence, provided that:
 - (i) The Insured Person is Hospitalized for Medically Necessary Treatment which is required in an Emergency for treatment of any Injury or Illness suffered (if this Benefit is applicable to the Insured Person along with Section C.I.1) or treatment of any Injury suffered if this Benefit is applicable to the Insured Person along with Section C.I.2) by the Insured Person whilst on a Trip during the Period of Insurance and such Hospitalization continues for at least a period of 5 consecutive days as specified in the Certificate of Insurance;
 - (ii) The Insured Person's return air travel to the Country of Residence/City of Residence shall commence not later than 20 days from the discharge of Insured Person from Hospital;
 - (iii) If the Insured Person's air ticket can be up-graded from economy class to business class, Our maximum liability under this Benefit shall be limited to the difference in cost between the economy class air ticket and business class air ticket;

- (iv) If the Insured Person's direct route economy class air ticket cannot be up-graded, then Our maximum liability under this Benefit shall be limited to the cost of cancellation and the difference between the cost of the new direct route business class airfare and the refund amount received on the economy class ticket cancelled.
 - (v) We shall not be liable to make any payment under this Benefit if the Insured Person was originally booked to return to the Country of Residence on a business class air ticket.
 - (vi) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment) as applicable.
- b) In case any Claim is accepted under this Benefit, no expense of airfare shall be payable under Optional Extension 2 of Benefit – Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment)

60. ADDITIONAL SERVICES

A. Option 1 - Virtual Consultation

We shall indemnify charges incurred by the Insured Person towards the Medically Necessary Virtual consultations (Tele-Consultation /Video-Consultation) on cashless basis within Our Empanelled Service Provider in relation to any Illness or Injury diagnosed during the Policy period.

For the purpose of this benefit Virtual consultation shall mean consultation provided by a Medical Practitioner or Health care professional through telephone as Tele-consultation or/and via Video as Video-consultation.

B. Option 2 - Virtual, Physical and Specialist Consultation

a. Virtual Consultation

We shall indemnify charges incurred by the Insured Person towards the Medically Necessary Virtual consultations (Tele-Consultation /Video-Consultation) on cashless basis within Our Empanelled Service Provider in relation to any Illness or Injury diagnosed during the Policy period.

For the purpose of this benefit Virtual consultation shall mean consultation provided by a Medical Practitioner or Health care professional through telephone as Tele-consultation or/and via Video as Video-consultation

b. Physical Consultations

We shall indemnify charges incurred by the Insured Person towards the Medically Necessary out-patient consultations from a General Medical Practitioner on cashless basis within Our Empanelled Service Provider in relation to any Illness or Injury diagnosed during the Policy period.

c. Specialist Consultations

We shall indemnify charges incurred by the Insured Person towards the Medically Necessary out-patient consultations from a Specialist Medical practitioner on cashless basis within Our Empanelled Service Provider in relation to any Illness or Injury diagnosed during the Policy period upto the limits mentioned in Policy Schedule/ Certificate of Insurance.

Specialist Medical Practitioner: Means a medical practitioner holding specialized qualification and having additional specialized expertise in any one or more types of medicine, including Gynaecology, Orthopaedic, Paediatrics, Ophthalmologist, Physiotherapist, Nutritionist.

General Medical Practitioner: means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

Conditions for Additional Services – Option 1 & 2:

- i. All Benefits can be availed only on cashless basis via our mobile application
- ii. All services shall be provided through our Empanelled Service Provider subject to availability at the time of appointment.
- iii. Any unutilized physical specialist consultations cannot be carried forward to the next policy year.
- iv. Choosing the services under this benefit is purely upon the Insured Person's own discretion and if obtained, it is the Insured Person's sole and absolute discretion to follow the suggestion for any advice related to his/her health.
- v. The Insured Person(s) should seek assistance/second opinion from a medical practitioner should they still have any concerns about their health even post availing services from empanelled service providers.
- vi. In no event shall We be liable for any direct, indirect, punitive, incidental, special, or consequential damages or any other damages whatsoever caused to You/Insured Person while receiving the services from any Medical Practitioners in empanelled service providers or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by such Medical Practitioner.

C. Option 3 - ADDITIONAL SERVICES - OTHERS [not applicable under (Domestic) plan]

- a) We or Assistance Service Provider shall arrange for the Insured Person to avail any of the following services, subject to details as specified in the Policy Schedule/Certificate of Insurance, including but not limited to:

- (i) Health card in physical form

- (ii) Doctor On Call

We / Assistance Service Provider shall arrange for the provision of medical advice to the Insured Person over the telephone.

- (iii) Other value added services as follows:

1. Medical Assistance Services

We/ Assistance Service Provider shall provide medical assistance services such as referral, emergency medical assistance.

2. Medical Service Provider Referral

We / Assistance Service Provider shall provide to the Insured Person, upon request, with the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). We / Assistance Service Provider shall not be responsible for providing medical diagnosis or treatment. Although We / Assistance Service Provider shall make such referrals while exercising care and diligence in selecting the Medical Service Providers, We do not guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider as well as the extent to which the advice provided by such Medical Service Providers is followed shall be the sole decision of the Insured Person.

3. Arrangement of Hospital Admission

If the medical condition of the Insured Person is of such gravity as to require Hospitalization, We/ Assistance Service Provider shall assist such Insured Person in the Hospital admission process.

4. Arrangements of Appointments with Local Medical Practitioners for Treatment

We / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local Medical Practitioners for treatment.

5. Medical Translation Service

We / Assistance Service Provider shall arrange for the provision of medical translation to the Insured Person over the telephone.

6. Delivery of Essential Medicine

We / Assistance Service Provider shall arrange to deliver to the Insured Person essential medicine, drugs and medical supplies that are necessary for the Insured Person's care and/or treatment but which are not available at the Insured Person's location. The delivery of such medicine, drugs and medical supplies shall be subject to the laws and regulations applicable locally. We / Assistance Service Provider shall not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

7. Arrangement of Compassionate Visit

We / Assistance Service Provider shall arrange for booking one return airfare for an Immediate Family Member of the Insured Person wishing to join the Insured Person who, when travelling alone, is Hospitalized outside the Country of Residence/City of Residence.

8. Arrangement of Return of Minor Child

We / Assistance Service Provider shall arrange for booking one-way airfares for the return of minor child to the Country of Residence/City of Residence if they are left unattended as a result of the accompanying Insured Person's illness, Accident or Emergency Medical Evacuation. An escort shall be provided, when requested.

9. Arrangement of Parent Accommodation

We / Assistance Service Provider shall arrange for booking the hotel accommodation of the Insured Person's parent related to an incident requiring Emergency Medical Evacuation, Emergency Medical Repatriation or Hospitalization.

10. Inoculation and Visa Requirement Information

We / Assistance Service Provider shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information shall be provided to the Insured Person at any time, whether or not the Insured Person is travelling or an emergency has occurred. We / Assistance Service Provider shall inform the Insured Person requesting such information that We / Assistance Service Provider is simply communicating the requirements set forth in a document and We / Assistance Service Provider shall name the document.

11. Embassy Referral

We / Assistance Service Provider shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.

12. Emergency Document Delivery

We / Assistance Service Provider shall assist the Insured Person to arrange for emergency document to be delivered to the Insured Person's Immediate Family Member, upon the Insured Person's request to do so.

13. Home Care Assistance

If the medical condition of the Insured Person is of such gravity as to require a Qualified Nurse, We / Assistance Service Provider shall assist such Insured Person to provide reference of such Qualified Nurse.

14. Lifestyle Services

We / Assistance Service Provider shall assist the Insured Person by arranging local lifestyle service provider reference such as a gym or spa.

15. Diet and nutrition consultation

We / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local diet and nutrition consultation.

16. Chat with Medical Practitioners

We / Assistance Service Provider shall arrange for the provision of medical advice to the Insured Person over the online chat.

17. We / Assistance Service Provider shall arrange preferred pricing and discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty or hotel or any travel related services and skin-clinics.
18. We / Assistance Service Provider shall arrange special discounts on medical equipment or medicines as provided by service providers.

19. Health risk assessment

Health Risk Assessment (HRA) is an online questionnaire based application, which empowers the Insured Person to analyze his / her health status and identify health risks early. HRA helps in early identification and management of risks, promotion of preventive healthcare, regular follow up and monitoring to ensure effective management of health status

20. Tele Support:

Basic medical advice and symptom information, pre-travel advice, details of local and national support groups, emotional stress related to foreign environs

It is agreed and understood that:

- (i) The Insured Person is free to choose whether or not to obtain the additional services and, if obtained under this Benefit, then whether or not to act on it.
- (ii) This Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.
- (iii) We do not provide the services under this Benefit or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same or the use to which the services under this Benefit are put.
- (iv) We do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any service under this Benefit or for any consequences of actions taken or not taken in reliance thereon.
- (v) The Insured Person shall indemnify Us and hold Us harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or service provider or for any consequences of any action taken or not taken in reliance thereon.

