



BEYOND BORDERS – POLICY WORDINGS

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SECTION 1 - PREFACE

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 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 that have been opted for and the same shall be mentioned in the Certificate of Insurance.
- c. The Sum Insured for each benefit as mentioned in the Certificate of Insurance against such benefit represents the Company's maximum liability for each Insured Person for any and all claims made under that benefit. We shall NOT pay any amount in excess of the stated Sum Insured of a particular benefit unless specified expressly within the terms of a benefit under the policy.
- d. Any amount payable under any benefit in this Policy by way of claims shall be subject to the below
 - i. The terms of coverage of the benefit
 - ii. Specific conditions applicable
 - iii. Applicable Waiting periods (as specified in the Certificate of Insurance)
 - iv. Applicable Exclusions
 - v. Definitions of words
 - vi. Applicable sub-limits (as specified in the Certificate of Insurance)
 - vii. Applicable deductible amount (as specified in the Certificate of Insurance)
 - viii. Applicable time deductible (as specified in the Certificate of Insurance)
 - ix. Applicable co-payment (as specified in the Certificate of Insurance)
 - x. Maximum number of hours/days covered for specific section (as specified in the Certificate of Insurance)
- e. List of benefits and claim payout basis for each cover is attached as Annexure C
- f. This product offers 3 policy types as given below. The policy type opted by and applicable to you shall be mentioned in the Certificate of Insurance
 - i. Single Trip policy
 - ii. Annual Multi Trip Policy
 - iii. Student Travel Policy
- g. For single trip, annual multi trip and Student Travel Policies the policy shall be deemed to be in-force and coverage shall be provided only during the Period of Insurance unless specified expressly within the terms of a benefit under the policy.
- h. For annual multi trip policies, in case of claims during a policy year, sum insured of benefits shall be reduced and the same shall be replenished only when the policy is renewed post completion of such Policy Year.



- i. Sum Insured for all benefits in a Single Trip Policy shall be on single trip basis. In case of claims under a single trip policy, sum insured of benefits shall be reduced and the same shall not be replenished for that trip.
- j. This product offers multiple geographical scopes as given below. The geographical scope opted by and applicable to you shall be mentioned in the Certificate of Insurance. We shall be liable to pay claims pertaining to any benefit under this policy only if the incident / event has occurred in the geographical scope specified in the Certificate of Insurance, unless specified expressly within the terms of a benefit under the policy. For single trip, annual multi trip and Student Travel Policies coverage shall NOT be provided within India unless specified expressly within the terms of a benefit under the policy.
 - i. Asia excluding Japan
 - ii. Worldwide
 - iii. Worldwide excluding USA and Canada
 - iv. Europe including Schengen
 - v. Any specific geographical scope specified in the Certificate of Insurance
- k. In sections where-in claims are payable on reimbursement basis (as per Annexure C),
 - i. Insured Person must furnish original bills / invoices.
 - ii. Certain expenses under this Policy may be admissible under more than one Section. Where the Sum Insured under any one Section is insufficient to meet the total admissible expenses, the Insured Person may seek indemnification of the balance amount under another applicable Section.
 - iii. Under no circumstances shall the total claim paid out of one or multiple indemnity covers/policies (with us or otherwise) exceed the actual expense incurred by the insured person for the same admissible claim.
- l. Any compensation or coupon or voucher which is provided to the Insured Person by the respective institution as consolation for any loss incurred by the Insured Person shall also subject to adjustment while processing claim under all reimbursement sections (as per Annexure C) of this policy. We shall deduct the consolation amount received in the form of such coupon or voucher before paying the final claim.
- m. Insured Person must read the Policy Wordings in conjunction with the Certificate of Insurance for complete clarity on benefits, terms and conditions and Sum Insured limits applicable.

C. DEFINITIONS

The terms defined below have the meanings as described to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same

I. STANDARD DEFINITIONS

- Def. 1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **AYUSH 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:
- i. Having qualified registered *AYUSH Medical Practitioner (s)* in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative
- Def. 4. **AYUSH Treatment** refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 5. Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the

- policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.
- Def. 6. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 7. Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- a. Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body
- Def. 8. Day care Centre means any institution established for Day Care Treatment of Illness and / or injuries or a medical set -up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:
- a. has qualified nursing staff under its employment;
 - b. has qualified medical practitioner/s in charge;
 - c. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 9. 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. 10. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- Def. 11. 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. 12. Emergency Care means management for an Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 13. 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.
- Def. 14. 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. 15. 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. 16. Injury means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 17. In-patient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 18. Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 19. 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. 20. 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. 21. Medical Advice means any consultation or written advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- Def. 22. 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 written 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. 23. 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. 24. Migration means, the right accorded to health insurance policyholders (including all members under family cover and members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- Def. 25. Network Provider means hospitals or health care providers enlisted by an insurer to provide medical services to an insured by a cashless facility.
- Def. 26. Newborn Baby means baby born during the Policy Period and is aged up to 90 days
- Def. 27. Non-Network Provider means any hospital, day care centre or other provider that is not part of the network.
- Def. 28. Notification of Claim means the process of intimating a claim to the insurer through any of the recognized modes of communication
- Def. 29. Pre-existing disease means any condition, ailment, injury or disease:
- 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
 - 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. 30. Pre-hospitalization Medical Expenses means Medical Expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- Def. 31. Post-hospitalization Medical Expenses means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
- Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
 - The inpatient Hospitalization claim for such Hospitalization is admissible by the insurance company.
- Def. 32. 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. 33. Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the Associated Medical Expenses
- Def. 34. 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. 35. Subrogation means the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.
- Def. 36. 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. 37. 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.

II. SPECIFIC DEFINITIONS

- Def. 1. **Act of Terrorism or ‘Terrorism’ or ‘Terrorist Activity’** means any unlawful act intended to threaten the sovereignty, security, or economic stability of a country, or to cause fear among the public, using violence, force, or disruption of essential services. The incident must necessarily be declared as a terrorist activity by the appropriate government body of the country.
- Def. 2. **Activities of Daily living** means only to the below listed activities
- (a) **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower).
 - (b) **Dressing:** the ability to put on, take off, secure, and unfasten all garments and, as appropriate, any braces, artificial limbs, or other surgical appliances.
 - (c) **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa.
 - (d) **Mobility:** the ability to move indoors from room to room on level surfaces.
 - (e) **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a certain level of personal hygiene.
 - (f) **Feeding:** the ability to feed oneself once food has been prepared and made available.
- Def. 3. **Age/aged** means completed years as per last birthday at the inception of the relevant policy year.
- Def. 4. **Ambulance** means a road or air or water motor vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- Def. 5. **Airline or Flight** means a scheduled public air carrier that holds a proper government license for the jurisdiction in which it operates scheduled aircrafts/sea-planes/helicopters for the transportation of fare paying passengers travelling on such aircrafts/sea-planes/helicopters. Self – piloted aircrafts or chartered aircrafts do not fall under the definition of Airline or Flight.
- Def. 6. **Annual Multi Trip** Policy means a policy allowing Insured person(s) to undertake one or more Trip(s) during the Policy Period. Such trips must always start from India. Coverage under the policy would be provided ONLY for trips to those countries falling under the geographical scope mentioned in the Certificate of Insurance. In an Annual Multi Trip policy the Insured person opts for a maximum per trip duration and the same is specified in the Certificate of Insurance. Coverage shall be provided maximum upto the per trip duration days starting from the day the Period of Insurance for that trip commences. Sum Insured for all benefits in an Annual Multi Trip Policy shall be on per Policy Year basis and NOT on per trip basis.
- Def. 7. **Assistance Service Provider** means the assistance company with whom the *Company* contracts, as an independent contractor, to provide travel-related emergency assistance services.
- Def. 8. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Def. 9. **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. 10. **Building** consists of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.

- Def. 11. **Bush fire, Forest fire, Jungle fire** means occurrence of fire due to accidental burning of vegetation, grass etc including but not limited to Wildfire of forestry or plantations resulting in lost yields, burnt areas.
- Def. 12. **Catastrophic event** means only the below listed events which causes widespread loss, damage, or disruption at the relevant location of the trip and is declared by an appropriate Government or governing body of the country/city in which the Catastrophe has occurred.
- (a) earthquake,
 - (b) volcanic eruption,
 - (c) tsunami,
 - (d) flood,
 - (e) typhoon,
 - (f) hurricane,
 - (g) tornado,
 - (h) cyclone,
 - (i) lockdown,
 - (j) pandemic,
 - (k) epidemic
 - (l) Airspace closure or multiple airport closures
- Def. 13. **Certificate of Insurance (COI)** is a document pertaining to the Insured Person. It is attached to and forms part of this Policy. The COI must be read in conjunction with this Policy Wording (Policy Terms and Conditions) for complete understanding and clarity on coverages and the limits of such coverages applicable to the Insured Persons. The COI generally captures
- a. The basic details of all the Insured Persons under the Policy
 - b. Any Special conditions
 - c. Applicable Waiting periods,
 - d. Any Special Exclusions or Insuring terms,
 - e. The names of the coverages that are in force and applicable under this policy
 - f. The Sum Insured stipulated against coverages that are in force
 - g. Any sub-limits, deductibles, time deductible, co-payment applicable to the coverages in force
 - h. The Policy Period and other Important details pertaining to the Policy
 - i. The COI also includes any Annexure and/or endorsements, made to or on it from time to time
- Def. 14. **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. 15. **Checked - In Baggage** means the baggage offered by the Insured Person and accepted by the respective Common Carrier for international transportation in the same Common Carrier as boarded by the Insured person. The Common Carrier shall have provided a baggage receipt for the same. The contents of such baggage must not violate norms pertaining to Checked-in-baggage stipulated by the Common Carrier.

- Def. 16. **Claim** means a Claim under an operative part of this Policy in respect of an insured event that has taken place or is likely to take place. All Claims arising from one and the same event or circumstance shall jointly constitute one Claim under this Policy and as having been made at the time when the first Claim was made in writing and the Deductible shall be applicable to each cover independently.
- Def. 17. **Close Business Associate** means:
- a. a business associate not a fellow employee of the Insured Person where the business relationship with the Insured Person is continuous and reliant on each other for the Insured Person's business, or
 - b. a business companion who travels with the Insured Person for the same business purpose, and whose presence is necessary for the Insured Person's business, or
 - c. a fellow employee of the Insured Person.
- Def. 18. **Common Carrier** means any Scheduled public carrier responsible for transporting fare paying passengers through Road, Rail, Water or Air and is operating under a valid license from the relevant Government authority. Private taxis, taxis booked through cab aggregators, self-driven or hired road carriers and chartered aircrafts do not fall under the definition of Common Carrier.
- Def. 19. **Co-Payment** means a cost sharing requirement that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A Co-Payment does not reduce the Sum Insured. Co-payment for a benefit shall apply as specified in Certificate of Insurance.
- Def. 20. **Contents** means the household goods such as furniture, fixtures, fittings, home appliances, interior decorations and items of like nature; personal effects such as clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables. Contents should be owned or legally responsible by the Insured or family members residing with him and not used for Business or Business purpose.
- Def. 21. **Cruise** is a scheduled pre-booked voyage on a ship through a recognized valid service provider offering accommodation, entertainment, and amenities onboard as part of the travel experience. The Cruise shall have a fixed scheduled itinerary. The Insured Person should have boarded such Cruise as a fare paying passenger. Water ferries, water taxis, motor boats and personal yacht do not fall under the definition of Cruise.
- Def. 22. **Cyclone/Hurricane/Typhoon/Tempest** means a type of STORM system characterized by large scale air mass that rotates around a center of low atmospheric pressure.
- Def. 23. **Deductible** is a cost sharing requirement under the policy that provides that the Insurer will not be liable for a specified amount in case of indemnity benefits. Such amount will apply before the benefit is payable by the insurer. Thus, the deductible is a portion of every claim the Insured Person agrees to pay post which the sum insured of Policy coverage applies. A Deductible does not reduce the sum insured. Deductibles under this policy shall work on a per-claim basis. Deductible for a benefit shall apply as specified in Certificate of Insurance.
- Def. 24. **Date of loss** means the date of admission of the Insured person in Hospital due to emergency, in case of Hospitalization claims, in other cases, the first date of loss is considered to be the incidence date as mentioned on consultation paper/medical records
- Def. 25. **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. 26. **Earthquake, volcanic eruption, or other convulsions of nature** means seismic activity or a violent and abrupt shaking of the ground, caused by movement between tectonic plates along a fault line in the earth's crust; usually dependent on magnitude, peak ground acceleration or velocity.
- Def. 27. **Event or Activity** Refers to only any of the below wherein the Insured has a pre-booked confirmed ticket to participate in the same.
1. any sporting occasion,
 2. music concert,
 3. exhibition,
 4. educational /cultural tour,
 5. cinema,
 6. theatre,
 7. theme park
 8. military display,
 9. visit to a museum
 10. visit to a monument

Personal celebrations like marriage, birthdays and social gatherings shall not be considered as events or activities. In case type of event is specified under any section then such event must correspond to the specified genre.

- Def. 28. **Excursion means** all planned experiences that are pre-booked by the insured person to be undertaken during the scheduled Cruise itinerary. Both the Cruise and the Excursions must be pre-booked in the name of the Insured Person.
- Def. 29. **Explosion/Implosion** means:
- a. An **explosion** is “a sudden violent burst with a loud sound”.
Explosion causes damage by rupturing, shattering, cracking etc. of property.
Explosion damage is evidenced by broken machinery, shattered glass, splintered timbers and widely scattered debris.
 - b. **Implosion** means bursting inward or collapse due to external pressure.
- Def. 30. **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. 31. **Fire** means actual ignition or burning, under accidental or fortuitous circumstances.
(a) Other relevant information about the incident of theft
- Def. 32. **Flood and inundation** means temporary accumulation of water in a normally dry area resulting in a rise in water levels in that area due to heavy rainfall, over flow of inland or tidal waters, flash flood or storm, cyclone, hurricane or typhoon.
- Def. 33. **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. 34. **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. 35. **Hazardous Activities OR Adventure sports** refers to ONLY those sports mentioned in the Annexure-D where-in the Insured Person participates irrespective of whether he is a professional or not.

- Def. 36. **Hospital** (for treatment outside India) means any establishment which is licensed as a medical or surgical hospital in the country where it operates and which is recognized by us and it meets all the following requirements:
- it operates primarily for the reception, care and treatment of sick, ailing or injured persons
 - it provides twenty-four (24) hours a day nursing service by registered nurses or qualified nurses
 - it has a staff of one or more licensed medical practitioners available at all times
 - it provides organised facilities for diagnosis and major surgical facilities
 - it is not primarily a nursing home, rest home or convalescent home or similar establishment, retreat center, spa, geriatric ward, it is not institution for treatment of substance abuse, such as but not limited to a place for alcoholics or drug addicts rehabilitation or for any similar purpose
- Def. 37. **Immediate Family Member** means an Insured Person's legal spouse; siblings; parents; parents-in-law; step-parents; one's own children including adopted children(s); son-in-law; daughter-in-law; grandparents; grandparents-in-law; grandchildren; sister and brother.
- Def. 38. **Insured Person** means the persons named in the Certificate of Insurance and insured under the Policy and in respect of whom the applicable premium has been received.
- Def. 39. **Insured Journey** means a single journey to a destination outside of India (departure and arrival), which is undertaken during the Policy Period. In case of annual multi-trip policy it means multiple journeys where stay to a destination outside of India is confined maximum up to the plan chosen during the Policy Period.
- Def. 40. **Insured Property** means the address mentioned in the Certificate of Insurance unless specified otherwise by the Insured Person and use of same is restricted to domestic purposes only.
- Def. 41. **Leakage from automatic sprinkler installation** means leakage from automatic sprinkler installation that is designed to automatically discharge water when a fire takes place. Damage caused by water is thereby payable as damage by fire. However, there may be accidental leakage from the installation, when there is no fire. This risk covers the damage caused thereby.
- Def. 42. **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. 43. **Malicious Damage** means destruction/loss/damage to insured property on account of intentional act of others.
- Def. 44. **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. 45. **Medical Practitioner** (Definition applicable for the treatment taken outside India) means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.
- Def. 46. **Non-refundable expenses** are pre-paid costs for a booking that are not recovered even after cancellation.

- Def. 47. **OPD or Out-patient treatment** refers to medical consultation, investigations or treatments taken in a clinic / hospital or associated facility like a consultation room. Out-patient can also include tele-services of the service provider. Out-patient treatment does not require admission in day care a day care centre or in-patient section of a hospital.
- Def. 48. **Overseas travel service supplier/provider** refers to a proprietary firm or institution located outside India that offers planning and booking services related to travel.
- Def. 49. **Permanent Total Disablement** means a condition arising due to an Injury sustained during the period of insurance as a result of which the Insured Person is permanently, totally and irreversibly disabled, and is unable to perform any 4 out of 6 Listed Activities of Daily Living as specified in the Policy. This condition must persist continuously for a period of 365 days, and at the end of this period, it must be reasonably certain that the disability will continue for the remainder of the Insured Person's life. The Permanent Total Disablement must commence during the period of insurance and must also necessarily be certified in writing by a medical practitioner as being beyond hope of recovery. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability and its percentage is also must.
- Def. 50. **Personal Effects** means clothing, spectacles, umbrellas, footwear and other necessities.
- Def. 51. **Personal Documents** means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.
- Def. 52. **Policy** means these Policy wordings, the 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. 53. **Place of origin** is the city in India where Insured first boards the Common Carrier by which he finally leaves India.
- Def. 54. **Port of origin** is the initial departure port where the insured person boards the cruise ship and the scheduled pre-booked cruise journey begins.
- Def. 55. **Period of Insurance**
- Period of Insurance must necessarily commence within the Policy Period in case of all Single Trip, Annual Multi Trip policies and Student Travel policies.
 - The terms of Period of Insurance may be extended only if the same is expressly stated under a benefit of this policy and such benefit is in force.

I. Period of Insurance of an Annual Multi Trip Policy

In annual multi trip policies the Insured Person can undertake multiple trips during the Policy Year. The coverage under an Annual Multi Trip policies for a particular trip begins at the time at which the Insured first boards the Common Carrier by which he finally leaves India and the coverage will expire automatically on the earlier of

- a. When the insured disembarks for the first time from the Common Carrier by which he has returned back to India for that trip OR
- b. Policy period end date as mentioned in Certificate of Insurance (Point b. is NOT applicable if policy is active and renewed) OR
- c. The expiry of the Maximum Per Trip Duration(days) specified in the Certificate of Insurance for that trip

II. Period of Insurance of a Single Trip Policy

The coverage under Single Trip policies begins at the time at which the Insured first boards the Common Carrier by which he finally leaves India and the policy will expire automatically on the earlier of

- a. When the insured disembarks for the first time from the Common Carrier by which he has returned to India OR
- b. Policy period end date as mentioned in Certificate of Insurance

III. Period of Insurance of a Student Travel Policy

The coverage under Student Travel policies begins at the time at which the Insured first boards the Common Carrier by which he finally leaves India for the 1st time post commencement of policy period [except for a student of Indian origin who is already studying abroad with similar Insurance coverage for whom Period of Insurance will commence from Policy Period Start date]. Student Travel policies will expire automatically on the Policy period end date as mentioned in Certificate of Insurance

Def. 56. **Policy Period** means the period between the commencement date and either the expiry date as specified in the Certificate of Insurance OR the date of cancellation of this Policy, whichever is earlier.

In case of endorsements, Policy period shall end on the extended end date.

Def. 57. **Policyholder** means Person who has proposed the Policy and in whose name the Policy is issued

Def. 58. **Policy Schedule** 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. Policy Schedule shall be provided to Master Policy Holder of this policy.

Def. 59. **Policy Year** means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Certificate of Insurance.

Def. 60. **Political Disturbance** means an unexpected strike, curfew, riot or Civil commotion which is declared by the Government or a Government body of the country where in such event has occurred.

Def. 61. **Property Damage** means actual physical damage to tangible material property belonging to a third party.

Def. 62. **Riot & Strike** means Direct visible physical loss, destruction or damage by external violent means caused to the property.

Def. 63. **Scheduled rail** refers to a train service that operates between two or more cities on a fixed timetable, with predefined routes, departure times, and arrival times, as published by a recognized valid railway operator. The Insured Person should have boarded such train as a fare paying passenger. Metros, monorails, trams and intra-city rail services do not fall under the definition of scheduled rail.

Def. 64. **Severe Weather or Inclement weather** refers to severe rain, strong winds, heavy storms which are not normal climatic weather changes. These conditions delay the scheduled arrival, departure and operations of a Common Carrier.

Def. 65. **Single Trip Policy** means a policy allowing Insured person(s) to undertake a one single Trip during the Policy Period. Such trips must always start from India. Coverage under the policy would be provided ONLY for trips to those countries falling under the geographical scope mentioned in the Certificate of Insurance. In a Single Trip policy the Insured person opts for a maximum single trip duration and the same

- is specified in the Certificate of Insurance. Coverage shall be provided maximum upto the single trip duration days starting from the Policy Period commencement date. Sum Insured and coverage for all benefits in a Single Trip Policy shall be available for the duration of the trip only.
- Def. 66. **Sponsor OR Insured Person's Sponsor** is an individual who provides financial support to an Insured person under this policy by way of paying either a part or full fees for his/her educational course overseas.
- Def. 67. **Storm** Means an event with extreme atmospheric conditions such as strong winds with or without heavy rain, thunder, lightning, hail or snow recorded at a particular location.
- Def. 68. **Student Travel Policy** is a policy covering Insured person(s) who are bonafide students whilst they are studying overseas. Such policy begins at the time at which the Insured first boards the Common Carrier by which he finally leaves India. Coverage under the policy would be provided ONLY for trips to those countries falling under the geographical scope mentioned in the Certificate of Insurance. The total Policy period (tenure) of the Policy shall be as specified in the Certificate of Insurance. The Insured Persons may return to India multiple times during the Policy period, however, the policy shall NOT be in force and coverage shall NOT be provided for any incident that occurs during the Insured Persons stay in India except if 'Extension for coverage in India' benefit is opted and for travel from India to go back to country where the educational institute is situated. Sum Insured for all benefits in a Student Travel Policy shall work on per Policy Year basis.
- Def. 69. **Sub-limit** is a limit within the Sum Insured of a benefit. The Insurer shall NOT be liable to indemnify any amount in excess of such pre-defined limit for the specific benefit / sub-benefit. The Sub-limit amount for a benefit / sub-benefit shall be applicable as specified in the Certificate of Insurance against the relevant Cover in force under the Policy. Sub limit for a benefit shall apply as specified in Certificate of Insurance.
- Def. 70. **Sum Insured** means the sum shown in the Certificate of Insurance for each cover which represents the Company's maximum liability for each Insured Person for benefits claimed for in the Policy.
In Case of Annual Multi Trip, Sum Insured is cumulative limit for all the trips undertaken during the Policy Year. The Sum Insured once exhausted will not be reinstated for any section during the Policy Year.
Basis of payout is attached as Annexure C.
- Def. 71. **Terminal Illness** is a condition that is expected to result in the death of the patient and cannot be cured or adequately treated. This term is often used for progressive diseases such as advanced cancer, heart disease, or organ failure. The illness is typically irreversible and will continue to worsen over time.
- Def. 72. **Time Deductible** means a cost sharing requirement under the policy that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A Time Deductible does not reduce the sum insured. Time Deductibles under this policy shall work on a per-claim basis. Time Deductible for a benefit shall apply as specified in Certificate of Insurance.
- Def. 73. **Travel itinerary** is a detailed schedule that outlines the planned route, dates, destinations, booked transportation, booked accommodations, and booked activities/events of the Insured journey.
- Def. 74. **Trip** means the journey undertaken by the Insured Person(s) that commences from point the Insured finally leaves India and ends when the Insured person returns to any first entry point in India during the Policy Period and is limited to the Geographical Scope for which the risk is covered as per the policy.



- Def. 75. **Trip Cancellation** means cancellation of the entire trip that was planned prior to commencement of period insurance due to reasons specified under Trip Cancellation benefit.
- Def. 76. **Trip Curtailment** means cancellation of a trip post commencement of period insurance due to reasons specified under Trip Curtailment benefit and immediate return to India.
- Def. 77. **Tsunami** Means waves caused by sudden movement of the ocean surface due to earthquakes, landslides on the sea floor, land slumping into the ocean, large volcanic eruptions, meteorite impact in the ocean. This peril shall be covered only when “Earthquake, volcanic eruption, or other convulsions of nature” peril is covered under the ‘HOME BUILDING AND CONTENTS COVER’ section
- Def. 78. **Valuable Contents** means items such as jewelry, silverware, paintings, works of art, antique items, curios and items of similar nature.
- Def. 79. **Waiting Period** means a time period during which no claims will be payable under a benefit if the incident / event has transpired during such period.

SECTION 2 – BENEFITS COVERED UNDER THE POLICY

I. BASE COVERAGES

All individual Benefit/Cover under Base Coverages are modular in nature. Any section can be opted on a standalone basis or in any possible combination.

1. EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS

The Company shall indemnify the Medical 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. Medical Expenses

- 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

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to Emergency Care AYUSH hospitalization are also covered under 'Medical Expenses' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS.

Claims for Medical Expenses mentioned above can be availed on cashless basis or reimbursement basis. Only medical expenses owing to Emergency Care Hospitalization are payable under this benefit and only until the Insured Person is deemed fit to be discharged. Any type of pre-hospitalization expenses, post-hospitalization expenses, Out-patient treatments expenses, and any other expense not mentioned in point A. Medical Expenses above shall not be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS.

B. Specific conditions applicable to EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS



- a. Deductible applicable shall be as specified in the Certificate of Insurance and shall apply on per claim basis

C. Specific Claim Documents applicable to EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS

- a. Original Discharge Summary
- b. Original Medical Records, Case history and investigation reports
- c. Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
- d. Original Bills & Payment Receipts of medical expenses and other expenses

2. MATERNITY

Under this benefit, we shall indemnify only the below listed Medical Expenses incurred during the Period of Insurance and pertaining to Maternity upto the Sum Insured.

- a. Hospitalization for delivery (Normal OR C-section) of a new-born baby
- b. Medically recommended lawful termination of pregnancy but only in life threatening situation and under the written advice of Medical Practitioner
- c. Pre-Natal Expenses: Pre-natal expenses incurred within the 30 days immediately prior to childbirth. Only medical expenses pertaining to the below listed Pre-Natal expenses shall be payable if the same are for a Maternity Hospitalization admissible under this policy
 1. Antenatal check-ups,
 2. Gynaecological consultations,
 3. Sonograms,
 4. Vaccines for the expecting mother,
 5. Diagnostic tests,
 6. Prescribed Medications.
- d. Post-Natal Expenses: Post-Natal Expenses incurred within the 30 days immediately post childbirth. Only medical expenses pertaining to the below listed Post-Natal expenses shall be payable if the same are for a Maternity Hospitalization admissible under this policy
 1. Gynaecological consultations,
 2. Medications & supplements,
 3. Postpartum complications,
 4. Physiotherapy,
 5. Diagnostic tests.
- e. New Born Baby cover: Medical Expenses incurred towards treatment of New Born Baby up to the date of discharge of the Insured mother from the Hospital.
- f. Vaccination expenses for the new born baby incurred within one year of Birth.

A. Specific Conditions applicable to MATERNITY

- a. Coverage under MATERNITY is subject to a waiting period and co-payment if specified in Certificate of Insurance against this cover.
- b. Coverage under MATERNITY is only applicable to the females of age 18 years and above who are insured under the policy.
- c. If this benefit is mentioned in the Certificate of Insurance, then exclusion pertaining to Maternity (Maternity: Code – Excl18) shall be superseded ONLY to the extent of coverage provided under this benefit for the individual covered under this benefit.
- d. Claims for Pre-Natal Expenses and Post Natal Expenses shall be payable only if the same are incurred after this policy has been in-force



B. Specific Claim Documents applicable to MATERNITY

- a. Discharge summary
- b. Hospital bills
- c. Invoices of all expenses incurred
- d. Doctor's prescription
- e. Baby's Birth Certificate
- f. Medical history reports

3. HOSPITAL CASH - ACCIDENT & ILLNESS

If the Insured Person sustains an Injury or contracts an Illness which results in Hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital), the Company shall pay the per day Sum Insured mentioned in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalization post breach of time deductible.

A. Specific Conditions applicable to HOSPITAL CASH - ACCIDENT & ILLNESS

- a. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- b. The maximum number of days specified in the Certificate of Insurance shall include all days of admission of the Insured Person in the Intensive Care Unit (if applicable).
- c. Claim payable under this benefit shall be for each continuous and completed period of 24 hours of Hospitalization in accordance with the applicable time deductible as mentioned in the Certificate of Insurance.
- d. Claim payable under this benefit shall be upto the maximum number of days as mentioned in the Certificate of Insurance.
- e. Claims pertaining to Day care treatment shall not be covered under Hospital Cash – Accident & Illness

4. DENTAL EXPENSES

The Company shall reimburse the Insured Person expenses incurred in respect of the Medically Necessary Dental Treatment owing to sudden acute pain due to illness or injury to one or more sound natural teeth and requiring immediate medical attention and intervention for getting relief from such pain.

A. Specific Conditions applicable to DENTAL EXPENSES

- a. The Medically Necessary Dental Treatment must be taken from a dental Medical Practitioner
- b. The treatment must commence within the period of Insurance and also within 24 hours of the time the acute pain first occurs
- c. Specific exclusion 's' shall be superseded upto the extent of coverage provided under this benefit and shall be upto Sum Insured mentioned in Certificate of Insurance
- d. Claims pertaining to Medically Necessary Dental Hospitalizations shall be adjudicated only under **EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS** benefit of this policy all other admissible dental claims shall be payable under this benefit.
- e. Coverage under DENTAL EXPENSES is subject to a maximum number of visits covered and Maximum cost per incident as specified in Certificate of Insurance against this cover.

B. Specific Exclusions applicable to DENTAL EXPENSES

- a. Any routine dental examination
- b. Any Pre-existing disease or ailment
- c. Dentures including dental crowns, inlays and onlays
- d. Dental treatment that goes beyond treatment for pain relief as well as prophylactic dental treatment including plaque removal
- e. Corrective treatment incurred due to previously fitted dental implants, bridge, caps prior to policy inception date
- f. Any cosmetic dental treatment.
- g. Claims pertaining to Medically Necessary Dental Hospitalizations

C. Specific Claim Documents applicable to DENTAL EXPENSES

- a. Original Discharge or Treatment Summary issued by the Hospital or Dental Clinic
- b. Original Treatment Reports
- c. Original Invoices/Bills of medical expenses

5. RECUPERATION EXPENSES

Under this benefit, we will indemnify ONLY the below mentioned recuperation expenses incurred during the Period of Insurance

- a. Psychological therapy
- b. Speech Therapy
- c. Occupational therapy
- d. Physiotherapy
- e. Visits to Chiropractor
- f. Acupuncture

A. Specific conditions applicable to RECUPERATION EXPENSES

- a. We shall pay a claim under this benefit ONLY if the recuperation expenses are related to a hospitalization of the Insured Person due to Illness OR Injury during the Period of Insurance and a claim under **EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS** would be payable irrespective whether that benefit is in-force or not.
- b. Per session sub limit and maximum number of sessions under all above listed therapies put together that can be availed shall be applicable as specified in Certificate of Insurance

B. Specific Claim Documents applicable to RECUPERATION EXPENSES

- a. Invoices of all expenses incurred
- b. Doctor's prescription
- c. Medical history reports

6. EMERGENCY MEDICAL EVACUATION

Under this benefit the Company shall indemnify the Insured Person on cashless OR reimbursement basis for Air Ambulance transportation in an airplane or helicopter for Emergency Care

- i. From site of incident to the nearest Hospital for Emergency Care Hospitalization OR
- ii. from one Hospital to another nearest Hospital, following an Emergency Care Hospitalization, ONLY if adequate medical resources to stabilize the Insured were NOT available at the first hospital

A. Specific conditions applicable to EMERGENCY MEDICAL EVACUATION

- a. We shall pay a claim under this benefit ONLY if the EMERGENCY MEDICAL EVACUATION expenses are related to a hospitalization of the Insured Person due to Illness OR Injury during the Period of Insurance and a claim under **EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS** would be payable irrespective whether that benefit is in-force or not.
- b. The requirement of transportation in Air Ambulance must be certified in writing by the treating medical practitioner.
- c. The location/site of the incident must be such that transportation to the nearest hospital in a road ambulance is in NO way possible
- d. We shall not be liable to pay a claim under this benefit if medical treatment is available at the site of incident.
- e. Transportation in the Air Ambulance must be during the Period of Insurance.

B. Specific Claim Documents applicable to EMERGENCY MEDICAL EVACUATION

- a. Invoices of air ambulance expenses incurred
- b. Licence of the service provider
- c. Medical Practitioner certificate
- d. Details on the site of incident

7. PERSONAL ACCIDENT [PA]

Personal Accident benefit by default offers 2 sub covers as mentioned below having a common sum insured.

- a. Accidental Death
- b. Permanent Disablement – Accident

The Company's maximum liability under Personal Accident benefit is restricted to the Sum Insured specified in the Certificate of Insurance and the Coverage under Personal Accident benefit terminates on admissibility of Claim(s) equal to the Sum Insured.

In case of Accidental Death of Insured due to the same Injury for which a Permanent disablement – Accident claim has been made, the company shall be liable to pay only the remaining Sum Insured (if any) under the Personal Accident benefit.

7.a. ACCIDENTAL DEATH

The Company shall pay in Lump Sum an amount equal to the Sum Insured specified in the Certificate of Insurance if the Insured Person sustains injury which solely and directly results in Death of the Insured Person within twelve (12) months of its occurrence.

DISAPPEARANCE

The Company shall pay in Lump Sum an amount equal to the Sum Insured specified in the Certificate of Insurance in the event that Insured Person's body cannot be located within 365 Days;

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

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

If at any time, after the payment of the Accidental Death benefit, it is discovered that the Insured Person is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the Company.

A. Specific Claim Documents applicable to ACCIDENTAL DEATH

- a. Death Certificate
- b. Original death summary
- c. Post-mortem Certificate (if conducted)
- d. FIR (if applicable)



- e. Police Investigation report
- f. Legal Heir Certificate
- g. Succession Certificate

7.b. PERMANENT DISABLEMENT – ACCIDENT

If the Insured Person sustains Injury during the Period of Insurance, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, the Company will pay in Lump sum in accordance with the Benefit table given below, up to the maximum Sum Insured as mentioned in the Certificate of Insurance

BENEFIT TABLE A

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)	50%
12	Permanent Total Loss of Sight of one eye	50%

BENEFIT TABLE B

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

BENEFIT TABLE C

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	<i>Big – one joint</i>	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22	75%

BENEFIT TABLE D

S.No	The Disablement	% of Sum Insured Payable
1	Loss of sight on both eyes	125%
2	Loss of both hands	125%
3	Loss of both feet	125%
4	Loss of one hand and one foot	125%
5	Loss of one eye one hand	125%
6	Loss of one eye one foot	125%
7	Other total permanent disablement	125%
8	An arm at the shoulder joint	70%
9	An arm above the elbow joint	65%
10	An arm beneath the elbow joint	60%
11	A hand at the wrist	55%
12	A thumb	20%
13	An index finger	10%
14	Any other finger	5%
15	A leg above mid-thigh	70%
16	A leg upto mid-thigh	60%
17	A leg upto beneath the knee	50%
18	A leg upto mid-calf	45%
19	A foot at the ankle	40%
20	A large toe	5%
21	Any other toe	2%
22	Any eye	50%
23	Hearing loss on one ear	30%
24	Hearing loss on both ears	75%
25	Sense of smell	10%
26	Sense of taste	5%
27	Permanent disablement not otherwise provided for under Items 2-26	75%

B. Specific Conditions applicable to PERMANENT DISABLEMENT – ACCIDENT

- a. Only one Table out of Benefit Tables A, B, C & D can be opted
- b. The resultant Permanent Disablement must be listed in the opted benefit table and the same should be certified in writing by the **Medical Practitioner**.
- c. The Claim is admissible only with confirmatory diagnosis of Permanent Total Disablement while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)
- d. The total amount payable in respect of more than one disablement due to the same Injury is arrived at by adding together the various percentages of Sum Insured shown in the Table of Benefits subject to maximum of Sum Insured.
- e. Any claim amount admissible/paid during the Period of Insurance will reduce the Sum Insured payable for the Cover in respect of subsequent claims.
- f. If we have paid a claim for a particular Permanent Disability, then we shall not be liable to pay a claim in regard to the same disability again in the lifetime of the Policy

C. Specific Claim Documents applicable to PERMANENT DISABLEMENT – ACCIDENT

- a. Copy of MLC (Medico legal certificate) and FIR (First information report)
- b. Original Discharge summary from the hospital
- c. Disability certificate issued by Civil Surgeon or equivalent as authorized by the Government confirming the disability and its percentage
- d. Medical reports, case histories, investigation reports, treatment papers, all x-ray films as applicable
- e. Original photograph of the injured reflecting disablement
- f. Original treating doctor certificate describing disablement
- g. Prescription and consultation papers

8. PERSONAL ACCIDENT – COMMON CARRIER

Personal Accident – Common Carrier benefit by default offers 2 sub covers as mentioned below having a common sum insured.

- i. Accidental Death - Common Carrier
- ii. Permanent Disablement – Accident - Common Carrier

The Company's maximum liability under Personal Accident – Common Carrier benefit is restricted to the Sum Insured specified in the Certificate of Insurance.

The Coverage under Personal Accident – Common Carrier benefit (Accidental Death – Common Carrier & Permanent Disablement – Accident – Common Carrier) terminates on admissibility of Claim(s) equal to the Sum Insured.

In case claim under Personal Accident – Common Carrier benefit triggers customer shall receive payout under both Personal Accident benefit (if opted) and Personal Accident – Common Carrier benefit.

In case of Accidental Death of Insured due to the same Injury for which a Permanent disablement – Accident – Common Carrier claim has been made, the company shall be liable to pay only the remaining Sum Insured (if any) under the Personal Accident – Common carrier benefit.

8.a. ACCIDENTAL DEATH – COMMON CARRIER

The Company shall pay an amount equal to the Sum Insured specified in the Certificate of Insurance if the Insured Person sustains injury during the Period of Insurance while travelling in a Common Carrier which solely and directly results in Death of the Insured Person within twelve (12) months of its occurrence.

DISAPPEARANCE – COMMON CARRIER

The Company shall pay in Lump Sum an amount equal to the Sum Insured specified in the Certificate of Insurance in the event that Insured Person's body cannot be located within 365 Days;

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

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

If at any time, after the payment of the Accidental Death benefit, it is discovered that the Insured Person is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the Company.



A. Specific Claim Documents applicable to ACCIDENTAL DEATH – COMMON CARRIER

- a. Death Certificate
- b. Original death summary
- c. Post-mortem Certificate (if conducted)
- d. FIR (if applicable)
- e. Police Investigation report
- f. Legal Heir Certificate

8.b. PERMANENT DISABLEMENT – ACCIDENT - COMMON CARRIER

If the Insured Person sustains Injury during the Period of Insurance while travelling in a Common Carrier, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, the Company will pay in Lump Sum and in accordance with the Benefit table given below, up to the maximum Sum Insured as mentioned in the Certificate of Insurance

BENEFIT TABLE A

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)	50%
12	Permanent Total Loss of Sight of one eye	50%

BENEFIT TABLE B

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

BENEFIT TABLE C

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22	75%

BENEFIT TABLE D

S.No	The Disablement	% of Sum Insured Payable
1	Loss of sight on both eyes	125%
2	Loss of both hands	125%
3	Loss of both feet	125%
4	Loss of one hand and one foot	125%
5	Loss of one eye one hand	125%
6	Loss of one eye one foot	125%
7	Other total permanent disablement	125%
8	An arm at the shoulder joint	70%
9	An arm above the elbow joint	65%
10	An arm beneath the elbow joint	60%
11	A hand at the wrist	55%
12	A thumb	20%
13	An index finger	10%
14	Any other finger	5%
15	A leg above mid-thigh	70%
16	A leg upto mid-thigh	60%
17	A leg upto beneath the knee	50%
18	A leg upto mid-calf	45%
19	A foot at the ankle	40%
20	A large toe	5%
21	Any other toe	2%
22	Any eye	50%
23	Hearing loss on one ear	30%
24	Hearing loss on both ears	75%
25	Sense of smell	10%
26	Sense of taste	5%
27	Permanent disablement not otherwise provided for under Items 2-26	75%

B. Specific Conditions applicable to PERMANENT DISABLEMENT – ACCIDENT – COMMON CARRIER

- a. If **PERMANENT DISABLEMENT – ACCIDENT** benefit is opted then the Disablement table opted under the same shall be considered for this benefit.
- b. If **PERMANENT DISABLEMENT – ACCIDENT** benefit is NOT opted then only one Table out of Benefit Tables A, B, C & D must be opted
- c. The resultant Permanent Disablement must be listed in the opted benefit table and the same should be certified by the Medical Practitioner.
- d. The Claim is admissible only with confirmatory diagnosis of Permanent Total Disablement while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)
- e. The total amount payable in respect of more than one disablement due to the same Injury is arrived at by adding together the various percentages of Sum Insured shown in the Table of Benefits subject to maximum of Sum Insured. Any claim amount admissible/paid during the Period of Insurance will reduce the Sum Insured payable for the Cover in respect of subsequent claims.
- f. The total amount payable in respect of more than one disablement due to the same Injury is arrived at by adding together the various percentages of Sum Insured shown in the Table of Benefits subject to maximum of Sum Insured.

C. Specific Claim Documents applicable to PERMANENT DISABLEMENT – ACCIDENT – COMMON CARRIER

- a. Copy of MLC (Medico legal certificate) and FIR (First information report)
- b. Original Discharge summary from the hospital
- c. Disability certificate issued by Civil Surgeon or equivalent as authorized by the Government confirming the disability and its percentage
- d. Medical reports, case histories, investigation reports, treatment papers, all x-ray films as applicable
- e. Original photograph of the injured reflecting disablement
- f. Original treating doctor certificate describing disablement
- g. Prescription and consultation papers

9. REPATRIATION OF MORTAL REMAINS

In case of an unfortunate event leading to the Insured Person's death, we shall reimburse the expenses up to Sum Insured specified in the Certificate of Insurance against this cover incurred towards:

- i. Transportation of the deceased body/mortal remains and personal belongings of the deceased Insured Person back to India
- ii. Reasonable preparation of the body for transportation with minimally necessary container appropriate for transportation or cremation or embalming
- iii. Other permissions and paperwork associated with it.

A. Specific Conditions applicable to REPATRIATION OF MORTAL REMAINS

- a. Date of Death of Insured Person must fall within Period of Insurance

B. Specific Claim Documents applicable to REPATRIATION OF MORTAL REMAINS

- a. Death Certificate
- b. Passport of the Insured Person
- c. Invoices / Bills pertaining to repatriation of mortal remains charges incurred

10. FUNERAL EXPENSES

In case of any unfortunate event leading to the death of the Insured Person during the Period of Insurance, the Company shall reimburse the expenses incurred towards the burial or cremation of the Insured Person. Such burial could be anywhere in the world.

A. Specific Exclusions applicable to FUNERAL EXPENSES

- a. Any kind of charges related with Transportation of mortal remains

B. Specific Claim Documents applicable to FUNERAL EXPENSES

- a. Death certificate
- b. Original bills or payment receipts of burial expenses incurred

11. DELAY OF CHECKED-IN BAGGAGE [INDEMNITY]

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance in respect of expenses incurred in purchasing only any of the below listed essential items within 48 hours post expiry of the time deductible.

- a. clothing,
- b. toiletries
- c. medication

in the event that the Insured Person's checked-in baggage is delayed or misdirected beyond the Time Deductible mentioned in the Certificate of Insurance from the scheduled time of delivery by the Airline.

A. Specific Conditions applicable to DELAY OF CHECKED-IN BAGGAGE [INDEMNITY]

- a. The baggage must have been checked in as registered baggage by the airline operating under a license issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable under this cover.
- b. On discovering the delay of Checked - in Baggage, the Insured Person must obtain a relevant confirmation from the Airline and submit the same to the Company along with the documents evidencing their ownership of the baggage/item(s) in the event of a Claim.
- c. An Insured Person shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the airline concerned.
- d. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment
- e. Delay of Checked-in Baggage must occur during the Period of Insurance.
- f. DELAY OF CHECKED-IN BAGGAGE [INDEMNITY] shall also be provided for the journey where-in Insured person finally leaves India
- g. DELAY OF CHECKED-IN BAGGAGE [INDEMNITY] shall also be provided for the journey where -in the insured disembarks for the first time from the flight by which he has returned to India.

B. Specific Exclusions applicable to DELAY OF CHECKED-IN BAGGAGE [INDEMNITY]

- a. Chartered flights, unless such flights are registered in the International Data System.
- b. Confiscation of baggage by customs or any government authority.
- c. Baggage sent under an airway-bill or bill of lading.
- d. Delays due to a strike or industrial action existing or announced before the start of the journey.
- e. Delays due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.
- f. Cabin luggage or Hand baggage
- g. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage



- h. Delay of checked-in baggage on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force
- i. Loss of Checked-in baggage
- j. Purchase of any listed items after 48 hours post expiry of the time deductible

C. Specific Claim Documents and Provisions applicable to DELAY OF CHECKED-IN BAGGAGE [INDEMNITY]

- a. Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage;
- b. Voucher of the Airline for the delay in delivery of the Checked-In Baggage;
- c. Copies of correspondence exchanged, if any, with the Airline authority in connection with the delay in delivery of the Checked-In Baggage;
- d. A valid ticket / proof of travel to the location the Insured Person is travelling as a bonafide passenger.
- e. Copies of boarding pass and baggage slips
- f. Details of Compensation received from Airlines (if any)
- g. Bills of expenses incurred in purchasing essential items of clothing, toiletries and medication

12. DELAY OF CHECKED-IN BAGGAGE [BENEFIT]

The Company shall pay to the Insured Person the per hour Sum Insured as specified in the Certificate of Insurance for each completed hour that the Insured Person's checked-in baggage is delayed or misdirected beyond the Time Deductible mentioned in the Certificate of Insurance from the scheduled time of delivery by the Airline.

A. Specific Conditions applicable to DELAY OF CHECKED-IN BAGGAGE [BENEFIT]

- a. The baggage must have been checked in as registered baggage by the airline operating under a license issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable under this cover.
- b. On discovering the delay of Checked - in Baggage, the Insured Person must obtain a relevant confirmation from the Airline and submit the same to the Company along with the documents evidencing their ownership of the baggage/item(s) in the event of a Claim.
- c. An Insured Person shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the airline concerned.
- d. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment
- e. Delay of Checked-in Baggage must occur during the Period of Insurance.
- f. Claim payout under this benefit shall be for a maximum of 12 hours of delay post the breach of time deductible mentioned in the Certificate of Insurance
- g. DELAY OF CHECKED-IN BAGGAGE [BENEFIT] shall also be provided for the journey where-in Insured person finally leaves India
- h. DELAY OF CHECKED-IN BAGGAGE [BENEFIT] shall also be provided for the journey where -in the insured disembarks for the first time from the flight by which he has returned to India.

B. Specific Exclusions applicable to DELAY OF CHECKED-IN BAGGAGE [BENEFIT]

- a. Chartered flights, unless such flights are registered in the International Data System.
- b. Confiscation of baggage by customs or any government authority.
- c. Baggage sent under an airway-bill or bill of lading.
- d. Delays due to a strike or industrial action existing or announced before the start of the journey.
- e. Delays due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.
- f. Cabin luggage or Hand baggage
- g. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage
- h. Delay of checked-in baggage on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force
- i. Loss of Checked-in baggage



C. Specific Claim Documents and Provisions applicable to DELAY OF CHECKED-IN BAGGAGE [BENEFIT]

- a. Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage;
- b. Voucher of the Airline for the delay in delivery of the Checked-In Baggage;
- c. Copies of correspondence exchanged, if any, with the Airline authority in connection with the delay in delivery of the Checked-In Baggage;
- d. A valid ticket / proof of travel to the location the Insured Person is travelling as a bonafide passenger.
- e. Copies of boarding pass and baggage slips
- f. Details of Compensation received from Airlines (if any)

13. LOSS OF CHECKED-IN BAGGAGE (BENEFIT)

The Company shall pay in Lumpsum to the Insured Person an amount upto the Sum Insured mentioned in the Certificate of Insurance in the event that the Insured Person's Checked in baggage is completely lost or damaged beyond repair.

A. Specific Conditions applicable to LOSS OF CHECKED-IN BAGGAGE (BENEFIT)

- a. On discovering that Checked - in Baggage is completely lost, the Insured Person must obtain a relevant property irregularity report (PIR) from the Airline and submit the same to the Company along with the documents evidencing their ownership of the baggage/item(s) in the event of a Claim.
- b. In case only one piece of Checked – in baggage is lost then the Company shall pay in Lumpsum an amount equal to 50% of the Sum Insured mentioned in the Certificate of Insurance. In case more than one piece of Checked – in baggage is lost then the Company shall pay in Lumpsum an amount equal to 100% of the Sum Insured mentioned in the Certificate of Insurance.
- c. In case claim under this section is for loss due to damaged Checked-in baggage then we shall be liable to pay claim only if the bag is damaged beyond repair.
- d. The Company's liability shall not arise until liability is admitted by the Airline and supported by documentary proof issued by Airline.
- e. The Checked-in Baggage must be lost or totally damaged during the Period of Insurance.
- f. Claim under Loss of Checked-in Baggage occurring during the final return journey back to India wherein the loss happens overseas but realization of loss happens in India shall also be payable.

B. Specific Exclusions applicable to LOSS OF CHECKED-IN BAGGAGE (BENEFIT)

- a. Any loss of Checked-in baggage sent in advance or shipped separately
- b. Any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report (PIR) is not obtained
- c. Cabin luggage
- d. Partial loss of baggage or contents missing from the baggage.
- e. Partial damage of baggage
- f. Partial or complete damage to contents within the baggage.
- g. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage
- h. Loss of checked-in baggage on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force

C. Specific Claim Documents applicable to LOSS OF CHECKED-IN BAGGAGE (BENEFIT)

- a. Property Irregularity Report from the concerned authority
- b. Photos proving extent of damage
- c. Original tickets and boarding pass
- d. Baggage slips

14. FLIGHT DELAY

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance for expenses incurred on meals and Hotel Accommodation availed by the Insured Person(s)

If the scheduled departure of the confirmed Booked Flight in which he/she was scheduled to travel during the Period of Insurance is delayed beyond the number of hours as specified in the Certificate of Insurance solely due to any of the reasons mentioned below

- a. Occurrence of a Catastrophic event or an Act of terrorism at Flight departure city or destination city on or within 10 days preceding the day the Insured Person intends to board the flight which falls under the Policy Period subject to the policy being purchased before the said event
- b. Delay due to equipment failure of the Airplane.
- c. Delay due to operational problem at Airline's end like crew/staff scheduling issues.
- d. Delay due to a sudden Strike or any other action by employees of the Airline.
- e. Delay of Flight due to severe Weather

A. Specific Conditions applicable to FLIGHT DELAY

- a. Insured Person should have complied with the travel agent, tour operator and transport providers' contract terms including check-in requirements and arriving at the departure gate on time
- b. Insured Person should have actually boarded the delayed Flight
- c. In case of Flight delay by airline the reason for the same must be stipulated in writing by the Airline authority
- d. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment.

B. Specific Exclusions applicable to FLIGHT DELAY

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

- a. Strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an Insured Journey was booked.
- b. Change of laws, Regulations or orders issued by any Government or Public Authority or Aviation Authority.
- c. Cancellation of Flight due to any reason other than those specified above
- d. FLIGHT DELAY on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force

C. Specific Claim documents applicable to FLIGHT DELAY

- a. Invoice/Bills for expenses incurred on meals and Emergency Hotel Accommodation
- b. Copy of Travel ticket and boarding pass of the delayed Flight that was boarded by the Insured Person
- c. Letter from Airline authority certifying the reason of delay with actual time and scheduled time of departure and arrival at destination.



- d. Any amount/coupon received in the form of compensation from the Airline (if applicable)

15. FLIGHT CANCELLATION

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance for non-refundable flight cancellation expenses / accommodation expenses (only in case of diversion) incurred in the event that the Insured Person's confirmed booked flight in which he/she was scheduled to travel during the Period of Insurance is cancelled / diverted either by the Airline or cancelled by the Insured Person himself/herself solely due to any of the reasons mentioned below

Reasons for FLIGHT CANCELLATION by Airline

- a. Due to equipment failure of the Airplane.
- b. Due to operational problem at Airline's end like crew/staff scheduling issues.
- c. Due to a sudden Strike or any other action by employees of the Airline.
- d. Due to severe Weather

Reasons for FLIGHT CANCELLATION due to an unfortunate event

- a. Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- b. Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- c. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- d. The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- e. Death of the Insured Person or his/her Immediate family member
- f. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization
- g. Flight diverted to arrive at a different destination city by the Airline. OR the original place of departure is changed by the Airline.

A. Specific Conditions applicable to FLIGHT CANCELLATION

- a. In case of FLIGHT CANCELLATION due to an unfortunate event the Insured Person may opt for Flight cancellation benefit if any of the above conditions (a. to f.) triggers on or within 10 days preceding the day the Insured Person intends to board the flight. However, the policy should have been purchased before the occurrence of the said unfortunate event. Only in case of FLIGHT CANCELLATION due to unfortunate event the Insured Person may also choose to cancel his subsequent confirmed flights owing to the unfortunate circumstances.
- b. The expenses mentioned below shall be reimbursed in case of Diversion of Flight
 - i. If the original place of departure is changed by the Airline the travel expenses incurred to reach the revised point of departure shall be reimbursed
 - ii. If the flight is diverted to arrive at a different destination city by the Airline then travel expenses incurred to reach the original city of arrival shall be reimbursed
 - iii. If the flight is diverted to arrive at a destination city which is more than 500kms away as compared to the original destination ONLY then accommodation expenses for a maximum of 2 nights shall also be provided



- c. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment.
- d. Flight Cancellation can also trigger prior to commencement of Period of Insurance.
- e. FLIGHT CANCELLATION on any mode of transport other than Air/Flight shall not be payable unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force
- f. For claim to be admissible for diversion the Insured Person should have boarded the diverted flight. Claims shall not be admissible if the airline has offered an alternative transport or connection.

B. Specific Claim Documents applicable to FLIGHT CANCELLATION

- a. Copy of confirmed Flight ticket
- b. Letter from Airline Authority certifying the reason of cancellation in case flight was cancelled by the Airline
- c. Letter/Email from the Insured Person mentioning the reason of flight cancellation with the relevant proof in case flight was cancelled by the Insured Person.
- d. Medical reports and discharge summary in case of hospitalization
- e. Copy of death certificate in case of death
- f. Receipt/Invoice of cancellation of flight where in non-refunded expense/cancellation charges are mentioned along with amount refunded
- g. Any amount/coupon received in the form of compensation from the Airline (if applicable)

16. MISSED FLIGHT CONNECTION

The Company shall reimburse the Insured Person upto Sum Insured mentioned in the Certificate of Insurance for expenses incurred on accommodation and alternative flight booking (must be of the same class of original ticket purchased) to reach the intended destination of the missed flight, in case the Insured Person misses his immediate travel connection overseas during the Period of Insurance solely due to

- a. Delay in scheduled arrival of his inward flight by more than x hours **OR**
- b. Cancellation of his inward flight.

A. Specific Conditions applicable to MISSED FLIGHT CONNECTION

- a. The Insured Person(s) should have actually boarded the inward flight which was delayed OR in the event that the inward flight was cancelled claim should be payable under flight cancellation benefit for this benefit to trigger.
- b. The Insured Person must do everything reasonably possible to get to the international departure point by the time specified on his ticket.
- c. The delay must be authenticated by the Airline authority in writing.
- d. Claim in respect to accommodation shall be payable only if time between delayed arrival of inward flight and departure of rescheduled flight exceeds 12 hours
- e. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment.
- f. For this benefit to trigger Insured Person must board the rescheduled flight
- g. 'x' shall be the 'Deductible for Flight Connection' as opted and specified in the certificate of Insurance under MISSED FLIGHT CONNECTION coverage

B. Specific Exclusions applicable to MISSED FLIGHT CONNECTION

- a. Strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an Insured Journey was booked.
- b. The Insured Person's failure to arrive for the Flight's departure in sufficient time to complete all departure formalities in accordance with the Airline's published time schedule
- c. Any occasion when the Airline has offered a reasonable alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.
- c. MISSED FLIGHT CONNECTION on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force

C. Specific Claim Documents applicable to MISSED FLIGHT CONNECTION

- a. Letter from the airlines stating reason and duration of delay
- b. Original Invoice and payment receipt towards re-scheduled travel tickets
- c. Original bill of accommodation expenses (if accommodation was admissible and taken)
- d. Copy of Travel ticket and boarding pass of alternative travel arrangement made
- e. Any amount/coupon received in the form of compensation from the Airline (if applicable)

17. FLIGHT RESCHEDULING AND ALTERNATE BOOKING

The Company shall reimburse ONLY the differential fare amount to the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance incurred while booking an alternate flight OR while rescheduling a pre-booked flight in the event that the Insured Person's confirmed booked flight in which he/she was scheduled to travel during the Period of Insurance is cancelled solely due to any of the reasons mentioned below

A. Reasons for FLIGHT CANCELLATION

- a. Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- b. Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- c. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- d. The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- e. Death of the Insured Person or his/her Immediate family member
- f. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization
- g. Flight cancelled by airline due to any reason and details of the same are provided by the airline in writing.
- h. Delay of more than 6 hours of the pre-booked flight on which the insured was scheduled to travel.

B. Specific Conditions applicable to FLIGHT RESCHEDULING AND ALTERNATE BOOKING

- a. Insured person must board and travel by the Rescheduled / Alternate flight.
- b. For claim to be payable under this benefit the reason for flight cancellation as specified above must trigger during the Period of Insurance OR on or within 30 days preceding the day the Insured Person intends to board the said flight. However, the policy should have been purchased before the said event.
- c. The rescheduled / alternate flight booked must be of the same route and same class as the original scheduled flight.
- d. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment.
- e. In case multiple flights need to be rescheduled or alternate flights need to be booked then expenses pertaining to all such flight shall be payable through this benefit ONLY and upto the Sum Insured of this benefit ONLY.
- f. FLIGHT RESCHEDULING AND ALTERNATE BOOKING on any mode of transport other than Air/Flight shall not be payable unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force

C. Specific Claim Documents applicable to FLIGHT RESCHEDULING AND ALTERNATE BOOKING

- a. Copy of original confirmed Flight ticket
- b. Letter from Airline Authority certifying the reason of cancellation in case flight was cancelled by the Airline



- c. Letter/Email from the Insured Person mentioning the reason of flight cancellation with the relevant proof in case flight was cancelled by the Insured Person.
- d. Medical reports and discharge summary in case of hospitalization
- e. Copy of death certificate in case of death
- f. Receipt/Invoice pertaining to rescheduling of flight
- g. Receipt/Invoice pertaining to alternate flight booking
- h. Any amount/coupon received in the form of compensation from the Airline (if applicable)

18. TRIP DELAY

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in Certificate of Insurance for expenses as mentioned below in the event that Insured Person's trip is delayed during the Period of Insurance.

For the purposes of this benefit only the following expenses are payable

Non-refundable portions of booking cancellations in respect to activities and accommodation arrangements whose bookings were made in advance and were not availed owing to impact of flight delay or flight cancellation on scheduled trip itinerary.

A. Specific Conditions applicable to TRIP DELAY

This benefit shall only trigger if conditions mentioned in points a. or b. are fulfilled

- a. The scheduled arrival of the confirmed Booked Flight in which the Insured Person was scheduled to travel during the Period of Insurance and reach the city of the event/activity/accommodation was delayed beyond the number of hours as specified in the Certificate of Insurance against this cover, solely due to any of the reasons mentioned below and the Insured Person had boarded such delayed flight.
 - i. Occurrence of a Catastrophic event or an Act of terrorism at Your Flight departure city or destination city or transit city on or within 10 days preceding the day the Insured Person intends to board the flight which falls under the Policy Period subject to the policy being purchased before the said event
 - ii. Delay due to equipment failure of the Airplane.
 - iii. Delay due to operational problem at Airline's end like crew/staff scheduling issues.
 - iv. Delay due to a sudden Strike or any other action by employees of the Airline.
 - v. Delay of Flight due to severe Weather

- b. The Insured Person's confirmed booked flight in which he/she was scheduled to travel during the Period of Insurance and reach the city of the activity/accommodation is cancelled either by the Airline or the Insured Person himself/herself solely due to any of the reasons mentioned below
 - i. **Reasons for FLIGHT CANCELLATION by Airline**
 - 1) Due to equipment failure of the Airplane.
 - 2) Due to operational problem at Airline's end like crew/staff scheduling issues.
 - 3) Due to a sudden Strike or any other action by employees of the Airline.
 - 4) Due to severe Weather

 - ii. **Reasons for FLIGHT CANCELLATION by Insured Person due to an unfortunate event** wherein any of the below event occurs on or within 10 days preceding the day the Insured Person intends to board the flight reach the city of the event/activity/accommodation or commence his Trip
 - 1) Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).

- 2) Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- 3) Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- 4) The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- 5) Death of the Insured Person or his/her Immediate family member
- 6) Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization

B. Additional Conditions applicable to TRIP DELAY

- a. The Activity Ticket should have been booked in the name of the Insured Person only.
- b. The activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- c. The Hotel/accommodation must be a property for commercial use only
- d. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.
- e. The activity / accommodation booking must be for an activity / accommodation outside India and within the geographical scope mentioned in the certificate of insurance.
- f. Any Travel related bookings where-in Insured person is travelling as a fare paying passenger on a common carrier shall not be payable.

C. Specific Claim Documents applicable to TRIP DELAY

- a. Receipt/Invoice of payment & cancellation of pre-booked and confirmed accommodation, events and activities where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- b. Copy of Travel ticket and boarding pass of flight boarded to pursue the original trip itinerary along with time of arrival at the destination
- c. In case of Flight delay by airline the reason for the same must be stipulated in writing by the Airline authority
- d. Letter from Airline Authority certifying the reason of cancellation in case flight was cancelled by the Airline
- e. Letter/Email from the Insured Person mentioning the reason of flight cancellation with the relevant proof in case flight was cancelled by the Insured Person.
- f. Medical reports and discharge summary in case of hospitalization
- g. Copy of death certificate in case of death

19. TRIP CANCELLATION

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in Certificate of Insurance for non-refundable expenses arising out of cancellation of the below:

- i. pre-booked confirmed accommodation
- ii. pre-booked activities

A. Specific Reasons for TRIP CANCELLATION

The Company shall reimburse expenses under this cover if the Trip is cancelled only due to any of the reasons mentioned below and the same is notified to us by the Insured Person:

- a. Occurrence of a Catastrophic event or an Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- b. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- c. The Insured Person is called as a witness at a Court of Law.
- d. Death of the Insured Person or his/her Immediate family member
- e. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization

Insured Person may opt for Trip cancellation benefit if any of the above conditions (a. to e.) triggers on or within 10 days preceding the day the Insured Person intends to board his initial flight which would have commenced the Period of Insurance, subject to the policy being purchased before the said event.

B. Specific Conditions applicable to TRIP CANCELLATION

- a. Trip Cancellation can trigger only prior to commencement of Period of Insurance.
- b. In case we have paid a claim under any benefit of this policy except Flight Cancellation benefit then Trip Cancellation benefit shall not trigger
- c. The Activity Ticket should have been booked in the name of the Insured Person only.
- d. The Activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- e. The Hotel/accommodation must be a property for commercial use only
- f. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.

C. Specific Exclusions applicable to TRIP CANCELLATION

- a. Claims where-in Insured person was aware about facts or matters which could have resulted in cancellation of the trip.
- b. Any Travel related bookings where-in Insured person is travelling as a fare paying passenger on a common carrier shall not be payable.

D. Specific Claim Documents applicable to TRIP CANCELLATION

- a. Letter/Email from the Insured Person mentioning the reason of trip cancellation with relevant proof.



- b. Receipt/Invoice of payment & cancellation of pre-booked and confirmed accommodation, events, activities where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- c. Medical reports and discharge summary wherever applicable
- d. Copy of death certificate in case of death.
- e. Proof of expenses made in advance on confirmed accommodation, events and activities for the trip

20. TRIP CURTAILMENT

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in Certificate of Insurance for non-refundable expenses arising out of cancellation of the below if the same arise post trip curtailment:

- i. pre-booked confirmed accommodation
- ii. pre-booked activities
- iii. The actual cost of economy class (most basic economy class) flight ticket to return back to India due to Trip Curtailment **OR** The differential Cost of rescheduling pre-booked confirmed Flight to return back to India due to Trip Curtailment.

A. Specific Reasons for TRIP CURTAILMENT

The Company shall reimburse expenses under this cover if the Trip is curtailed during the Period of Insurance solely due to any of the reasons mentioned below

- a. Death of the Insured Person or his/her Immediate family member during the Period of Insurance
- b. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of hospitalization that commenced during the Period of Insurance.
- c. Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- d. Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- e. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- f. Termination from employment or Layoff of the Insured Person during the Period of Insurance.

B. Specific Conditions applicable to TRIP CURTAILMENT

- a. The Insured Person should have started the trip and the unfortunate event should occur during the Period of Insurance
- b. Post Trip Curtailment Insured Person must return to India without further pursuing the original scheduled trip itinerary.
- c. The Company's liability will be reduced by any sum for which the Airline is liable to make payment.
- d. The Activity Ticket should have been booked in the name of the Insured Person only.
- e. The Activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- f. The Hotel/accommodation must be a property for commercial use only
- g. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.

C. Specific Exclusions applicable to TRIP CURTAILMENT

- a. Claims where-in Insured person was aware about facts or matters which could have resulted in curtailment of the trip.
- b. Any Travel related bookings where-in Insured person is travelling as a fare paying passenger on a common carrier shall not be payable except the below.



- i. The actual cost of economy class (most basic economy class) flight ticket to return back to India due to Trip Curtailment **OR**
- ii. The differential Cost of rescheduling pre-booked confirmed Flight to return back to India due to Trip Curtailment

D. Specific Claim Documents applicable to TRIP CURTAILMENT

- a. Letter/Email from the Insured Person during the Period of Insurance mentioning the reason of trip curtailment with the relevant proof.
- b. Receipt/Invoice of payment & cancellation of pre-booked and confirmed accommodation, events, activities where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- c. Copy of Travel ticket and boarding pass of Flight boarded by the Insured Person that denotes commencement of Period of Insurance.
- d. Medical reports and discharge summary
- e. Copy of death certificate in case of death.
- f. Proof of expenses made in advance on confirmed accommodation, events and activities for the trip
- g. Invoice Copy of Ticket along with boarding pass of the Flight boarded to return back to India following trip curtailment

21. BOUNCED BOOKING - HOTEL

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance in respect of the expenses incurred towards alternate accommodation arrangement in case the Insured Person's original hotel booking wherein he was scheduled to stay during the Period of Insurance is bounced due to over booking.

A. Specific Conditions applicable to BOUNCED BOOKING - HOTEL

- a. Claim under this benefit shall be admissible only in case of over booking by the hotel and the Insured Person has a confirmed booking in advance and should have written proof of the same.
- b. For **Hotel** overbooking,
 - i. the overbooked portion of the hotel stay must include the first night stay
 - ii. the overbooking must happen at the time of check-in
 - iii. the Company will reimburse the difference between the original booking amount and the new booking amount, less any refund/compensation given by the hotel, for the number of nights that are overbooked
 - iv. the new booking must be for up to the number of nights overbooked in same room class of a similar hotel. Upgradation to higher class will be considered in case similar alternate arrangement is not available.
 - v. the Company will not be liable for nights on the original booking that were not overbooked

B. Specific Exclusions applicable to BOUNCED BOOKING - HOTEL

- a. Any hotel bookings which are allotted to hotel staff or under any special hotel industry employee scheme
- b. Any hotel bookings made within 5 days of hotel check-in date
- c. Any Wait listed bookings

C. Specific Claim Documents applicable to BOUNCED BOOKING - HOTEL

- a. A confirmation from the accommodation provider of the bounced booking having occurred solely at their instance and responsibility along with reason.
- b. Original and Alternate accommodation booking invoice and payment receipts
- c. Refund invoice from the accommodation provider along with any non-refundable charges (if any)
- d. Any amount/coupon received in the form of compensation from the accommodation provider (if applicable)

22. BOUNCED BOOKING - AIRLINE

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance in respect of the expenses incurred towards alternate travel in case the Insured Person's original Flight in which he was supposed to travel during the period of insurance is bounced due to over booking.

A. Specific Conditions applicable to BOUNCED BOOKING - AIRLINE

- a. Claim under this benefit shall be admissible only in case of over booking by the airline and the Insured Person has a confirmed booking in advance and should have written proof of the same.
- b. For **Airline** overbooking,
 - i. an option of a free replacement flight within 6 hours from the departure of the original overbooked flight must not be available to the Insured Person
 - ii. the Insured Person must cancel the originally booked flight and purchase a new flight of the same class
 - iii. the Company will reimburse the difference between the original airfare amount and the reasonable new airfare amount, less any refund/compensation given by the airline.

B. Specific Exclusions applicable to BOUNCED BOOKING - AIRLINE

- a. Any air tickets which are allotted to airline staff or under any special travel industry employee scheme
- b. Any air ticket bookings made within 5 days of scheduled flight departure
- c. Any Wait listed bookings

C. Specific Claim Documents applicable to BOUNCED BOOKING - AIRLINE

- a. A confirmation from the Airline and/or accommodation provider of the bounced booking having occurred solely at their instance and responsibility along with reason.
- b. Original and Alternate travel ticket invoice and payment receipts
- c. Refund invoice from airline provider along with any non-refundable charges (if any)
- d. Any amount/coupon received in the form of compensation from the Airline (if applicable)

23. THEFT OF BAGGAGE AND ITS CONTENTS

The Company shall pay the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance in case of theft of Baggage or its content owned by the Insured Person or allotted to Insured person by his employer. The baggage must have been in custody of the Insured Person at the time of theft.

Reimbursement for theft of baggage / items in baggage shall be upto Sum Insured and applicable depreciation shall be deducted per item as stipulated basis the below table.

Age of Content (in months)	0-12	13-24	25-36	37-48	49-60	>60
Applicable Depreciation per item (in %)	50%	70%	75%	80%	90%	95%

A. Specific Conditions applicable to THEFT OF BAGGAGE AND ITS CONTENTS

- a. Theft of baggage / items in baggage must occur during Period of Insurance.
- b. For Claim to be paid under this benefit submission of FIR is must
- c. Claim shall be admissible only if original bills of such items are submitted. Depreciation for each item shall be calculated on final paid amount specified in such bills.

B. Specific Exclusions applicable to THEFT OF BAGGAGE AND ITS CONTENTS

- a. Theft of cash, currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities / documents / 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 and for which FIR is not filed within twenty four (24) hours of the incident
- d. Theft of passport
- e. Theft of International driving license
- f. Theft of Checked in Baggage
- g. Theft of Laptop or Tablet or Camera or Mobile Phone and pertaining accessories
- h. Any claim related to any type of damage to baggage / items in baggage
- i. Any claim wherein supporting bills specific to the stolen asset are not available
- j. Theft of Jewellery

C. Specific Claim Documents applicable to THEFT OF BAGGAGE AND ITS CONTENTS

- a. Copy of FIR / police report obtained within 24 hours of the incident
- b. Bills / invoices of stolen baggage and/or contents within
- c. In case stolen item is allotted by employer then written proof from the employer stating the same

24. THEFT OF ELECTRONIC GADGET

The Company shall pay the Insured Person up to the Sum Insured mentioned in the Certificate of Insurance in the event that one or more Electronic Gadgets owned by the Insured Person or allotted to Insured person by his employer is stolen during the period of insurance. The Electronic Gadgets must have been in custody of the Insured Person at the time of theft.

A. Specific Conditions applicable to THEFT OF ELECTRONIC GADGET

- a. Reimbursement shall be processed after the applicable depreciation is deducted as per the below table

Age of Gadget (in Months)	0-12	13-24	25-36	37-48	49-60	>60
Applicable Depreciation per item (in %)	50%	70%	75%	80%	90%	95%

- b. For Claim to be paid under this benefit submission of FIR is must
c. Claim shall be admissible only if original bills of such items are submitted. Depreciation for each item shall be calculated on final paid amount specified in such bills.

B. Specific Definitions applicable to THEFT OF ELECTRONIC GADGET

- a. For the purpose of this benefit, an Electronic Gadget shall only mean a Laptop, a Tablet, a Camera, Smart Watch, Ear pods, and other portable electronic devices designed to have a main function of communication, computing, entertainment, navigation or and capable of being powered by their own internal battery.

C. Specific Exclusions applicable to THEFT OF ELECTRONIC GADGET

- a. Any loss of item sent in advance or mailed or shipped separately
- b. Any item that was in checked-in baggage lost by common carrier
- c. Loss, delay or confiscation or detention by customs, police or public authorities.
- d. Any loss of software or data in the Electronic Gadget and any consequential loss
- e. Any kind of damage to the item
- f. aesthetic defects
- g. Loss arising from any reason, other than Theft
- h. Loss or Theft of Mobile phones or desktops
- i. Theft of an electronic gadget whilst in the custody of any persons, other than the Insured Person.
- j. Loss occasioned through the willful act of the Insured Person or any willful act of any other person with a connivance of the Insured.
- k. Theft due to negligent behaviour on the part of Insured Person
- l. Loss/Theft of any accessory pertaining to the covered Electronic Gadget
- m. Any theft that is not reported to the appropriate police authority and for which FIR is not filed within twenty four (24) hours of the incident

D. Specific Claim Documents applicable to THEFT OF ELECTRONIC GADGET

- a. Original purchase invoice and payment receipt of the stolen Electronic Gadget
- b. Copy of FIR / police report obtained within 24 hours of becoming aware of the loss/theft



- c. In case stolen item is allotted by employer then written proof from the employer stating the same

25. THEFT OF MOBILE PHONE

The Company shall pay the Insured Person up to the Sum Insured mentioned in the Certificate of Insurance in the event that the mobile phone owned by the Insured Person or allotted to Insured person by his employer is stolen during the period of insurance. The mobile phone must have been in custody of the Insured Person at the time of theft.

A. Specific Conditions applicable to THEFT OF MOBILE PHONE

- a. Reimbursement shall be processed after the applicable depreciation is deducted as per the below table

Age of Mobile phone (in months)	0-12	13-24	25-36	37-48	49-60	61 & above
Applicable Depreciation per item (in %)	50%	70%	75%	80%	90%	95%

- b. For Claim to be paid under this benefit submission of FIR is must
c. For Claim to be paid under this benefit submission of Invoice/Bill of purchase of the stolen Mobile phone is must. Depreciation for each mobile phone shall be calculated on final paid amount specified in such bills

B. Specific Exclusions applicable to THEFT OF MOBILE PHONE

- Mobile phone that was in checked-in baggage lost by common carrier
- Loss, delay or confiscation or detention by customs, police or public authorities.
- Any loss of software or data in the Mobile phone and any consequential loss
- Any kind of damage to the mobile phone
- Theft of any item other than a Mobile phone
- Theft of the mobile phone whilst in the custody of any persons, other than the Insured Person.
- Theft due to negligent behaviour on the part of Insured Person
- Theft of any accessory pertaining to the Mobile phone
- Any theft that is not reported to the appropriate police authority and for which FIR is not filed within twenty four (24) hours of the incident

C. Specific Claim Documents applicable to THEFT OF MOBILE PHONE

- Original purchase invoice and payment receipt of the stolen Mobile phone
- Copy of FIR / police report obtained within 24 hours of the incident
- In case stolen item is allotted by employer then written proof from the employer stating the same

26. FRAUDULENT TRANSACTIONS ON PAYMENT CARDS

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance for amount lost due to fraudulent transaction on the Insured Person's lost or stolen payment card up to 12 hours prior to the Insured Person first reporting the event to his payment card issuer(s). if the payment card is lost or stolen during the Period of Insurance.

A. Specific Definitions applicable to FRAUDULENT TRANSACTIONS ON PAYMENT CARDS

- a. For the purpose of this benefit the type of payment cards is restricted to
- Credit cards
 - Debit cards
 - Forex cards

B. Specific Conditions applicable to FRAUDULENT TRANSACTIONS ON PAYMENT CARDS

- a. Claim under this section will only be payable if the payment card is in the name of Insured person & is lost or stolen during the Period of Insurance.
- b. The loss or theft must necessarily be reported to the appropriate police authority and due FIR /police report must be obtained within twenty four (24) hours of the incident

C. Specific Exclusion applicable to FRAUDULENT TRANSACTIONS ON PAYMENT CARDS

- a. Any Claims where the loss can or could have been recovered from any other source.
- b. Any claims where-in the loss/theft of payment card for which police report is not filed within 24 hours of the incidence.
- c. Any costs incurred in procurement of a new card.
- d. Any claims arising out of, or in connection with any contractual liability.
- e. Any financial loss or liability due to misuse of card occurring after the time of reporting the loss or Theft to the issuing bank
- f. Any claim, which is in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured Person or by any person acting on behalf of the Insured Person.
- g. Any claim arising out of a loss where Insured Person has left the card unattended.

D. Specific Claim Documents Applicable to FRAUDULENT TRANSACTIONS ON PAYMENT CARDS

- a. Copy of FIR / police report obtained within 24 hours of the loss/theft.
- b. Letter / Email from Insured Person reporting the loss of payment card to the issuing authority
- c. Card / account showing disputed transactions
- d. Bank investigation report confirming the loss

27. LOSS OF PASSPORT

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance for expenses incurred in obtaining a new/duplicate passport, in the event that the Insured Person's passport is lost during the Period of Insurance.

A. Specific Conditions applicable to Loss of Passport

- a. The loss or theft must necessarily be reported to the appropriate police authority and due FIR must be lodged within twenty four (24) hours of the incident

B. Specific Exclusions applicable to Loss of Passport

- a. Loss of the passport due to confiscation or detention by the customs, police or public authorities
- b. Ancillary costs involved like, cost of transportation,

C. Specific Claim documents applicable to Loss of Passport

- a. Copy of new passport,
- b. Copy of previous passport (if available),
- c. Original bills / invoices of expenses incurred for obtaining a new/duplicate passport
- d. Copy of FIR / police report obtained within 24 hours of becoming aware of the loss

28. LOSS OF INTERNATIONAL DRIVING LICENSE

The Company shall reimburse the Insured Person, upto the Sum Insured mentioned in the Certificate of Insurance for expenses incurred in obtaining a new/duplicate international driving license either overseas or within 120 days of his return to India, in the event that the Insured Person's international driving license is lost during the Period of Insurance.

A. Specific Conditions applicable to LOSS OF INTERNATIONAL DRIVING LICENSE

- a. The loss or theft must necessarily be reported to the appropriate police authority and due FIR must be lodged within twenty four (24) hours of the incident

B. