# HDFC ERGO Travel India-Policy Wording

## A. Preamble

This Policy is a contract of insurance issued by HDFC ERGO General Insurance Company Limited (hereinafter called the 'Company') to the proposer mentioned in the Policy Schedule/Certificate of Insurance (hereinafter called the 'Policyholder') to cover the person(s) named in the Certificate of Insurance (hereinafter called the 'Insured Person(s)'). The Policy is based on the statements and declaration provided by the Policyholder in the Proposal Form as well as in any welcome or other tele-verification calls with the Company's authorized person and is subject to receipt of the requisite premium.

## B. Operating Clause

a. This policy covers Insured Persons on Individual Sum Insured basis only.

b. The Company will be liable to provide coverage for only those benefits and for the geographical scope which are mentioned in the Policy Schedule/Certificate of Insurance.

c. The Sum Insured for each benefit as mentioned in the Policy Schedule/Certificate of Insurance represents the Company's maximum liability for each Insured Person for any and all claims made under that benefit in the Policy.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including limits, Deductible, Sub-limits), exclusions, conditions and definitions contained herein and as mentioned in the Policy Schedule/Certificate of Insurance.

## 1. Definitions

### 1.1. Standard Definitions

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

**Def. 2.** **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or
b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:
   i. Having at least 5 in-patient beds;
   ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
   iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**Def. 3.** **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the

supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

a. Having qualified registered AYUSH Medical Practitioner (s) in charge;
b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

**Def. 4.** **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.

**Def. 5.** **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

**Def. 6.** **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is

a. undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hours because of technological advancement, and
b. which would have otherwise required Hospitalization of more than 24 hours.

Treatment normally taken on an Out-patient basis is not included in the scope of this definition

**Def. 7.** **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies, which will apply before any benefits are payable by the insurer. A Deductible does not reduce the sum insured.

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

**Def. 9.** **Disclosure of Information Norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**Def. 10.** **Emergency Care** means management for an Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured Person's health.

**Def. 11.** **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of 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. The grace period for payment of the premium for all types of insurance policies shall be thirty days.

**Def. 12.** **Hospital** means any institution established for in-patient care and day care treatment ofIllness 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:

i. has qualified nursing staff under its employment round the clock;
ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
iii. has qualified medical practitioner(s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and make these accessible to the insurance company's authorized personnel;

**Def. 13.** **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours**.**

**Def. 14.** **Illness/ Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment

(a) Acute condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness/ Injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:

a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
b. it needs ongoing or long-term control or relief of symptoms
c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
d. it continues indefinitely
e. it recurs or is likely to recur

**Def. 15.** **Injury** means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**Def. 16.** **In-patient Treatment** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

**Def. 17.** **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**Def. 18.** **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges

**Def. 19.** **Maternity Expenses** means

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during Hospitalization).
b. Expenses towards lawful medical termination of pregnancy during the policy Period.

**Def. 20.** **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

**Def. 21.** **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

**Def. 22.** **Medically Necessary Treatment** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

a. Is required for the medical management of the Illness or Injury suffered by the Insured Person;
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.

**Def. 23.** **Out-Patient Treatment** means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

**Def. 24.** **Pre-existing disease** means any condition, ailment, injury or disease:
a. That is/are diagnosed by a Medical Practitioner within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b. For which Medical advice or treatment was recommended by, or received from, a Medical Practitioner within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

**Def. 25.** **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods

**Def. 26.** **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services taking into account the nature of Illness/ Injury involved.

**Def. 27.** **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a medical practitioner.

**Def. 28.** **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

## 1.2. Specific Definitions

**Def. 1.** **Act of Terrorism** or **"Terrorism"** or **"Terrorist Activity"** means use of force or violence and / or the threat, by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purpose with the intention to influence any government and/or to put the public, or any section of the public in fear and the same is declared by the Government of the country wherein such event has occurred.

**Def. 2.** **Age** means completed years on last birthday as on Commencement Date.

**Def. 3.** **Ambulance** means a vehicle registered under Motor Vehicles Act, operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

**Def. 4.** **Airline** means a scheduled public air carrier that holds a valid and effective government license for the jurisdiction in which it operates scheduled flights, through Aircraft, for the transportation of fare paying passengers and cargo.

**Def. 5.** **AYUSH** Treatment refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems

**Def. 6.** **Emergency assistance Service Provider** means the assistance service provider with whom the Company contracts, as an independent contractor, to provide travel-related emergency assistance services.

**Def. 7.** **Biological Attack or Weapons** means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

**Def. 8.** **Catastrophe or Catastrophic event** is an unexpected natural event, such as an earthquake, volcanic eruption, tsunami, flood, storm tempest, typhoon, hurricane, tornado, cyclone, which causes widespread loss, damage, or disruption at locations which are forming part of the trip and is declared by an appropriate Government or governing body of the country in which the Catastrophe has occurred.

**Def. 9.** **Chemical attack or weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

**Def. 10.** **City of Residence** means and includes any city, town or village in which the Policyholder is currently residing in India and as specified in the Policyholder's address in the Policy Schedule/Certificate of Insurance;

**Def. 11.** **Common Carrier** means any Scheduled public carrier responsible for transporting fare paying passengers through Air and is operating under a valid and effective license from the relevant Government authority.

**Def. 12.** **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule/Certificate of Insurance.

**Def. 13.** **Company (also referred as We/Us/Our)** means the HDFC ERGO General Insurance Company Limited;

**Def. 14.** **Damages** means monetary sums payable pursuant to judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which the Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law.

**Def. 15.** **Dependent Child** means a child (natural or legally adopted), who is: a) Financially dependent on the Insured Person; b) Does not have his independent sources of income; and c) Has not attained Age 25 years;

**Def. 16.** **General Contents** means all the contents of household use in Your Home e.g. furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

**Def. 17.** **Home Contents** means those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.

**Def. 18.** **Hotel** means a place that provides temporary lodging or accommodation as well as related services like food, amenities, etc. as a business on a continuous basis for monetary compensation.

**Def. 19.** **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 / Insured Person is travelling

**Def. 20.** **Burglary** means any act of actual, forcible and violent entry and or exit from the Insured Person's premises with intent to commit an act of crime or theft.

**Def. 21.** **Certificate of Insurance** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period and the limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, than the latest in time.

**Def. 22.** **Immediate Family Member** means an Insured Person's legal spouse; siblings; siblings-in-law; parents; parents-in-law; legal guardian, step-parents; children; who reside in India

**Def. 23.** **Insured Person** means the persons named in the Policy Schedule/Certificate of Insurance who are insured under the Policy and in respect of whom the applicable premium has been received.

**Def. 24.** **Life threatening** situation shall mean a serious medical condition or symptom resulting from Injury or Illness which is not Pre-Existing Disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.

**Def. 25.** **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

**Def. 26.** **Medical Practitioner** means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country. Medical Practitioner who is sharing the same residence as the Insured Person and is a Family Member of the Insured Person are not considered as Medical Practitioner under the scope of this Policy**.**

**Def. 27.** **Policy** means these Policy wordings, the Policy Schedule/Certificate of Insurance and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the Insured Person, applicable exclusions and the terms & conditions applicable under the Policy.

**Def. 28.** **Period of Insurance** (definition applicable for Hotel Bookings):
Period of Insurance is a period within the Policy Period.
Period of Insurance commences with the scheduled check-in time of the Hotel
Period of Insurance expires automatically at the earliest of:

a. the check out time of the Hotel; or
b. the Policy Period End Date; or
c. cancellation of Policy

Hotel shall be the property in which the Insured Person has made the booking. Hotel

**Def. 29.** **Period of Insurance** (definition applicable for travel bookings other than hotel bookings): .
**Period of Insurance** commences when the Insured Person boards the carrier in which he has made the booking and expires automatically at the earliest of:

a. the Insured Person deboard the carrier at its destination; or
b. the Policy Period End Date; or
c. cancellation of Policy

Carrier shall mean the vehicle in which the Insured Person has made the booking. Source and destination shall be as specified in the booking confirmation document

**Def. 30.** **Place of Destination** means the destination place where the journey of the Insured Person, forming part of the Trip, is scheduled to be concluded through a scheduled Common Carrier;

**Def. 31.** **Place of Origin** means the starting point/ place from where the Insured Person's Trip is scheduled to be undertaken through.

**Def. 32.** **Place of Residence** means the dwelling place that the Insured Person is presently resident in as specified as the correspondence address mentioned in the Certificate of Insurance.

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

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

**Def. 35.** **Political Disturbance** means an Unexpected strike, riot or Civil commotion which is declared by the Government or a Government body of the country where in such event has occurred.

**Def. 36.** **Property Damage** means actual physical damage to tangible material property belonging to a third party.

**Def. 37.** **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

**Def. 38.** **Sum Insured** means the sum shown in the Policy Schedule/Certificate of insurance for each cover which represents the Company's maximum liability for each Insured Person for that benefit during the Policy Period.

**Def. 39.** **Travel Agent** means the Travel Agent, tour operator, or other entity from which the Policyholder purchases his/her Insurance Policy or travel arrangements, and includes all officers, employees, and affiliates of the Travel Agent, tour operator or other entity.

**Def. 40.** **Traveling Companion** means an individual or individuals travelling with the Insured Person, provided that, the Insured and such individual(s) are travelling to the same destination on the same dates and such individual(s) is/are also insured under this Policy. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a Travel Agent or a tour operator shall not be considered as Traveling Companion, unless the individual(s) is part of the family of the Insured / Insured Person.

**Def. 41.** **Return Destination** means the place to which the Insured Person is scheduled to return from his/her trip.

**Def. 42.** **Valuables** mean antiques, watches, jewellery, furs and articles made of precious stones and metals.

**Def. 43.** **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.

## 2. Scope of Coverage

All benefits under Base Coverages section are modular in nature. Any of the benefits can be opted on a standalone basis or in any possible combination BUT only as a pre-bundled package at channel / partner level. Individual customers might therefore NOT be able to opt for the same as per their own choice. If a particular Base Coverage / Base Benefit is opted, then any Sub-benefit under the Base benefit shall be included by default.

### 2. 1. A. Emergency Medical Expenses

If an Insured Person is diagnosed with an Illness or suffers an Injury during the Period of Insurance, that solely and directly requires the Insured Person's Emergency Care Hospitalization, then the Company shall indemnify the Medical Expenses incurred on that Hospitalization provided that:

a. The Hospitalization is commenced and continued on the written advice of a Medical Practitioner;

b. The treating Medical Practitioner certifies in writing that the treatment taken for that Illness or Injury is a Medically Necessary Treatment;

c. The Hospitalization should commence during the Period of Insurance.

d. We shall pay claims upto15 days from date of admission to such Hospitalization.

The Company shall indemnify the Medical Expenses and Other Expenses as listed below for an Emergency Care Hospitalization of the Insured Person due to an Injury or Illness commencing during the Period of Insurance.

a. Room Rent, boarding, nursing expenses as provided by the Hospital / Nursing Home
b. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
c. Surgeon, anaesthetist, Medical Practitioner, consultants, specialist Fees during Hospitalization forming part of Hospital bill.
d. Investigative treatments and diagnostic procedures directly related to Hospitalization.
e. Medicines and drugs prescribed in writing by Medical Practitioner
f. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
g. Intravenous fluids, blood transfusion, surgical appliances, allowable consumables and/or enteral feedings.
h. Operation theatre charges.
i. Day Care Expenses
j. Road ambulance services

**Claim Documents applicable for Section 2.1 Emergency Medical Expenses**

The following necessary information and documentation shall be submitted to Us or the Emergency Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

i. 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.
ii. Original bills and receipts for:
    a) Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered.
    b) Fees paid to the Medical Practitioner and for special nursing charges.
    c) Charges incurred towards any and all test and / or examinations rendered in connection with the treatment.
    d) 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.

**2. 1. B Optional Cover Under Emergency Medical Expenses**

All the benefits listed under this section are optional in nature. An optional benefit can be selected only if a Base Benefit has been opted. Optional covers shall be in force only if the same have been opted, additional premium has been paid for the same and there is mention of such cover in the Certificate of Insurance. Optional coverages are allowed to be opted at channel / partner level only.

Individual customers might therefore NOT be able to opt for the same. Such optional covers shall be inbuilt in the pre-bundled plan(s) offered to the channel/partner.

2.1.B.1. OPD Expenses for Illness or Injury

If an Insured Person suffers an Illness or an Injury during period of insurance and Outpatient Treatment is required, then we will indemnify the Insured Person upto the Sum Insured only for the below specified OPD Medical Expenses, pertaining to that injury or illness if the same are medically necessary

i. Diagnostic Tests
ii. Vaccinations
iii. Pharmacy
iv. Consultations with a Medical Practitioner
v. Plaster cast
vi. Bandage and dressing

**Specific Conditions applicable to OPD Expenses for Illness or Injury**

a. We shall only indemnify OPD expenses incurred during the Period of Insurance.
b. We shall pay claims upto 15 days from date of commencement of OPD treatment which was admissible during the Period of Insurance.
c. Medical Practitioner should have recommended for an OPD treatment within the Period of Insurance and the hotel booking should have been made prior to Medical Practitioner's recommendation for such treatment.

**Claim Documents applicable to OPD Expenses for Illness & Injury**

a. Doctors prescription
b. Bills/ Invoices and reports pertaining to the out patient treatment expenses prescribed and incurred

2.1.B. 2. Emergency Medical Evacuation

The Company shall indemnify the costs necessarily incurred for the Medical Evacuation of the Insured Person 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) other than Road Ambulance as the same is covered under Section 2.1.A, provided that:

a. 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;
b. 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;

c. The Insured Person's Hospitalization is shall commence immediately following the evacuation;

d. Claim under this section will be only admissible if a claim pertaining to the same injury or illness is admitted under Section 2.1- 'Emergency Medical Expenses', requires hospitalization of at least 24 hours and is admissible under this Policy.

**Claim Documents applicable for Section 2.1.B.2 Emergency Medical Evacuation**

The following necessary information and documentation shall be submitted to Us or the Emergency Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

i. 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;
ii. Documentary proof for all expenses incurred towards the Medical Evacuation.

2.1.B.3. Repatriation of Mortal Remains

In the unfortunate event of the death of the Insured Person during the Period of Insurance, the Company shall indemnify the costs of repatriation of the mortal remains (i.e. transportation expenses of the deceased person) of the Insured Person to the City of Residence.

**Claim Documents applicable for Section 2.1.B. 3 Repatriation of Mortal Remains**

The following necessary information and documentation shall be submitted to Us, immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

i. Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
ii. Copy of the post-mortem report/certificate (wherever applicable);
iii. Documentary proof for expenses incurred towards disposal of the mortal remains;
iv. 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.
v. Copy of Embalming certificate

**Exclusions specific to Section 2.1.- Emergency Medical Expenses' & its optional cover**

The Company shall not be liable to make any payment under this benefit, unless expressly stated to the contrary in the Policy Schedule/Certificate of Insurance:

a. Medical treatment taken if that is the sole reason or one of the reasons for the trip.

b. Any treatment or Medical Expenses incurred for any Illness which is a Pre-Existing Disease, except for cases where proximate cause of loss is an accident.

c. Radiotherapy and Chemotherapy charges.

d. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

e. 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.

f. Physiotherapy expenses or any services provided by chiropractitioner.

g. Screening for cancer or mammography.

h. Expenses incurred on items as mentioned in 'Annexure B- List of Items for which Coverage is not applicable (Non-Medical Expenses)'.

i. Any treatment or surgery for any dental Illness or Injury, unless it requires hospitalization for more than 24 hours.

j. Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, or is demonstrating any of the following conditions:

- Deep coma and unresponsiveness to all forms of stimulation; or
- Absent pupillary light reaction; or
- Absent oculovestibular and corneal reflexes; or
- Complete apnea.

k. Expenses related to sterility and infertility. This includes:

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

l. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarean section), abortion or complications of any of these. This exclusion shall not apply to ectopic pregnancy, which is proved by diagnostic means and certification by a gynaecologist that it is life threatening.

m. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.

n. Treatment of all external Congenital Anomalies or Illness or defects or anomalies or treatment relating to external birth defects.

o. All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.

p. Any Planned treatments.

q. Pre-hospitalization Medical Expenses and/or Post-hospitalization Medical Expenses.

r. Deductible - Claims/claim amount falling within Deductible limit, as specified in the Policy Schedule.

s. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.

t. Any Insured Person's participation or involvement in naval, military or air force operation.

u. Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition").

v. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.

w. Non-Medical expenses such as food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical Expenses is attached as ANNEXURE B and also available at www.hdfcergo.com.

x. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, optometric therapy.

y. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively), prosthesis, corrective devices external durable medical equipment of any kind, 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 implant(s) unless necessitated by an Accident.

z. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy.

## 2.2. Personal Accident

In the unfortunate event of death or Permanent Total Disablement suffered by the Insured person (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 within the Period of Insurance, the Company shall pay the Lumpsum amount up to the Sum Insured as specified in the Policy Schedule / Certificate of Insurance and as per the table below.

| Event | % of SI Payable |
|---|---|
| Death | 100% |
| Permanent Total Disablement (PTD) | |
| i. Loss of sight of both eyes; or<br>ii. Actual loss by physical separation of two entire hands or two entire feet; or<br>iii. One entire hand and one entire foot; or<br>iv. Loss of one entire hand or one entire foot along with loss of sight of one eye | 100% |
| i. Loss of sight of one eye; or<br>ii. Actual loss by physical separation of one entire hand; or<br>iii. Actual loss by physical separation of 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
- Our maximum, total and cumulative liability under this Benefit shall not exceed the amount specified against this Benefit in Policy Schedule / Certificate of Insurance.

**Claim Documents applicable for Section 2.2 Personal Accident**

The following necessary information and documentation shall be submitted to Us immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

i. Medical reports giving the details of the Accident, nature of the Injury, the extent of disability (if applicable) and the details of treatment provided.
ii. Death certificate (if applicable).
iii. Post-mortem report/certificate (wherever applicable).
iv. Police report (wherever applicable).
v. Medical Practitioner's certificate stating the reasons for and the extent of the Injury.
vi. Copy of discharge summary (if available).
vii. Treating Medical Practitioner's certificate describing the disablement.
viii. Disability certificate from a civil surgeon.

## 2.3. Personal Liability

The Company will indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties during the Period of Insurance and arising on account of Insured Person's negligence for which a civil claim is made or a suit is brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.

The Company shall indemnify the Insured Person towards the cost of defence up to a maximum of 10% of the claim amount admitted under this Benefit provided that these defence costs are incurred with Our prior written consent. This will reduce the Sum Insured of Personal Liability .

Any compensation under this cover is subject to the following conditions:

a. Every notice, writ, summons or process and all documents relating to the Claim/ event shall be forwarded to Us immediately and in any case within 7 days upon receipt by the Insured Person.

b. No admission, offer, promise or payment shall be made or given by or on behalf of the Insured Person without Our prior written consent.

c. The Insured Person shall fully co-operate and support and act as per Our advise.

d. The Insured Person shall fully support Us in reaching a compromise with the aggrieved party and/ or to take such steps as may be required to bring the Claim to an amicable settlement.

e. All amounts incurred by Us in the defence, settlement and/or payment of any Claim, shall correspondingly reduce the benefit amount specified in the Policy Schedule/Certificate of Insurance under this Benefit.

f. In the event We choose to exercise Our right pursuant to this condition, no action taken by Us in the exercise of such right will serve to modify or expand in any manner, Our liability or obligations under this Benefit beyond what Our liability or obligations would have been had it not exercised Our rights under this condition.

g. The Insured Person shall not settle or offer for settlement or enter into a compromise with the claimant or any other person without the prior consent and the written approval of Us

h. In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under this Benefit or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Benefit in respect of the claim, including the costs of defending it.

i. The Insured Person shall allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defence and/or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.

j. We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent to any settlement We recommend and chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.

k. The terms and exclusions of this Benefit (and any phrase or word contained herein) shall be interpreted in accordance with the relevant Indian law.

**Exclusions specific to Section 2.3- 'Personal Liability'**

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:

a. Liability of the Insured Person in relation to any professional services rendered by him;

b. Liability for Injury or damage of any kind whilst the Insured Person is engaged in his business activities or in course of business activities;

c. Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract;

d. Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances;

e. Fines, penalties, punitive or exemplary damages of any kind;

f. Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles;

g. Any liability, which is the subject matter of specific insurance elsewhere;

h. Any personal liability of the Insured Person towards his family, relations or traveling companions, whether personal or official or commercial;

i. Liability resulting from transmission of an Illness by the Insured Person;

j. Personal liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting there from;

k. Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets;

l. Liability arising from the possession of animals, birds, reptiles or insects and their by-products such as skin, hair, feathers, horns, fur, ivory, bones or eggs;

m. Liability arising from the ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or the use of firearms;

n. Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction;

o. Liability arising from any supply of goods or services on the part of the Insured Person;

p. Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence;

q. Any liability arising from a contingency occurring anywhere in the Country of Residence/City of Residence of the Insured Person;

r. Liability arising out of any breach of law or rules or any criminal liability.

s. Liability arising out of use or misuse of weapons, including firearms.

t. Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement.

**B. Claim Documents applicable for Section 2.3 Personal Liability**

The following necessary information and documentation shall be submitted to Us immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

i. Statement of claim furnishing particulars of the event leading to the liability, such as the court order;
ii. Photocopy of the police report (wherever reported).
iii. Witness statements if available
iv. Any other documents relevant to the incident including summons, legal notice, copy of court award, notice from third party claiming the amount

## 2.4. Bounced Booking (Accommodation)

In the event that the Insured Person's pre-booked confirmed and fully paid accommodation booking is bounced during the Policy Period due to overbooking we shall compensate the Insured Person only for such bounced portion of his bookings.

Special Conditions applicable for **Bounced Booking (Accommodation)**

a. Coverage under this section shall be provided only for that portion of stay which is bounced due to overbooking
b. Under this section we shall pay ONLY the differential amount between
   i. the actual cost of the pre-booked accommodation that was bounced and
   ii. the cost paid for booking the alternate accommodation.
c. The differential amount (as per clause 'b' above) cannot exceed the actual cost of the pre-booked accommodation that was bounced.
d. 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 both with the accommodation provider and try to recover from them the consequential loss incurred by the Insured Person by way of additional expenses for alternative accommodation arrangement. Details of the steps taken by the Insured Person shall be furnished to Us.
e. Any recovery towards additional expenses incurred for alternative accommodation arrangement effected from accommodation provider as the case may be, 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.

**A. Exclusions specific to Section 2.4- 'Bounced Booking (Accommodation)'**

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:

a. If the Insured shall fail to adhere to the rules of the accommodation provider inconnection with reconfirmation of the booking before the date of accommodation as the case may be;

b. In connection with any waitlisted accommodation booking irrespective of whether such bookings have been promised to be confirmed later;

c. If the confirmed accommodation is a personal arrangement or is free of charge;

d. Where the alternative arrangements for the accommodation is provided by the accommodation provider as the case may be within 6 hours from the time of commencement of stay covered by the earlier confirmed accommodation booking.

B. **Claim Documents applicable for Section 2.4 Bounced Booking (Accommodation)**

The following necessary information and documentation shall be submitted to Us or the Emergency Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

i. A declaration from the Insured Person that he / she has strictly complied with the rules laid down by the accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of occupation of the accommodation.
ii. A confirmation from the accommodation provider of the bounced booking having occurred solely at their instance and responsibility.
iii. The Insured shall lodge his / her claim on the accommodation provider in writing
iv. Statement of Claim for the expenses incurred;
v. Original receipt for payment of charges to the other the accommodation provider.

## 2.5. Emergency Hotel Accommodation for an Immediate Family Member

If the Illness or Injury suffered by the Insured Person during the Period of Insurance solely and directly requires the Insured Person's Emergency Hospitalization, the Company 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:

a. The Insured Person's Hospitalization continues for more than 5 consecutive days;

b. The Immediate Family Member's extended stay in the hotel was not part of the planned stay or covered under the original hotel booking;

c. Compensation under this section will be made only if We have also accepted a Claim for Hospitalisation of the Insured Person under Section 2.1 of this policy.

d. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES benefit of this policy irrespective whether that benefit is in-force or not.

**A. Claim documents applicable for Section 2.5 Emergency Hotel Accommodation for an Immediate Family Member**

It is a Condition Precedent to Our liability under this Optional Benefit that the following 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 Optional Benefit:

a. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.
b. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
c. Original bill and receipt or letter obtained from the hotel and/or guest house and/or any other paid residential accommodation (available on payment of fees) indicating the amount paid for the accommodation.
d. Payment receipt of hotel booking with the documentation.

## 2.6. Home Burglary (Except Cash and Jewelry)

We will indemnify the Insured Person for claims made in respect of loss of or damage to Home Contents (Except Cash and Jewelry) of the Insured Person's place of residence in India (at the address mentioned in the Certificate of Insurance) caused by actual or attempted Burglary and/or Robbery during the Period of Insurance. Our liability will be limited to the in respect of the Insured Person to benefit amount specified in the Policy Schedule/Certificate of Insurance in any one Policy Period irrespective of the number of such incidents or occurrences arising out of such incidents.

**A. Exclusions specific to Section 2.6: 'Home Burglary (Except Cash and Jewelry)'**

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:

a. Loss of cash and loss or damage to jewellery and valuables.

b. Loss or damage caused by the Insured Person's and / or Insured Person's employee(s) or agents and / or Insured Person's family member's direct or indirect involvement in the actual or attempted burglary;

c. Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards, precious stones, gold bullion;

d. Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever

**B. Claim Documents applicable for Section 2.6 Home Burglary (Except Cash and Jewelery)**

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

i. Covering Letter detailing full statement of the facts of the incidence of theft.
ii. Panchnama.
iii. Estimate and final bills of repairers
iv. Invoices of owned articles, if required by the CompanyCopy of FIR (filed with the local police authorities)
v. Details of local investigation and survey of loss in case carried out by Insured Person.
vi. Details of any other insurance covering the same loss
vii. And any other document as may be appropriately applicable for the claims preferred under this benefit.

**2.7. Hotel Cancellation**

The Company shall indemnify the Insured Person for any cancellation charges related to the accommodation booked in advance in a Hotel for the Period of Insurance solely and directly due to one of the reasons below, provided that the Company's 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:

a. Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place within 10 days prior to the commencement of the Period of Insurance; at or in the vicinity of the Place of Origin of the journey, or at the ultimate scheduled Place of Destination or at any intermediate place which is involved in or related to the proposed journey.

b. Terrorism provided that the peril takes place within 10 days prior to the commencement of the Period of Insurance at the City of Residence or at the City of Hotel;

c. The unfortunate event of an Insured Person's Immediate Family Member's death or hospitalization 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;

d. The Insured Person's hospitalization which is admissible under Section 2.1 of this policy, and wherein such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days.

e. Government imposed lockdown due to pandemic/ epidemic resulting in cancellation.

**A Claim Documents applicable for Section 2.7 Hotel Cancellation**

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

i. Original bill and receipt or letter obtained from the hotel and/or guest house and/or any other paid residential accommodation (available on payment of fees) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained.
ii. Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation.

iii. A declaration from the Insured Person furnishing the circumstances that compelled him/her to cancel the journey.
iv. 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.
v. Any other document related to cancellation.

### 2.8. Compassionate Visit

The Company shall indemnify the Insured Person for the actual expenses incurred for a return (two-way) direct route economy class airfare within India for an Immediate Family Member to the place of Hospitalization of the Insured Person, provided that:

a. The treating Medical Practitioner advises in writing that the attendance of an Immediate Family Member is necessary;

b. The treating Medical Practitioner certifies in writing that the Insured Person is required to be Hospitalized for at least 5 consecutive days;

c. The Immediate Family Member's return travel to his/her city shall commence not later than the date of the Insured Person's return to the City of Residence.

d. We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section 2.1 of this policy.

**A Claim Documents applicable for Section 2.8 Compassionate Visit**

It is a Condition Precedent to Our liability under this Optional Benefit that the following 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 Optional Benefit:

a. 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.
b. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
c. Original ticket with invoice used for the travel by the Immediate Family Member.

### 2.9 Theft of Personal Effects

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance in case of loss incurred due to theft , ONLY the below listed personal effects owned by the Insured Person during the period of Insurance. The personal effects must have been with that Insured Person at the time of theft.

**Personal Effects covered under this section are limited to**

a. Laptop
b. Tablet

c. Hand Bag

Reimbursement for theft of personal effects shall be upto Sum Insured and applicable depreciation shall be deducted per item as stipulated basis the below table.

| Age of Content | Upto 1 year | Upto 2 years | Upto 3 years | Upto 4 years | Upto 5 years | More than 5 years |
|---|---|---|---|---|---|---|
| **Applicable Depreciation per item** | 50% | 70% | 75% | 80% | 90% | 95% |

**A. Specific Exclusions applicable to THEFT OF PERSONAL EFFECTS**

a. Theft of cash, currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities / documents / identity cards/ papers of any kind and petrol or other coupons.
b. Theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means
c. Any theft that is not reported to the appropriate police authority within twenty four (24) hours of discovery of theft.
d. Theft of Camera and pertaining accessories
e. Theft of Mobile Phone and pertaining accessories
f. Any claim related to any type of damage to baggage / items in baggage
g. Any claim wherein supporting bills specific to the stolen asset are not available
h. Theft of Jewellery

**B. Claim Documents applicable to 2.9 THEFT OF PERSONAL EFFECTS**

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

**2.10. Identity Document Theft**

If the Insured Person loses his original identity proof document (Driving license, PAN card, Aadhaar or Voter ID card) on account of theft occurring during the Period of Insurance, the Company will indemnify the necessary costs incurred by the Insured Person towards obtaining a duplicate identity proof document.

**A. Claim Documents applicable to 2.10 Identity Document Theft**

It is a Condition Precedent to Our liability under this Benefit 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:

(i) Copy of the police report (wherever applicable);

(ii) Original receipt for payment of charges to the authorities for obtaining a new or duplicate identity proof document.

## 3. Exclusions

**Standard Exclusions** (applicable to all benefits)

Without prejudice to anything contained in this policy, the company shall not be liable to make any payment in respect of the following:

a. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance, unless stated otherwise in a particular benefit.

b. Any claim relating to expenses incurred for the treatment of pre-existing disease / conditions / illness / injury, except for cases where proximate cause of loss is an accident.

c. Treatment if that be the sole reason or one of the reasons for the insured/insured person's travel and temporary stay.

d. Any claim if the insured/insured person

- Is traveling against the advice of a physician;
- Is receiving, or is on a waiting list to receive, specified medical treatment declared in the Medical Practitioner's report or certificate;
- Has received terminal prognosis for a medical condition;
- Is taking part in a naval, military or air force operation
- Is traveling to any country for which his/her visa is not allotted.

e. Any claim arising out of an illness or injury that the insured/insured person has caused intentionally or by committing a crime or as a result of drunkenness or addiction.

f. Any claim arising out of sporting activities if that involves training or participation in competitions of professional or semi-professional sports.

g. Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider which have been specifically excluded by the Company and as disclosed on our website are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable.

h. Any Illness or Injury directly or indirectly resulting or arising from or occurring during the commission of any breach of any law by the Insured Person with any criminal intent.

i. 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.

j. 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.

k. Unproven / Experimental Treatment which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a

Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.

l. Weight management services and treatment, vitamins and tonics related to weight control programmers, services and supplies including treatment of obesity (including morbid obesity).

m. Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.

n. Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury.

o. Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.

p. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

q. All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.

r. Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care or a day care procedure is required.

s. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts

t. Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.

u. 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:

- 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.

- 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.

- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

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.

v. Any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or governments(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and / or to put the public, or any section of the public, in fear,

w. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss, directly or indirectly, caused by or contributed to or arising from:

   a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or

   b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

x. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.

y. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.

z. Any procedure or diagnostic test for gender detection of foetus/unborn child.

## 4. Terms and Conditions

### 4.1. Standard General Terms and Conditions

#### a. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Policyholder.

#### b. Condition Precedent to Admission of Liability

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

### c. Claim Settlement (Provision for Penal Intrest)

a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.

b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.

### d. Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

### e. Multiple Policies

i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
ii. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.
iii. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
iv. Where the Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

### f. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.
Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.
For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
i. the suggestion, as a fact of that which is not true and which the Insured Person does not

believe to be true;

ii. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

iii. any other act fitted to deceive; and

iv. any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the mis-statement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the Insurer.

**g. Renewal of Policy**

This Policy will terminate at the expiration of the period for which premium has been paid or on the expiration date shown in the Policy Schedule, whichever is earlier Single Trip Insurance is non-renewable..

**h. Cancellation**

The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

No refunds of premium shall be made in respect of Cancellation of any Single Trip where, any claim has been admitted or any benefit has been availed by the Insured Person under this Policy.

Scenarios for refund in case of cancellations apart from the above are as detailed below:

**I. Cancellation for Single Trip Policies**

The Policyholder may cancel his/her Single Trip Policy by giving 7 days' written notice and in such an event, the Company shall refund premium as detailed below:

a) Full premium shall be refunded if policy is cancelled before commencement of Period of Insurance

b) No refunds of premium shall be made if policy is cancelled post commencement of Period of Insurance

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

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

### j. Withdrawal of Policy( Not Applicable for Single Trip)

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
ii. Insured Person will have the option to migrate to similar travel insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

### k. Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

### l. Grievances

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

| **First Point of Contact** | **Call us at 022 6158 2020 / 022 6234 6234 / www.hdfcergo.com** |
|---|---|
| **Level 1** | For lack of a response or if the response provided does not meet your expectation, you can:<br>1. Write to The Complaints & Grievance Cell (C&G Cell)<br>HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra<br>2. You can also write an email to grievance@hdfcergo.com<br>3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM) |
| **Level 2** | If you're not satisfied with the resolution or if no response was received within 15 days, you can:<br>1. Write to the Chief Grievance Officer<br>HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra |

| | |
|---|---|
| | 2. You can also write an email to cgo@hdfcergo.com |
| **Level 3** | In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in |

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

You may also refer the Grievance Redressal Escalation matrix on our website https://www.hdfcergo.com/customer-voice/grievances

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in

Latest contact details of Offices of Insurance Ombudsman are provided at Annexure A.

## 4.2. Other Terms and Conditions

### a. Geography

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

### b. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change or modification that the Company makes will be evidenced by a written endorsement signed and stamped by the Company.

### c. Extension of Policy Period of this policy

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

i. We receive a written request for extension of the Policy
ii. We receive an affirmative good health declaration of the Insured Person.
iii. The applicable premium is paid before the Policy Period expiry date

iv. The Insured Person has not reported or made a claim in this policy before we receive a request for extension of the Policy.
v. The total Policy Period (original policy period + extended policy period) must not exceed 365 days

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

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

**d. Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law

**e. Communication & Notice**

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the following:

a. The Policyholder's, at the address/ e-mail address specified in the Certificate of Insurance.
b. To the Company, at the address specified in the Certificate of Insurance.
c. Insurance agents, brokers, other person or entity is/are not authorised to receive any notice on the behalf of the Company, unless stated in writing by the Company.

**f. Subrogation**

The Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is or would become entitled upon by making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after the payment. The Insured Person shall not prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and the costs and expenses of effecting a recovery, where after the Company shall pay any balance remaining to the Insured Person.

**g. Utilization of Sum Insured**

The sequence of utilization of the Sum Insured in this Policy, subject to the optional covers in force under the Policy, will be as follows;

i. Capping on Number of instances (if applicable)
ii. Deductible (if applicable)
iii. Co-payment (if applicable)
iv. Any sub-limit pertaining to the particular benefit (if applicable)
v. Sum Insured of the particular benefit

**h. Claims Procedure**

### I. Procedure for Cashless claims

a. Treatment may be taken in a Network Provider and is subject to pre authorization by the Company or its authorized Assistance Service Provider
b. Cashless request form available with the Network Provider shall be completed and sent to the Company / Assistance Service Provider
c. The Company /Assistance Service Provider upon getting cashless request form and related medical information from the Insured Person/ Network Provider will issue pre-authorization letter to the hospital after verification
d. At the time of discharge, the Insured Person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
e. The Company / Assistance Service Provider reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant details.
f. In case of denial of cashless access, the Insured Person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

### II. Procedure for reimbursement of claims

For reimbursement of claims the Insured Person may submit the necessary documents to the Insurer within the prescribed time limit as specified hereunder.

### III. Notification of Claim

Written notice of any occurrence which gives rise to a claim under this Policy must be given to the Company within thirty (30) Days after such occurrence.

### IV. Contact Details to register the claim

In the event of a covered emergency and to register claims, call the Company's 24 hour Helpline Centre and quote Policy Holders' Name, Policy Number, Insurance Company, when seeking assistance within 24 Hours.

| Contact Details | |
|---|---|
| Land line | + 91 - 022-61582020 ,01206740895 (Chargeable) |
| Fax | + 91 - 120 - 6691600 |
| Email | travelclaims@hdfcergo.com |
| Claim Document submission at address | HDFC ERGO General Insurance Co. Ltd.<br>A 36, A Block Rd, B Block, Sector 64, Noida, Uttar Pradesh 201309 |

a. **Transfer and Set-off of Claims:**

a. If the Insured / Insured Person has any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.

b. In so far as an Insured / Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable, if any.

c. Claims to the insurance benefits may be neither pledged nor transferred by the Insured / Insured Person.

b. No sum payable under this Policy shall carry any interest / penalty.

c. In the event of the Insured / Insured Person's death, the Company shall have the right to demand the submission of a post mortem / autopsy report.

d. **Claim Settlement (Provision for Penal Interest)**

i) The **Company** shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
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 intimation to the date of payment of claim at a rate 2% above the **Bank Rate**.

e. The Insured / Insured shall take all reasonable precautions to prevent illness and injury in order to minimize claims. Failure to do so will prejudice the Insured / Insured Person's claim under this Policy.

The Insured / Insured Person shall provide the Company with the details of the trip and other information as may be required by the Company from time to time.**Documents to be submitted**

The claim is to be supported with the following documents and submitted within the prescribed time limit.

| Benefits | Claims Documents Required |
|---|---|
| Common Claim Documents Required for all claims | 1. Claim Form (to be filled and signed by Insured Person)<br>2. Proof of travel<br>3. Kindly provide Indian Bank's Cancelled cheque/Passbook copy/Bank statement of proposer with printed A/c No., A/c holder's name, Branch name and IFSC Code.<br>4. As per IRDA rule, please fill attached KYC form (all mark * are mandatory) and submit self signed KYC documents as per checklist mention in form, along with recent passport size photograph. The KYC form should be provided/submitted in the name of the payee. |
| Claim Documents specific to a Benefit | 1. As specified under Specific Claim Documents section of the respective benefit<br>2. Any other document as required by the Company on a case to case basis. |

**Note:**

a. The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted

b. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company

c. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

d. If the Hospital does not accept the guarantee of payment/authorization letter from the Service Provider, then it is hereby agreed that the Company cannot be held liable for any loss arising from such circumstances. The cost will then have to be borne by the Insured and will then be reimbursed by the Company, as per Policy terms and conditions upon submission of required documents specified under the Policy or requested by the Company.

e. Documents which are common to interlinked claims may not be insisted again with respect to the same claims

## Annexure A- Contact Details of Insurance Ombudsman

| NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES | | |
|---|---|---|
| **S.No** | **Office Details** | **Jurisdiction of Office (Union Territory,District)** |
| 1 | **AHMEDABAD**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Jeevan Prakash Building, 6th floor,<br>Tilak Marg, Relief Road,<br>AHMEDABAD – 380 001.<br>Tel.: 079 - 25501201/02<br>Email:<br>bimalokpal.ahmedabad@cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| 2 | **BENGALURU**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Jeevan Soudha Building,PID No. 57-27-N-19<br>Ground Floor, 19/19, 24th Main Road,<br>JP Nagar, Ist Phase, Bengaluru – 560 078.<br>Tel.: 080 - 26652048 / 26652049<br>Email:<br>bimalokpal.bengaluru@cioins.co.in | Karnataka. |
| 3 | **BHOPAL**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>1st floor,"Jeevan Shikha",<br>60-B,Hoshangabad Road, Opp. Gayatri Mandir,<br>Bhopal – 462 011.<br>Tel.: 0755 - 2769201 / 2769202:<br><br>Email :<br>bimalokpal.bhopal@cioins.co.in | Madhya Pradesh, Chhattisgarh. |
| 4 | **BHUBANESWAR**<br><br>Insurance Ombudsman | Odisha. |

| | | |
|---|---|---|
| | Office of the Insurance Ombudsman,<br>62, Forest park,<br>Bhubaneswar – 751 009.<br>Tel.: 0674 - 2596461 /2596455<br>Email:<br>bimalokpal.bhubaneswar@cioins.co.in | |
| 5 | **CHANDIGARH**<br><br>Insurance Ombudsman<br>Office Of The Insurance Ombudsman,<br>Jeevan Deep Building SCO 20-27,<br>Ground Floor Sector- 17 A,<br>Chandigarh – 160 017.<br>Tel.: 0172-2706468<br>Email:<br>bimalokpal.chandigarh@cioins.co.in | Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh. |
| 6 | **CHENNAI**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Fatima Akhtar Court, 4th Floor, 453,<br>Anna Salai, Teynampet,<br>CHENNAI – 600 018.<br>Tel.: 044 - 24333668 / 24333678<br>Email:<br>bimalokpal.chennai@cioins.co.in | Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry). |
| 7 | **DELHI**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Building,<br>Asaf Ali Road,<br>New Delhi – 110 002.<br>Tel.: 011 - 23237539<br>Email: bimalokpal.delhi@cioins.co.in | Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh. |

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

| | | |
|---|---|---|
| 12 | **KOLKATA**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe, 7th Floor,<br>4, C.R. Avenue,<br>KOLKATA - 700 072.<br>Tel.: 033 - 22124339 / 22124341<br>Email:<br>bimalokpal.kolkata@cioins.co.in | West Bengal, Sikkim, Andaman & Nicobar Islands. |
| 13 | **LUCKNOW**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>6th Floor, Jeevan Bhawan, Phase-II,<br>Nawal Kishore Road, Hazratganj,<br>Lucknow - 226 001.<br>Tel.: 0522 - 4002082 / 3500613<br>Email:<br>bimalokpal.lucknow@cioins.co.in | Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| 14 | **MUMBAI**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe,<br>S. V. Road, Santacruz (W),<br>Mumbai - 400 054.<br>Tel.: 022 - 69038800/27/29/31/32/33<br>Email:<br>bimalokpal.mumbai@cioins.co.in | Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane). |
| 15 | **NOIDA**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Bhagwan Sahai Palace<br>4th Floor, Main Road, Naya Bans,<br>Sector 15,<br>Distt: Gautam Buddh Nagar, U.P-201301.<br>Tel.: 0120-2514252 / 2514253<br>Email: bimalokpal.noida@cioins.co.in | State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |

| | | |
|---|---|---|
| 16 | **PATNA**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>2nd Floor, Lalit Bhawan,<br>Bailey Road,<br>Patna 800 001.<br>Tel.: 0612-2547068<br>Email: bimalokpal.patna@cioins.co.in | Bihar, Jharkhand. |
| 17 | **PUNE**<br><br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Jeevan Darshan Bldg., 3rd Floor,<br>C.T.S. No.s. 195 to 198, N.C. Kelkar Road,<br>Narayan Peth, Pune – 411 030.<br>Tel.: 020-24471175<br>Email: bimalokpal.pune@cioins.co.in | State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district,Palghar District, Raigad district & Mumbai Metropolitan Region. |
| 18 | **THANE**<br><br>Office of the Insurance Ombudsman,<br>2nd Floor,Jeevan Chintamani Building,<br>Vasantrao Naik Mahamarg,<br>Thane (West)<br>Thane - 400604<br>Email: bimalokpal.thane@cioins.co.in | Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T. |

For updated list of Insurance Ombudsman details including Name, Address and jurisdiction, kindly visit: https://irdai.gov.in/ombudsman

Alternatively, you can also access the details by visiting: https://www.coins.co.in/Ombudsman.

## Annexure B- List of Items for which Coverage is not applicable (Non-Medical Expenses)

| List of Items for which Coverage is not applicable | |
|---|---|
| 1 BABY FOOD | 35 OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) |
| 2 BABY UTILITIES CHARGES | 36 SPACER |
| 3 BEAUTY SERVICES | 37 SPIROMETER |
| 4 BELTS/BRACES | 38 NEBULIZER KIT |
| 5 BUDS | 39 STEAM INHALER |
| 6 COLD PACK/HOT PACK | 40 ARMSLING |
| 7 CARRY BAGS | 41 THERMOMETER |
| 8 EMAIL/ INTERNET CHARGES | 42 CERVICAL COLLAR |
| 9 FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) | 43 SPLINT |
| 10 LEGGINGS | 44 DIABETIC FOOT WEAR |
| 11 LAUNDRY CHARGES | 45 KNEE BRACES (LONG/ SHORT/ HINGED) |
| 12 MINERAL WATER | 46 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 13 SANITARY PAD | 47 LUMBO SACRAL BELT |
| 14 TELEPHONE CHARGES | 48 NIMBUS BED OR WATER OR AIR BED CHARGES |
| 15 GUEST SERVICES | 49 AMBULANCE COLLAR |
| 16 CREPE BANDAGE | 50 AMBULANCE EQUIPMENT |
| 17 DIAPER OF ANY TYPE | 51 ABDOMINAL BINDER |
| 18 EYELET COLLAR | 52 PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES |
| 19 SLINGS | 53 SUGAR FREE TABLETS |
| 20 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | 54 CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 21 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | 55 ECG ELECTRODES |
| 22 TELEVISION CHARGES | 56 GLOVES |

| | |
|---|---|
| 23 SURCHARGES | 57 NEBULISATION KIT |
| 24 ATTENDANT CHARGES | 58 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 25 EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | 59 KIDNEY TRAY |
| 26 BIRTH CERTIFICATE | 60 MASK |
| 27 CERTIFICATE CHARGES | 61 OUNCE GLASS |
| 28 COURIER CHARGES | 62 OXYGEN MASK |
| 29 CONVEYANCE CHARGES | 63 PELVIC TRACTION BELT |
| 30 MEDICAL CERTIFICATE | 64 PAN CAN |
| 31 MEDICAL RECORDS | 65 TROLLY COVER |
| 32 PHOTOCOPIES CHARGES | 66 UROMETER, URINE JUG |
| 33 MORTUARY CHARGES | 67 AMBULANCE |
| 34 WALKING AIDS CHARGES | 68 VASOFIX SAFETY |