Terms for admissibility of Claim under this Benefit:

- (i) Claim under this Benefit can be made only under Cashless Facility. We or Assistance Service Provider shall arrange for the above mentioned services to the Insured Person; on utilizing these services, the Insured Person shall make payment for the services (if any), directly to the service provider.
- (ii) Payment of Claims for this Benefit are not subject to the Sum Insured.

61. Emergency Financial Assistance

If the Insured Person suffers a Financial Emergency whilst on a Trip during the Period of Insurance, then We or the Assistance Service Provider shall co-ordinate with the Insured Person's relatives in his Country of Residence/City of Residence, to provide emergency financial assistance to the Insured Person provided that:

- (i) Our maximum, total and cumulative liability under this Benefit is limited to organising the delivery of funds received from the Insured Person's relatives to the Insured Person in cash within 7 days from receipt of funds;

(ii) We shall not have or be deemed to have any direct financial liability to the Insured Person under this Benefit;

(iii) This Benefit shall not be available more than once during the Period of Insurance.

For the purpose of this Benefit only:

Financial Emergency means the Insured Person's loss of Money (which shall include cash money, travellers cheque or credit cards issued in favor of the Insured Person) available with him, including but not limited to that arising from Burglary and theft of luggage such that he has insufficient money to continue the journey but not including any immediate financial support available to the Insured Person from any alternative source on request and/ or any emergency situation encountered by him by causes other than substantial loss of Money and/ or where a Financial Emergency is not an immediate and instantaneous consequence at the place of loss of Money.

62. MID TRIP MEDICAL COVER CONTINUANCE IN INDIA

a) In the event that an Insured Person in the midst of a Trip outside India travels back to India for a short duration and returns back on the same Trip outside India before the end of the Period of Insurance as specified in the Certificate of Insurance, then the Insured Person shall be covered under Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment) (as applicable) for the Medical Expenses incurred for Hospitalization during the visit to India in the Indian geography, provided that:

- (i) The days allocated for the said Trip in the Certificate of Insurance shall be counted for the stay in India.
- (ii) The maximum length of stay in India covered under this Benefit shall not exceed the limit as specified in Certificate of Insurance.
- (iii) In case the length of stay in India, commencing from the arrival in India as specified in this Benefit exceeds the number of days as specified in the Certificate of Insurance, then the Trip automatically ends.
- (iv) If We have paid a Claim in India under Section C.I.1 or (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment) (as applicable) in respect of the stay in India under this Benefit, then the cover in India under this Benefit is extended until the expiry of the period specified in the Certificate of Insurance or may continue on the same Trip as the case may be.

63. LIFESTYLE SUPPORT

We shall pay the upto the amount specified in Policy Schedule / Certificate of Insurance in case the Insured Person has incurred cost on medically necessary Prosthetic Devices, Mobility Aid equipment, corrective devices, external durable medical equipment, if the Insured Person requires the same on the written advice of a Medical Practitioner for the same Injury suffered by the Insured Person in respect of which we have accepted a Claim under Section C.I.1 or C.I.2 as the case may be, provided that:

1. Exclusion mentioned under Section D.B.9 - Prosthesis and Corrective Devices shall not apply only to the extent of cover under this Benefit.

64. CYBER SECURITY:

We shall reimburse the expenses incurred by the Insured Person during the Policy Period upto a maximum of the Sum Insured specified in Policy Schedule /Certificate of Insurance due to:

1. any fraudulent and unauthorized access to usage,
2. deletion or alteration of the Insured Person's personal data stored in his/her computer system including digital devices,
3. Defense and prosecution costs against identity theft occurring on Insured Person's legitimate Social Media account as a result of a cyber-attack,
4. Repeated use of digital communications to harass or frighten the Insured Person,

5. Computer program received through SMS, File transfer, downloaded programs from internet or any other digital means by the Insured's computer system including his/her digital devices maliciously designed to infiltrate and damage it without the Insured's consent,
6. Funds wrongfully or erroneously paid by the Insured Person as a direct result of Third Party's unauthorized targeted cyber intrusion into his/her computer system,
7. Any attempt to obtain Insured Person's sensitive information such as usernames, passwords, and credit card details (and sometimes, indirectly, money), often for malicious reasons, by masquerading as a trustworthy entity through an electronic communication,
8. A forgery or a wrongful manipulation of an E-mail header so that the message appears to have originated from the actual source
9. Any liability arising out of unintended publication or broadcasting of any digital content resulting out of a Cyber Attack on your Computer System including Insured Person's digital devices,
10. A threat to cause a Privacy Breach, Data Breach or Cyber Attack,
11. Any unauthorized disclosure of your personal data by a third party or any unauthorized access or use of Insured Person's personal data stored in Third Party's computer system.

65. QUARANTINE COVER:

- a) If the Insured Person is quarantined at Hospital/ hotel/ home/ independent facility on advise of the attending doctor at any time during the Trip, the insurer would pay the fixed benefit amount as specified in Policy Schedule / Certificate of Insurance / Pay the actual expenses incurred by the Insured Person upto the limit of Sum Insured as specified in the Policy Schedule / Certificate of Insurance. and / or
- b) If the regulations permit travel without needing any mandatory quarantine or RTPCR/ any other test to identify whether the person is Covid Positive after landing on the shores of the country abroad or in India, but anytime within 2 days prior to the departure excluding the travel date the regulations mandate either a mandatory quarantine or compulsory RTPCR/ other suitable test for the purpose, the insurer would then pay fixed benefit amount as specified in Policy Schedule / Certificate of Insurance as the inconvenience benefit to the Insured Person/ pay the actual expenses incurred for the purpose, subject to the policy deductible

Section D. EXCLUSIONS

The terms and conditions, benefits, exclusions, various procedures and conditions which have been built in to the Policy are to

PERMANENT EXCLUSIONS (applicable to all Benefit –& Optional Extensions)

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

A. Standard Exclusions:

1. Investigation & Evaluation (Code- Excl 04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care (Code- Excl 05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: (Code- Excl 07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: (Code- Excl 08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code- Excl 09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: (Code- Excl 10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded providers: (Code- Excl 11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure IV of this policy and as disclosed in website (<https://www.adityabirlacapital.com/healthinsurance/#!/homepage>) / 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.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl 12).

10. 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- Excl 13)

11. 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- Excl 14)

12. Unproven Treatments:(Code- Excl 16)

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.

13. Sterility and Infertility: (Code- Excl 17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

14. Maternity Expenses (Code – Excl 18)

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

B. Specific Exclusions**1. Circumstantial Exclusion****War, Disaster & Civil Hazards**

- a) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- b) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
 - iv. In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded.

2. Travel & Medical Advisory

Where the Insured Person:

- a) traveling against the advice of a Medical Practitioner; or
- b) receiving medical treatment (or has planned to receive during the Policy Term for an existing illness/ diagnose/ condition); or
- c) travelling for the purpose of obtaining medical treatment; or
- d) taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
- e) traveling to any country for which his/her visa is not allotted.

3. Sexually Transmitted Infection/Disease

Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or

Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

4. Non -Allopathic treatment

Any form of non-allopathic treatment as Complementary &/or Alternative Medicine is not covered.

5. Unrecognized Physician or Hospital

Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

6. Non-Medical Expenses

Any Non-Medical Expenses as specified in Annexure – II.

7. Immunization or Vaccination

- a) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
- b) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation

8. Dental Treatment

Any treatment or surgery for any dental Illness or Injury.

9. Prosthesis and Corrective Devices

- a) Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and or devices whether for diagnosis or treatment.
- b) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment like wheelchairs, walker, belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer or thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.

10. Behavioral Exclusions

An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane

11. Medical Exclusions

- a) Any treatment related to sleep disorder or sleep apnea syndrome, general debility
- b) Treatment of all external Congenital Anomalies or Illness or defects or anomalies or treatment relating to external birth defects.
- c) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- d) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- e) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
- f) Any Medical Expenses or other expenses which are not Reasonable and Customary Charges.
- g) Any procedure or diagnostic test for gender detection of foetus/unborn child.

- h) Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
- i) Any events occurring outside the Period of Insurance except for a Claim for Under Benefit - Trip Cancellation.

12. Additional Exclusions applicable to Benefit – I.1 or I.2 (In-patient Care for Illness and Injury with Day Care Treatment), Benefit (compassionate visit - Travel, Return of Minor Child, Upgradation to Business Class, Daily Allowance, Replacement of Staff, Compassionate Visit - Emergency Hotel accommodation / Extension, Reimbursement of Golf Fees and other Non-transferrable ticket expenses, Child Care Accommodation, Study Interruption)

- a) Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
 - b) Medical treatment taken outside the Country of Residence/City of Residence if that is the sole reason or one of the reasons for the journey.
 - c) Any treatment or Medical Expenses incurred for any Illness/Injury which was a Pre-existing Disease at the time of commencement of cover of the Insured Person under the Policy except for illnesses wherever proximate cause of loss is an accident.
 - d) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
 - e) Physiotherapy expenses or any services provided by chiropractitioner.
 - f) Treatment of orthopaedic, degenerative and oncological diseases unless such treatment pertains to Life Threatening Medical Conditions or measures solely taken to relieve acute pain and in any case, excluding chemotherapy or radiotherapy expenses. This exclusion is applicable only to section C.I.1 or C.I.2
 - g) Any treatment or Medical Expenses incurred for any Accident/ Injury which has occurred prior to the commencement of the cover.

Section E. GENERAL TERMS AND CLAUSES:

I. Specific Terms and Clauses:

1. Disclosure to Information Norm

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.

2. 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.

3. Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by You or any Insured Person, shall be Condition Precedent to Our liability under the Policy.

4. Condition precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

5. 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 has 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.

6. Material Change

It is a Condition Precedent to Our liability under the Policy that You shall immediately and in any case within 7 days notify Us in writing of any material change in the risk on account of change in occupation or business of the Insured Person at its own expense, as per Annexure -III. We may adjust the scope of cover and / or the premium paid or payable, accordingly.

7. Records to be maintained

You and Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You or Insured Person shall furnish such information as We may require under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all Claims under this Policy.

8. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to You or Insured Person which is in possession of Us other than that information expressly disclosed in the Proposal Form or otherwise in writing to Us, shall not be held to be binding or prejudicially affect Us.

9. Subrogation

You and Insured Person shall at his/her own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and / or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his/her own expense provide Us with whatever assistance or cooperation is required to enforce such rights. This clause shall not apply to any Benefit or Optional Extension offered on a fixed benefit basis.

10. Contribution

- a) In case any Insured Person is covered under more than one indemnity insurance policies, with Us or with other insurers, You/Insured Person shall have the right to settle the Claim with any of Us, provided that the Claim amount payable is up to the sum insured of such Policy.
- b) In case the Claim amount under a single policy exceeds the Sum Insured after considering the deductible or co-payment, then the Insured Person shall have the right to choose the companies with whom the Claim is to be settled.

This clause shall not apply to any Benefit or Optional Extension offered on a fixed benefit basis.

11. Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

12. Cancellation / Termination

We may at any time, cancel this Policy on grounds as specified in Section E.I.1 and We shall have no liability to make payment of any claims and the premium paid shall be forfeited, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to You at Your last known address.

13. Communication

- a) Any communication meant for Us must be in writing and be delivered to Our address shown in the Policy Schedule/Certificate of Insurance. Any communication meant for You or the Insured Person shall be sent by Us to Your last known address or the address as shown in the Policy Schedule/Certificate of Insurance (as applicable).
- b) All notifications and declarations for Us must be in writing and sent to the address specified in the Policy Schedule/ Certificate of Insurance. Agents are not authorized to receive notices and declarations on Our behalf.
- c) Notice and instructions shall be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

14. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by a written endorsement signed and stamped by Us.

15. Cause of Action

No Claims shall be payable under this Policy unless the event or occurrence giving rise to the Claim occurs in the Geographical Scope specified in the Certificate of Insurance.

16. Overriding effect of Policy Schedule / Certificate of Insurance

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Schedule and/or Certificate of Insurance, the information contained in the Policy Schedule or Certificate of Insurance shall prevail.

17. Electronic Transactions

You and Insured Person agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Our terms and conditions for such facilities, as may be prescribed from time to time.

18. Grievances

In case of a grievance, the Insured Person/ You can contact Us with the details through:

Our website: <https://www.adityabirlacapital.com/healthinsurance/#!/homepage>

Email: care.healthinsurance@adityabirlacapital.com

Toll Free: 1800 270 7000

Address: Aditya Birla Health Insurance Co. Limited 9th Floor, Tower 1, One World Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013

For senior citizens, please contact Our respective branch office or call at 1800 103 1033 or write an e- mail at seniorcitizen.abh@adityabirla.com

The Insured Person/You can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person/You is not satisfied with the response then they can contact Our Head of Customer Service at the following email headcustomercare.abh@adityabirla.com.

If the Insured Person/You is not satisfied with Our redressal, he/she may use the Integrated Grievance Management Services (IGMS). For registration in IGMS please visit IRDAI website www.irda.gov.in

If the Insured Person/You are still not satisfied, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure V

Section F. OTHER TERMS AND CONDITIONS

The following special conditions shall be applicable only if the condition is specified to be in force for the Insured Person in the Policy Schedule/Certificate of Insurance.

A. SPECIAL CONDITIONS**1. Floater Cover**

If the Certificate of Insurance is on family floater basis:

Our maximum, total and cumulative liability for any and all Claims under any Benefit in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period shall be the amount specified against that Benefit in the Certificate of Insurance.

Claims made under all applicable Optional Extensions in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period shall be considered as a part of the limit for that Benefit to which the Optional Extension has been added and claims shall be payable subject to the availability of that benefit amount specified in the Certificate of Insurance and the Sum Insured.

The Sum Insured amount specified in the Certificate of Insurance shall represent Our maximum, total and cumulative liability for any and all Claims under any and all Benefit / Optional Extensions in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period.

2. Co-payment

Notwithstanding anything to the contrary in the Policy, it is hereby agreed and declared that the Insured Person shall bear a Co-payment as specified in the Policy Schedule/Certificate of Insurance on each and every Claim made under the Policy and Our liability shall be restricted to the balance amount payable on the Claim.

3. Deductible

The claim amount assessed by Us for a particular claim shall be reduced by the Deductible as specified in the Policy Schedule/Certificate of Insurance. We shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.

4. Trip Type

The Policy Schedule/Certificate of Insurance will specify whether Single Trip Cover or Annual Multi Trip Cover is in force for the Insured Person.

5. Age

Min age at entry - Nil

Max age at entry – Nil

6. Sum Insured

Individual / Family Floater

Self, Spouse, son, daughter, son-in-law, daughter-in-law, parents, parent-in-laws, sister, brother, grandchildren and grandparents

Primary insured member is elder of self or spouse.

7. Trip Duration

Trip Duration- Single trip	Minimum :1 day; Maximum 365 Days
Trip Duration- Annual multi trip	Maximum trip duration upto 90 Days

8. Geography

This Policy applies to events or occurrences taking place anywhere in the world including Republic of India as specified in the Policy Schedule / Certificate of Insurance.

Geography	Currency
Worldwide Excluding India / Worldwide Excluding USA, Canada & India / Asia Excluding India (Limits in USD)	USD
Europe and Schengen countries (Limits in USD)	USD
Domestic (within India)	INR

B. GENERAL CONDITIONS

The following General Conditions shall be applicable to Benefit – ‘all Benefits, Optional Extension and Specific Policy Terms & Conditions under the Policy.

1. **The Insured Person’s cover under the Policy shall not attach to any journey that has already commenced prior to the Policy Period Start Date or prior to the commencement of the Insured Person’s cover under the Policy.**

2. Extension of the Period of Insurance for a Single Trip Policy:

On Your written request, We may extend the Period of Insurance provided that the total Period of Insurance shall not exceed the maximum trip duration (as opted by You) specified in the Policy Schedule/Certificate of Insurance. If a Claim has been made under the Certificate of Insurance:

- (i) No insurance cover shall be available under the Benefit or Optional Extension in respect of which the Claim is made if such Benefit or Optional Extension is available on a fixed benefit amount basis;
- (ii) Insurance cover up to the available Sum Insured shall be available under the Benefit or applicable Benefit or Optional Extension in respect of which the Claim is made if such Benefit or Optional Extension is available on an indemnity basis.

3. Extension of the Geographical Scope:

On Your written request, We may extend the Geographical Scope specified in the Certificate of Insurance provided that the additional premium specified by Us is received in full in advance of the commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope or made any medical related Claim under the Policy.

4. All requests for extensions must be made at least 1 day before the expiry of the original Period of Insurance and accompanied by all the following information and documentation:
 - a) Duly completed application for extension;
 - b) Details of complete particulars of all Claims;
 - c) A good health declaration in respect of the Insured Person.

5. This product may be withdrawn / modified by Us after due approval from the IRDA of India. In case this product is withdrawn / modified by Us, this Policy can be extended under the then prevailing product or its nearest substitute filed with and approved by IRDA of India. We shall duly intimate You at least three months prior to the date of such withdrawal / modification of this product and the options available to You at the time of extension of this pol

6. Extension shall automatically be granted except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person.

7. Assignment:
The Policy and the benefits under this Policy can be assigned in only in accordance with applicable law.

8. Grace Period & Renewal:
The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of any event that occurred during the Grace Period. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by the Insured Person. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

9. Cancellation / Termination - At Your request, the Certificate of Insurance shall be cancelled any time prior to the Period of Insurance End Date specified in the Certificate of Insurance subject to the following conditions:
 - a) Full refund shall be made if the request for cancellation is received by Us not later than 7 days from the Period of Insurance Start Date and before commencement of the first Period of Insurance (i.e. the first one of the Period of Insurances in case of Insured Person planning to visit multiple countries) if the sole reason for such cancellation is denial of visa (except if Visa Rejection / Denial cover is opted) for the countries where the Insured Person was scheduled to visit. The visa denial or cancellation letter issued by appropriate authorities shall be submitted to Us along with the request for cancellation.

 - b) Cancellation of Certificate of Insurance, issued for a Single Trip, at a date earlier than the Period of Insurance End Date specified in Certificate of Insurance can be done only if the Insured Person returns to the Country of Residence/City of Residence before the Period of Insurance End Date.
Refund of premium shall only be applicable if the difference between the arrival date to the Country of Residence and the Certificate of Insurance End Date is at least 1 day. Premium refunded shall be the difference of the amount of premium paid for the original Period of Insurance and the premium applicable by taking the arrival date as the new Period of Insurance End Date.

 - c) Cancellation of Certificate of Insurance, issued for an Annual Multi Trip, at a date earlier than the Period of Insurance End Date shall be effected by Us and We shall retain premium on short period scales as specified hereunder:

Period from the Period of Insurance start date	Number of Trip days utilized	Premium retained by Us
Up to 1 month	Less than or equal to 7 days	25% annual rate
	Greater than 7 days & upto 21 days	50% annual rate

	Greater than 21 days	75% annual rate
From 2 nd month upto 3 months	Less than or upto 21 days	50% annual rate
	Greater than 21 days and upto 35 days	75% annual rate
	Greater than 35 days	Full annual rate
From 4 th month upto 6 months	Less than or upto 35 days	75% annual rate
	Greater than 35 days	Full annual rate
Exceeding 6 months	Any Trip Duration	Full annual rate

- d) No refund of premium shall be eligible in case of cancellation of this Certificate of Insurance where a Claim has been incurred/ registered. We shall have no liability to make payment of any claims which are incurred post cancellation of the Certificate of Insurance.

C. CLAIM INTIMATION, ASSESSMENT AND MANAGEMENT

Upon the occurrence of any event, Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, You or Insured Person (or the Nominee or legal heir if the Insured Person is deceased) shall undertake all the following in addition to any specific requirements specified within the Benefit /Optional Extension under which the Claim is made:

1. Claims Intimation

- a) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, You or Insured Person (or the Nominee or legal heir if the Insured Person is deceased), shall notify Us either at Our call center or in writing immediately and in any event within the timeframe (if any) specified in the Benefit under which the Claim is made.
- b) It is agreed and understood that the following details are to be provided to Us at the time of intimation of the Claim:
 1. Policy Number and Certificate of Insurance;
 2. Claimant's Name;
 3. Name of the Insured Person in respect of whom the Claim is being made;
 4. Nature of Illness or Injury or contingency for which Claim is being made and the Benefit and Optional Extension under which the Claim is being made;
 5. Date of admission to Hospital or loss;
 6. Name and address of the attending Medical Practitioner and Hospital (if applicable);
 7. Any other information, documentation or details requested by Us or the Assistance Service Provider.
- c) Any event that may give rise to a Claim under a Hospitalization benefit has to be notified to Us or the Assistance Service Provider, within 48 hours of Hospitalization or before discharge (whichever is earlier). However, We shall examine and relax the timeframe specified for Claim intimation depending upon whether the reasons for delay are beyond the control of the claimant.

2. Claims Procedure

- a) **Cashless Facility:** Cashless Facilities are available only at Our Network Providers or the Assistance Service Provider. The Insured Person can avail of this Cashless Facility at the time of admission into a Network Provider, by completing the following procedure:
 1. Pre-authorization: You or Insured Person must call the Us/ Assistance Service Provider's call center specified in the Certificate of Insurance and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least within 24 hours of admission to Hospital.
 2. We shall process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which Cashless Facility is sought to be availed. We or the Assistance Service Provider shall confirm in writing authorization or rejection of authorization to avail Cashless Facility for the Insured Person's Hospitalization.
 3. If the request for availing Cashless Facility is authorized by Us or the Assistance Service Provider, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this

Policy and fall within the amount authorized in writing by Us for availing Cashless Facility. Payment in respect of all Deductibles/Co-payments (if applicable) shall be made directly by You or the Insured Person to the Network Provider.

4. If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to Us to determine the admissibility of the Claim or if the treatment is not taken at a Network Provider, payment for the treatment shall have to be made by You or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to Us which shall be considered by Us subject to the terms, conditions and exclusions under the Policy.
5. It is agreed and understood that in all cases where availing of Cashless Facility has been authorized in writing by Us, all the information and documentation specified below shall be submitted to Us or the Assistance Service Provider immediately and in any event before the Insured Person's discharge from Hospital:
 - i. Duly filled and signed Claim form.
 - ii. Duly filled and signed 'Release of Medical Information Form'.

b) It is agreed and understood that:

1. When authorizing the availing of Cashless Facility under this Policy, We may authorize You or the Insured Person's request for direct settlement of admissible Claims resulting from the Hospitalization in accordance with the agreed charges and the terms and conditions between the Network Provider and Us. If this authorization is provided then, We shall directly pay all amounts payable in accordance with the terms and conditions of the Policy to the Network Provider to the extent the Claim is admissible under the Policy.
2. We may modify or add to the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. The updated list would be available at Our or Assistance Service Provider's website or call centre.
3. Before availing the Cashless Facility, You or the Insured Person is required to check the applicable list of Network Providers for the area where the Cashless Facility is intended to be availed through the call center number as provided in the Certificate of Insurance.

c) Reimbursement:

1. It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified against the Benefit and Section F.3.3 below shall be submitted (at the Insured Person's expense) to us immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss, whichever is later.

3. Policyholder's or Insured Person's or Claimant's duty at the time of Claim

It is agreed and understood that as a Condition Precedent to Our liability in respect of a Claim to be considered under this Policy:

1. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
2. The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
3. Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Section F.3 of the Policy and the specific procedures and timeframes specified under the respective Benefit or Optional Extension under which the Claim is being made.
4. The Insured Person shall, at Our request and at Our cost and expense, submit himself / herself for a medical examination by Our/Assistance Service Provider's nominated Medical Practitioner as often as We consider reasonable and necessary.

5. We/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
6. We shall be provided with complete documentation and information which We have requested to establish Our liability for the Claim, its circumstances and its quantum.
7. Report any information/document which helps the insurance system to eliminate bad practices in the market.

4. Claim Assessment

All admissible Claims under this Policy shall be assessed by Us in the following progressive order:

1. If the provisions of the Contribution Section in Section E.I.10 are applicable, Our liability to make payment under that Claim shall first be apportioned accordingly.
2. If any sub-limits on Medical Expenses are applicable in accordance with Section C.1 (RESTRICTION / SUB-LIMIT ON MEDICAL EXPENSES), Our liability to make payment shall be limited to such extent as applicable.
3. The Deductible shall be applied to each Claim that is either paid or payable (and not excluded), under this Policy. Our liability to make payment shall commence only once the amount of the Claim payable or paid exceeds the Deductible.
4. Co-payment shall be applicable on the amount payable by Us after applying Section C.4.5(a) (i), (ii) and (iii).

5. Payment terms

1. We may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to You.
2. (b)The obligation of the Company to make payments to the Insured Person in respect of claims made shall be to make payment in Indian Rupees and after the Insured Person's return to India only. For all admissible Claims, the exchange rate as follows shall be applied:
 - (i) Reimbursement (indemnity) – Date of Invoice
 - (ii) Fixed Benefit – Date of occurrence of insured event.
3. If the Assistance Service Provider or We request that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by You or the Insured Person.
4. The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Policy Terms and Conditions or any Benefit / Optional Extension applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Period of Insurance for the Insured Person.
5. We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted or if the benefit amount under the applicable Benefit /Optional Extension as specified in the Policy Schedule/Certificate of Insurance is exhausted.
6. If the Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
7. For Cashless Facility Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
8. For the reimbursement Claims, We shall pay to the Insured Person unless specified otherwise in the Certificate of Insurance. In the event of death of the Insured Person, unless specified otherwise in the Certificate of Insurance, We shall pay to the Nominee (as named in the Certificate of Insurance) and in case of no Nominee to the legal heir of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.
9. Claim Settlement (provision for Penal Interest)
 - (i) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

- (ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
 - (iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
 - (iv) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
10. No loading based on individual claim experience shall be applicable on Renewal premium payable in case of Annual Trip cover.

6. Claim Documentation

You or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his/her expense) give the documentation specified below and any additional information or documentation specified in the Benefit and/or Optional Extension under which the Claim is being made to Us or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury/Illness or treatment or loss.

1. Duly completed and signed Claim form, in original;
2. Copy of first and last page of passport copy with entry/exit stamp;
3. Any other document as required by Us or Assistance Service Provider;
4. Additional documents as specified for each Benefit.
5. Original pathological or diagnostic reports, discharge summary, Day Care summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital as applicable.
6. Copy of e-ticket / boarding pass.
7. NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee (where applicable) with pre-printed name; if name is not pre-printed please provide copy of bank passbook / bank statement.

Note: All invoices and bills should be in Insured Person's name or as per the documents mentioned in the respective Benefit. Depending on the nature of the Claim, treatment undertaken or illness, there would be a possibility of seeking more information / document from the Claimant concerned without prejudice to his interest and the same shall be requested by any means of recognized communication channels. However, claims filed even beyond the timelines mentioned above will be considered if there are valid reasons for the delay.

It is a Condition Precedent to Our liability under this Benefit and any applicable Optional Extension, that the following necessary information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

Benefits	Documents Required
<p>MEDICAL COVER (In-patient care for Illness and Injury with Day Care Treatment and In-patient care for Injury with Day Care treatment)</p>	<ol style="list-style-type: none"> 1. Original pathological or diagnostic reports, admission and discharge summary, day care summary, ROMIF, attending physician statement, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital. 2. Original bills and receipts for: <ol style="list-style-type: none"> i. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered. ii. Fees paid to the Medical Practitioner and for special nursing charges. iii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. 3. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.
<p>MEDICAL EVACUATION</p>	<ol style="list-style-type: none"> 1. Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation; 2. Documentary proof for all expenses incurred towards the Medical Evacuation.
<p>REPATRIATION OF MORTAL REMAINS</p>	<ol style="list-style-type: none"> 1. Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death; 2. Copy of the post-mortem report/certificate (wherever applicable); 3. Documentary proof for expenses incurred towards disposal of the mortal remains; 4. In case of transportation of the body of the deceased to the Country of Residence/City of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased. 5. Copy of Embalming certificate
<p>DENTAL EXPENSES</p>	<ol style="list-style-type: none"> 1. Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital, discharge summary, day care summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital; 2. Original Bills and receipts for: 3. Fees paid to the Medical Practitioner and special nursing charges; 4. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;

	<ol style="list-style-type: none"> 5. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person; 6. Any other information or documentation related to the treatment taken.
DAILY ALLOWANCE	<ol style="list-style-type: none"> 1. Copy of pathological and diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.
OUT-PATIENT COVER	<ol style="list-style-type: none"> 1. Original pathological and diagnostic reports, consultation detail, case papers and prescriptions issued by the treating Medical Practitioner or Hospital. 2. Original bills and receipts for: 3. Charges paid towards medical services rendered. 4. Fees paid to the Medical Practitioner and for special nursing charges. 5. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. 6. iv. Charges incurred towards medicines or drugs purchased from a registered pharmacy duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.
RETURN OF MINOR CHILD	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Original ticket used for the return travel of the children to the Country of Residence/City of Residence. 4. Copy of passport of the children with entry and exit stamp.
COMPASSIONATE VISIT - TRAVEL	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by an additional member during the entire period of Hospitalization. The certificate shall also specify the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Original ticket with invoice used for the travel by the Immediate Family Member. 4. Copy of passport of Immediate Family Member with entry and exit stamp.
COMPASSIONATE VISIT - EMERGENCY HOTEL ACCOMMODATION / EXTENSION	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Original bill and receipt or letter obtained from the hotel and/or guest house and/or any other paid

	<p>residential accommodation (available on payment of fees) indicating the amount paid for the accommodation.</p> <p>4. Payment receipt of extension of hotel booking with the documentation.</p>
REPLACEMENT OF STAFF	<p>1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.</p> <p>2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.</p> <p>3. Original ticket used for the travel by the staff member.</p> <p>4. Copy of passport of the staff member with entry and exit stamp</p> <p>5. Certificate by You along with the copies of the contracts supporting the immediate need for replacement of the Insured Person.</p> <p>6. Letter from human resources department of the organisation confirming the replacement details</p>
MATERNITY CASH BENEFIT	<p>1. Copy of original consultation detail and case papers issued by the treating Medical Practitioner or Hospital.</p> <p>2. Copy of original bills and discharge summary.</p> <p>3. Certificate/letter of delivery of the child.</p>
CHILD CARE (ACCOMMODATION)	<p>1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.</p> <p>2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.</p> <p>3. Additional expenses for the accommodation of the parent in Hospital</p>
HEALTH CHECKUP	<p>1. Payment receipt of Health Check-up of the Insured Person.</p> <p>2. Imaging reports / lab reports</p>
CUSTODIAL CARE	<p>1. A certificate from the Medical Practitioner recommending that services of a non-medical individual be provided to the Insured Person at his home.</p> <p>2. Discharge summary from the Hospital furnishing details including the date of admission and date of discharge.</p> <p>3. The non-medical individual bill and payment receipt as may be applicable.</p>

<p>PERSONAL ACCIDENT COVER AND / OR PERSONAL ACCIDENT – COMMON CARRIER</p>	<ol style="list-style-type: none"> 1. Medical reports giving the details of the Accident, nature of the Injury, the extent of disability (if applicable) and the details of treatment provided. 2. Death certificate (if applicable). 3. Post-mortem report/certificate (wherever applicable). 4. Police report (wherever applicable). 5. Medical Practitioner’s certificate stating the reasons for and the extent of the Injury. 6. Copy of discharge summary (if available). 7. Treating Medical Practitioner’s certificate describing the disablement. 8. Disability certificate from a civil surgeon. 9. Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay.
<p>Trip Delay / Common Carrier Delay</p>	<ol style="list-style-type: none"> 1. Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay. 2. Bills for the expenses like food, accommodation etc incurred by the Insured Person
<p>FLIGHT DELAY (INDEMNITY)</p>	<ol style="list-style-type: none"> 1. All original bills and receipts for additional reasonable and necessary transportation expenses Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent or other similar establishment or any other insurance Company providing reimbursement to you for the loss
<p>TRIP CANCELLATION/TRIP CURTAILMENT / TRIP INTERRUPTION</p>	<ol style="list-style-type: none"> 1. Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation; 2. Ticket / boarding pass issued by the Common Carrier indicating the cost of ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating cancellation charges retained by the Common Carrier. 3. Boarding pass in original for return journey from the place of cancellation to the Country of Residence/City of Residence which indicates the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the journey. 4. A declaration from the Insured Person furnishing the circumstances that compelled him/her to cancel the journey; 5. Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his/her Immediate Family Member; 6. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating the cancellation charges retained; 7. Boarding pass in original for return journey from the place of cancellation to the Country of Residence/City of Residence of the Insured Person together with the receipts for the refunds obtained towards the unfulfilled portion of the journey.

	<p>8. Death certificate (if applicable).</p>
CHANGE FEE COVER	<ol style="list-style-type: none"> 1. Proof of death or hospitalization of Insured Person or of Immediate Family Member (if applicable) Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable) Termination letter from the Company if trip is cancelled due to employments.(if applicable) Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable) 2. Reason for refusal or delay of Visa from the concerned authority Newspaper cutting/Media report - Depending upon the peculiarity of the case 3. Police report (wherever applicable) 4. Tickets originally booked and rescheduled
TRIP CANCELLATION DUE TO DOMESTIC DISTURBANCES AND INCONVENIENCE	<ol style="list-style-type: none"> 1. Copy of complete schedule itinerary for all the sectors 2. FIR/Copy of police report mentioning the reason of loss of passport, wallet and cards as applicable 3. Property Irregularity Report issued by the Common Carrier. 4. Original Certificate from airline authorities stating that baggage has been lost along with compensation details 5. Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage.
COMMON CARRIER CANCELLATION	<ol style="list-style-type: none"> 1. Written proof from the Common Carrier of the cancellation of the journey
MISSED CONNECTION	<ol style="list-style-type: none"> 1. Confirmation from the Common Carrier of the delay as to the expected time of arrival and the actual time of arrival at Place of Destination; 2. Copy of unused ticket for the missed flight; 3. Certificate from the Common Carrier of the missed flight that the fare for the part of the journey covered by the missed flight is forfeited in full or in part together with the amount of forfeiture; 4. Original used ticket obtained afresh towards the alternative flight for the part of the journey covered by the missed flight indicating the amount paid as fare.
MISSED CARRIER	<ol style="list-style-type: none"> 1. Confirmation of the delay from the Common Carrier which is used for transit to the Place of Origin of the booked journey as to the scheduled ETA and the actual time of arrival at Place of Origin; 2. Copy of unused ticket for the missed Common Carrier; 3. Certificate from the missed Common Carrier that the fare for the part of the journey covered by the missed Common Carrier (airline) is non-refundable or is forfeited (in full or in part) together with the amount of forfeiture; 4. Original used ticket obtained afresh towards the alternative Common Carrier for the part of the journey covered by the missed Common Carrier

	indicating the amount paid as fare, and in which such Insured Person has travelled.
FLIGHT DIVERSION & CANCELLATION	<ol style="list-style-type: none"> 1. Confirmation from the airlines mentioning the scheduled arrival time and the actual arrival time along with detailing the circumstance of delay 2. Proof of cancellation charges levied by the carriers 3. Medical reports and doctors if applicable 4. Termination letter from the company if applicable 5. The original tickets of the insured and the travelling if applicable 6. Police report confirming the incident/government order if applicable
OVER BOOKED-COMMON CARRIER	<ol style="list-style-type: none"> 1. Copies of boarding pass, ticket, and baggage tags. 2. Original letter from the concerned Airline confirming the overbooked flight & when the next alternative transportation is available with refund or compensation amount if any. 3. Money receipt in original for the expenses made towards reasonable additional cost incurred for staying in a similar hotel or purchasing a new ticket Original Air ticket/itinerary, where you were originally supposed to travel
MISSED EVENT	<ol style="list-style-type: none"> 1. Copy of Event ticket paid in advance 2. Documentary proof of death, serious Illness/Injury of Self or Family Member 3. Proof of delay of Public Transport (Schedule flight) to get to Event 4. Proof of delay of Vehicle met with Accident or break down.
ALL RISK CANCELLATION	<ol style="list-style-type: none"> 1. Copy of complete schedule itinerary for all the sectors 2. Copy of Passport with visa entry and exit stamp 3. Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other
VISA REJECTION/DENIAL	<ol style="list-style-type: none"> 1. Visa rejection letter from issuing Authority (wherever applicable) 2. Expected days of Visa arrival letter (wherever applicable) 3. Copies of correspondence with the authorities/others certifying the reason of denied entry on proper Visa (wherever applicable) 4. Ticket Itinerary 5. Receipts of Visa application & other charges 5. All original bills and receipts of booked and confirmed tickets of transport, accommodation or amusement

HOTEL OVER BOOKING	<ol style="list-style-type: none"> 1. A declaration from the Insured Person that he / she has strictly complied with the rules laid down by the Common Carrier or accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation. 2. A confirmation from the Common Carrier of the bounced booking having occurred solely at their instance and responsibility. 3. A confirmation from the accommodation provider of the bounced booking having occurred solely at their instance and responsibility. 4. The Insured shall lodge his / her claim on the Common Carrier and / or the accommodation provider in writing 5. Statement of Claim for the expenses incurred;
EMERGENCY REUNION & RESUMPTION OF TRIP	<ol style="list-style-type: none"> 1. Attested copy of Death Certificate by issuing authority 2. Cause of death issued by treating doctor 3. Relationship proof with insured
LOSS OF CHECKED-IN BAGGAGE	<ol style="list-style-type: none"> 1. Property irregularity report issued by the appropriate authority; 2. Voucher of the Common Carrier for the compensation paid for the non-delivery/short delivery of the Checked-In Baggage; 3. Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage. 4. Statement of claim furnishing the details of items contained in the Checked-In Baggage and the values thereof (excluding Valuables). Values of the items shall represent their market value after allowing for age and usage. 5. In case of items of individual value equal to or more than US\$ 100 / INR 5,000 contained within the Checked-In Baggage, proof of ownership in the form of purchase bill (or any other proof to the satisfaction of Us/Assistance Service Provider). 6. A valid ticket / proof of travel to the location the Insured Person is traveling as a bona fide passenger.
DELAY OF CHECKED-IN BAGGAGE	<ol style="list-style-type: none"> 1. Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage; 2. Voucher of the Common Carrier for the delay in delivery of the Checked-In Baggage; 3. Copies of correspondence exchanged, if any, with the Common Carrier in connection with the delay in delivery of the Checked-In Baggage; 4. A valid ticket / proof of travel to the location the Insured Person is traveling as a bona fide passenger.

EMERGENCY ACCOMMODATION COVERAGE	<ol style="list-style-type: none"> 1. Authentication letter from the Common Carrier on the Inclement weather 2. News Paper cutting or media coverage available in the public domain on the occurrence of the Insured Contingency details.
HIJACK DISTRESS ALLOWANCE	<ol style="list-style-type: none"> 1. Letter from the Common Carrier authorities confirming the event; 3. Valid ticket or certificate from the Common Carrier establishing the Insured Person's bona fide travel in the affected Common Carrier.
OVERSEAS TRAVEL SERVICE SUPPLIER INSOLVENCY	<ol style="list-style-type: none"> 1. Copy of complete schedule itinerary Copy of new itinerary in case trip got reschedule along with boarding passes 2. Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss. 3. All original bills and receipts for expenses which got forfeited, non-refundable in nature. 4. All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges
HOTEL /PRIVATE RENTAL CANCELLATION:	<ol style="list-style-type: none"> 1. Original bill and receipt or letter obtained from the hotel and/or Private Rental properties (available on payment of fees) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained. 2. Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation. 3. A declaration from the Insured Person furnishing the circumstances that compelled him/her to cancel the journey. 4. Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his/her Immediate Family Member. 5. Any other document related to cancellation
POLITICAL RISK AND CATASTROPHE EVACUATION	<ol style="list-style-type: none"> 1. Official Declaration by embassy of the Country of Residence of the Insured Person/ Notification from Government. 2. Original invoice of hotel accommodation during the period the Insured Person is unable to return to the Country of Residence/City of Residence. 3. (iii) Original ticket(s) used for the travel back to the Country of Residence/City of Residence.
CRUISE COVER	<ol style="list-style-type: none"> 1. Booking confirmation 2. Written proof from the public transport on the Accident, Breakdown of the Common Carrier 3. Money receipt in original for the expenses made towards the extra cost of travel and accommodation 4. Medical Report on the illness or accidental injury suffered by the insured from the Medical Officer of the ship (if applicable)

	5. All original bills and receipts for expenses which got forfeited, non-refundable in nature.
SPONSOR PROTECTION	<p>(i) In relation to the Sponsor</p> <ol style="list-style-type: none"> 1. Medical reports specifying the details of the Accident and the nature of Injury. 2. Death Certificate. 3. Post-mortem certificate / report (wherever applicable). 4. Police report (wherever applicable). <p>(ii) In relation to Unpaid Fees</p> <ol style="list-style-type: none"> 1. Demand letter from educational institute. 2. Copy of the original fee schedule. 3. Certificate from educational institute establishing the continuity of studies. 4. Last semester passing certificate. 5. Documentary proof of last fee paid by the Sponsor. 6. Letter from school / college authority informing about the balance tuition fees, if any, for the course.
STUDY INTERRUPTION	<p>(i) In relation to Death of the Immediate Family Member</p> <ol style="list-style-type: none"> 1. Medical reports giving the details of the Accident and nature of Injury. 2. Death Certificate. 3. Post-mortem certificate (wherever applicable). 4. Police report (wherever applicable). 5. Proof of relationship. <p>(ii) In relation to Hospitalization of Insured Person</p> <ol style="list-style-type: none"> 1. Original pathological or diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital. 2. Original bills and receipts for: 3. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered. 4. Fees paid to the Medical Practitioner and for special nursing charges. 5. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. 6. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person. <p>(iii) In relation to Fees</p> <ol style="list-style-type: none"> 1. Demand letter from educational institute raising such demand. 2. Copy of the original fee schedule. 3. Certificate from Educational Institute establishing the discontinuity of studies and re-admission to the same semester under the same course. 4. Last semester passing certificate. 5. Documentary proof of last fee paid.

MUGGING COVER	<ol style="list-style-type: none"> 1. Police report issued by the police having jurisdiction at the place of loss. 2. Evidence of report by the traveller's cheque issuing authority or the agent of traveller's cheque issuing authority. 3. Detailed statement of the Insured Person for the occurrence of event. 4. Bills/evidence of purchase of traveller's cheques/instruments, currency exchange. 5. Copy of passport signifying the latest entry and exit out of the country of visit where the incidence mentioned under this Benefit has occurred. 6. Copy of passport signifying the latest entry and exit out of Republic of India.
IDENTITY DOCUMENT THEFT / LOSS	<ol style="list-style-type: none"> 1. Copy of the police report (wherever applicable); 2. (ii) Original receipt for payment of charges to the authorities for obtaining a new or duplicate identity proof document.
GADGET COVER	<ol style="list-style-type: none"> 1. Copy of FIR, final Police report attested by respective authorities regarding loss of gadgets along with list of lost gadgets.
DIGITAL CAMERA INSURANCE	<ol style="list-style-type: none"> 1. Proof of Ownership 2. Bills and documents for the repairs or replacements made, as applicable 3. Job sheet detailing about the repairs or replacement
UNIVERSITY INSOLVENCY / DERECOGNITION OF UNIVERSITY OR COURSE	<ol style="list-style-type: none"> 1. Proof of University being Insolvent 2. Recovery from the University towards expenses covered under the Policy
LEGAL EXPENSES	<ol style="list-style-type: none"> 1. Medical report from the attending doctor abroad. 2. Death Certificate (For Death Case) 3. Post Mortem Report (For Death Case) 4. Copy of FIR / Police Report 5. Sequence of events 6. Certificate of disability from civil surgeon in India or any other equivalent recognized doctor authorized by state government. 7. Original invoices and receipts of legal expenses
Debit / Credit Card / FOREX CARD- Fraud	<ul style="list-style-type: none"> • Copy of first information report/policy report. • Bank Statement on the transactions made without Insured authorizing the same.
SPORTS EQUIPMENT COVER	<ol style="list-style-type: none"> 1. Copy of Hire Agreement in case of hired sports equipment or original proof of ownership Receipts for items lost, stolen or damaged
IDENTITY THEFT	<ol style="list-style-type: none"> 1. Police Report 2. Provide proof that it was necessary to take time away from the Insured's work if a claim is made under lost wages. The Company will ask the Insured to submit proof from the Insured's employer that the Insured took unpaid days off, and Insured must have this information notarized; 3. Submit copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss;

	4. Authorisation for us to obtain records and other information such as credit reports (if applicable) within 3 days of making the claim
TRAVEL LOAN SECURE (IN INR)	1. Documents as per Personal Accident Section Loan Statement from the Bank with the Outstanding Principal Loan Amount details
JEWELLERY INSURANCE	1. Police Report 2. Proof of Ownership with Bills and Receipts
HOME CARE	1. A certificate from the Medical Practitioner recommending that medical services of a qualified nurse be provided to the Insured Person at his home. 2. Discharge summary from the Hospital furnishing details including the date of admission and date of discharge. 3. The Qualified Nurse's bill and payment receipt.
REIMBURSEMENT OF GOLF FEES AND OTHER NON-TRANSFERABLE TICKET EXPENSES	1. Documentation confirming the payment of the pre-paid golf fees and other pre-paid non-transferable ticket expenses. 2. Medical certificate from the attending Medical Practitioner confirming the reason and length of time the Insured Person would be unable to play golf and/or attend the program for which the ticket was already purchased. 3. Attested copy of hospital discharge summary pertaining to the same period of Hospitalization of the Insured person.
LOSS OF PASSPORT	1. Copy of the police report (wherever applicable); 2. Statement of claim for the expenses incurred; 3. Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport; 4. Copy of new passport; 5. Copy of old passport, if available
UP-GRADATION TO BUSINESS CLASS	1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Copy of the economy class air ticket issued by the Common Carrier indicating the cost the ticket and receipt for the refund of the fare of the Common Carrier and the cancellation charges retained. 4. Boarding pass and copy of business class ticket confirming the return journey and the cost of ticket.
EMERGENCY CASH ADVANCE	1. A copy of the complaint lodged with the police authorities or the first information report.
MID TRIP MEDICAL COVER CONTINUANCE IN INDIA	2. Passport copy signifying the last date of entry and exit out of India. 3. Passport copy signifying the last date of entry and exit out of country of visit. 4. Documents as specified for Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment) (as applicable).

LIFESTYLE SUPPORT	<ol style="list-style-type: none">1. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.2. Medical advice of medical practitioner furnishing the requirement of the lifestyle support as mentioned in this section
CYBER SECURITY	<ol style="list-style-type: none">1. Police Report2. Documentary proof evidencing the fraud committed
QUARANTINE COVER	<ol style="list-style-type: none">1. Medical Certificate from the treating doctor requiring quarantine2. Bills of expenses incurred for quarantine in a facility3. Regulations of the country where the insured is travelling and regulations of country of residence4. Details of Travel Tickets

Group Travel Protect
Policy wordings - Annexure I - List of Day Care Surgeries

Microsurgical operations on the middle ear

1. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles) for tympanic membrane injury

Other operations on the middle & internal ear

2. Surgeries for Injuries on middle and inner ear

Operations on the nose & the nasal sinuses

3. Surgeries for nasal injuries

4. Nasal repair due to fracture nasal bone

5. Foreign body removal from nose

Operations on the eyes

6. Excision and destruction of diseased tissue of the eyelid

7. Removal of a foreign body from the conjunctiva

8. Removal of a foreign body from the cornea

9. Removal of a foreign body from the lens of the eye

10. Removal of a foreign body from the posterior chamber of the eye

11. Removal of a foreign body from the orbit and eyeball

12. Diathermy/Cryotherapy to treat retinal tear

13. Enucleation of Eye without Implant

14. Laser Photocoagulation to treat Retinal Tear

Operations on the skin & subcutaneous tissues

15. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues

16. Local excision of diseased tissue of the skin and subcutaneous tissues

17. Simple restoration of surface continuity of the skin and subcutaneous tissues

18. Other restoration and reconstruction of the skin and subcutaneous tissues.

Operations on the tongue

19. Reconstruction of the tongue

Operations on the salivary glands & salivary ducts

20. Reconstruction of a salivary gland and a salivary duct

Other operations on the mouth & face

21. Incision, excision and destruction in the mouth

22. Palatoplasty

23. Other operations in the mouth

Operations on the female sexual organs

24. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas

Operations on the testis

25. Surgeries for testicular injury

Operations on the penis

26. Local excision and destruction of diseased tissue of the penis

Operations of bones and joints

27. Surgery for hemoarthrosis / pyoarthrosis

28. Reduction of dislocation under GA

29. Closed reduction on fracture, luxation

30. Reduction of dislocation under GA

31. Arthroscopic knee aspiration

32. Trauma surgery and orthopaedics

33. Incision on bone, septic and aseptic

34. Suture and other operations on tendons and tendon sheath

**Group Travel Protect
Policy wordings - Annexure - II - List of Non-medical expenses**

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

List II - Items that are to be subsumed into Room Charges

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

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

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

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL/ INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES

35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLL Y COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II - Items that are to be subsumed into Room Charges

SI 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

SI 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/ CAPO 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 SOLUTIONISTERILLIUM
17	GLUCOMETER& STRIPS
18	URINE BAG

Non Preferred Hospitals

Hospital Name	Hospital Address	City	State	Pin Code
Aala Hazrat Hospital	Ashiana Colony Road, Pilibhit Bypass Road, Bareilly, Uttar Pradesh	Bareilly	Uttar Pradesh	243001
Aaradhya Multispeciality Hospital	C-89, Panchseel Enclave, Opposite Koyal Enclave, Bhopura (Loni Road), Ghaziabad, Uttar Pradesh	Ghaziabad	Uttar Pradesh	201309
Aashirvad Multispeciality Hospital	151-152, Gopinath Society, Lajamani Chowk, Satellite Road, Mota Varaccha, Surat, Gujarat	Surat	Gujarat	394101
Ahuja Hospital	488, Vivek Khand, Gomtinagar Near Patar Kar Chauraha, Lucknow, Uttar Pradesh	Lucknow	Uttar Pradesh	226010
Anand Hospital	5, Shubham Complex, Talegaon, Chakan Road, Tal. Maval, Pune, Maharashtra	Pune	Maharashtra	410507
Ardent Hospital	RZ-1/3, Main Road Palam Colony, Opp. Flyover Pillar No. 40, New Delhi	New Delhi	Delhi	110060
Arogaya Hospital	Milak Lachi Main Road, Sector-G3, Greater Noida West, G.B. Nagar, Uttar Pradesh	Noida	Uttar Pradesh	201308
Ayush General and Children Hospital	211/212, Jai Jawan Jai Kisan Nagar, Bambrawali Road, Pandeysaware, Surat	Surat	Gujrat	394221
Ayush Hospital and Research Centre	Plot No. 11, Old Ashoka Garden, Behind Prabhat Petrol Pump, Raisen Road, Bhopal, Madhya Pradesh	Bhopal	Madhya Pradesh	462023
Balaji Hospital (Hisar)	Taj Colony, Hansi Road, Barwala, Hissar, Haryana	Hissar	Haryana	125121
Care & Cure Divine Services Private Limited	Building No. 198, Old Barahi Road, Opp. PWD Rest House, Bahadurgarh, Jhajjar, Haryana	Jhajjar	Haryana	124507
Chitrakoot Charitable Hospital and Research Centre	Near Fire Bridge Office Bus Stand, Satna, Madhya Pradesh	Satna	Madhya Pradesh	485001

Dolphin Multispeciality Hospital	1 st Floor, Laxmi Niwas, Ajit Weight Bridge, Opp. Zenith Rubber Factory, Near Bharat Petrol Pump, MIDC, Golavli, Dombivli, Thane, Maharashtra	Thane	Maharashtra	421203
Dr. K.M. Hospital and Trauma Centre	NH 24, Near Shiv Mandir, Kuchesar Road Chaupla, Hapur, Ghaziabad, Uttar Pradesh	Ghaziabad	Uttar Pradesh	245101
Dr. Pandit Eye & General Hosptial	F-3/B-22, Sector 10 above Vijaya Bank, Vashi, Navi Mumbai	Navi Mumbai	Maharashtra	400703
Dr. Shyam Choudhari Childrens Hospital	Near Matale Mangal Karyalaya, Kamatwade Road, Trimurti Chowk, Nashik, Maharashtra	Nashik	Maharashtra	422002
Durga Nursing Home	Jata Shankar Choraha, Hotel Babina Road, Gorakhpur, Uttar Pradesh	Gorakhpur	Uttar Pradesh	273001
Gandhi Hospital	Dingrajwadi Phata, Koregaon Bhima, Tal Shirur, Dist Pune, Maharashtra	Pune	Maharashtra	412216
Gav Hospital	127/595, Vasant Vihar, Near Kesco Sub Station, Kanpur, Uttar Pradesh	Kanpur	Uttar Pradesh	208001
Goodwill Hospital	32, Ali Manzil Road, Near Masjid Yaqoob Khan, Huzur, Bhopal, Madhya Pradesh	Bhopal	Madhya Pradesh	462001
Gun Geet Hospital and Polyclinic	Opp. Kuldevi Mata Mandir, Gandhi Road, Ulhasnagar, Kalyan, Thane, Maharashtra	Thane	Maharashtra	421005
Jeevan Hospital	1/83, Villege Wahlopur Sec-63, Near TVS Showroom, Gautam Budh Nagar, Noida	Noida	Uttar Pradesh	201301
Jeevan Jyoti Nursing Home - Rohta Road	Brij Kunj Rohta Road,	Meerut	Uttar Pradesh	250001
Jeevanjyot Accident Hospital & Maternity Home	Vidhate Bhavan, Trimbakeshwar Road, Satpur, Nashik, Maharashtra	Nashik	Maharashtra	422007
K K Health Care	238 Sector 5	Gurgaon	Haryana	122001
Krishnalok Hospital	268, A-2 Naubasta, Hamirpur Road, Kanpur, Uttar Pradesh	Kanpur	Uttar Pradesh	208021
Late Kartikram Sao Smruti Sergical & Endoscopy Research Centre	Seepat Chowk, Sarkanda, Bilaspur, Chhattisgarh	Bilaspur	Chhattisgarh	495006

Life Line Hospital & Heart Center	B-491/7H, Dilip Nagar, Tin Bati, Daman & Diu	Daman	Gujrat	396210
M.P. Hospital and Research Centre	5, B-Sector, in front of BHEL, Gate No-1, Indrapuri, Bhopal, Madhya Pradesh	Bhopal	Madhya Pradesh	462021
Maa Hospital & Trauma Center	8/75, Jankipuram Vistar, Sitapur Road, Lucknow	Lucknow	Uttar Pradesh	226021
Medicare Clinic and Nursing Home	Dhannu Mandi Jhajjar Road	Rohtak	Haryana	124001
Meera Nursing Home	507, Khara Mala, Adinath Nagar, Shirur, Pune, Maharashtra	Pune	Maharashtra	412210
Meerut Multispeciality Hospital & Trauma Center	Raj Nagar Colony, Garh Road, Meerut, Uttar Pradesh	Meerut	Uttar Pradesh	250001
N. D. hospital	262, Model Town Hisar, Haryana	Hisar	Haryana	125005
Narayani Hospital	1 st Floor, Sai Geeta Darshan, B-Wing, Opp. Canara Bank, New Golden Nest, Bhayander (East), Mumbai, Maharashtra	Mumbai	Maharashtra	401105
New Akshay Mallya Hospital	96,4th Cross, Nisarg Layout, Doddanekundi	Banglore	Karnataka	560037
New Family Hospital	B-114, Vijay Vihar, Phase 1, Budh Bazar Road, Sector 5, Rohini, Delhi	Delhi	Delhi	110085
Nipun Hospital	495, Tarin Bahadurganj, Machinery Market, Shahjahanpur, Uttar Pradesh	Shahjahanpur	Uttar Pradesh	242001
Pawani Hospital	B-block, Main Garhi Road, Near GATI Office, Sector-68, Noida, Uttar Pradesh	Noida	Uttar Pradesh	201301
R.C. Memorial Nursing Home (P) LTD	115-C, New Azad Nagar, Kalyanpur, Kanpur, Uttar Pradesh	Kanpur	Uttar Pradesh	208017
Sadhbhawna Hospital	28, Randhir Colony, Karnal, Haryana	Karnal	Haryana	132001
Sai Aashirwad Hospital ICU & Polyclinic	101,104,105 A Wing, Ratnadeep Bldg, Navghar Road, Bhayander (E), Thane, Maharashtra	Thane	Maharashtra	401105
Sai Sanjeevani Hospital	243, Shakti Khand III, Indirapuram	Ghaziabad	Uttar Pradesh	201014
Sai Sree Hospital	21/632-3, Opp. Old Municipal Office, Kadapa, Andhra Pradesh	Kadapa	Andhra Pradesh	516001

Sanap Hospital & Maternity Home	CTS NO.3104A, Tanaji Chowk, Sinnar	Sinnar	Maharashtra	422103
Sanjivani Multispeciality Hospital	Rushi Park, Ambad Chaufuly, Jalna, Maharashtra	Jalna	Maharashtra	431203
Sanjivwani Super Speciality Hospital	Behind Fire Brigade Office, Bus Stand, Satna	Satna	Madhya Pradesh	485001
Sethi Nursing Home	A-12, Gujranwala Town, Part-01, G.T. Road, Delhi	Delhi	Delhi	110033
Shine Hospital and Trauma Centre	Abu Market, Bulakiadda, Talkatora Road	Lucknow	Uttar Pradesh	226006
Shivalik Hospital	Plot No. 1, Huda Market, Sec-37, Faridabad	Faridabad	Haryana	121003
Shree Tisai Hospital / Dhanvantari Multispeciality Hospital	Old Shree Tisai Hospital, 1 st Floor, Govind Complex, Ganga Tirth Buiding, Near Jari Mai Gate, Pune Link Road, Tisgaon Naka, Kalyan, Maharashtra	Kalyan	Maharashtra	421306
Shri Bhagwati Hospital And Trauma Centre	Syd, abbaspur, Near Fire Police Training Centre, Unnao, Uttar Pradesh	Unnao	Uttar Pradesh	273001
Spandan Hospital And Critical Care Centre	Satana Naka, Near Punjab National Bank, Nasik	Nasik	Maharashtra	422007
Sri Krishna Children Hospital	Above Vijaya Bank, Hamirpur Road	Una	Himachal Pradesh	174303
Sri Srinivasa Nursing Home	Behind RTC Bus Stand, Bhadrachalam, Telangana	Bhadrachalam	Telangana	507111
Srushti Nursing Home	Block C-1, Opp. Roshan Apt, Netaji Venus Road, Ulhasnagar, Maharashtra	Ulhasnagar	Maharashtra	421004
Sun Shine Hospital	Sector-64, Sahupura Road, Uncha Gaon, Ballabgarh, Faridabad, Uttar Pradesh	Faridabad	Uttar Pradesh	121004
Suris Jeevan Jyoti Hospital	Adjoining Indian Oil Pump, Ramgarh Road, Mubarikpur (Dera Bassi), Mohali, Punjab	Mohali	Punjab	140201
Swastik Nursing Home	Plot No. 13/14/15, Trishul, Gold Coast CHS, Sector-9, Ghansoli, Navi Mumbai, Maharashtra	Mumbai	Maharashtra	400701

Tapaswi Hospital Pvt Ltd	Chowk, Adampur	Bhagalpur	Bihar	812001
Thite Hospital	Perne Phata, TLQ, Haveli, Pune, Maharashtra	Pune	Maharashtra	412207
Vajradan Hospital	Near Maruti Mandir, Shelke Lane, Gavathan, Sinnar, Maharashtra,	Nashik	Maharashtra	422101
Vasavi Nursing Home	Mankammathota, Krishna, Andhra Pradesh	Krishna	Andhra Pradesh	505002
Vedicure Wellness Clinics and Hospital	Sector No. 31/32, Plot No. 110, Opp. Aaher Lawns, Walhekarwadi Road, Chinchwad, Pune	Pune	Maharashtra	411033

- 1) The Above Hospitals list is not the part of Provider Network for the purpose of admissibility of claims with respect to any health insurance policies Of Aditya Birla Health Insurance Company Limited
- 2) Cashless Facility is not available at any of the hospitals mentioned above.
- 3) Reimbursement claims for treatment taken in any of the above mentioned hospitals will not be accepted.
- 4) The above list is subject to be updated from time to time. For updated list please visit this site at www.adityabirlacapital.com

Group Travel Protect
Policy wordings - Annexure V - Contact details of Insurance Ombudsman offices

CONTACT DETAILS	JURISDICTION OF OFFICE
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 – 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Kerala, Lakshadweep, Mahe-a part of Pondicherry

<p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand</p>

<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>
---	---

The updated details of Insurance Ombudsman offices are available on the IRDAI website: www.irdai.gov.in, on the website of Council for Insurance Ombudsmen www.cioins.co.in, Our website at: <https://www.adityabirlacapital.com/healthinsurance/#!/homepage> or can be obtained from any of Our offices.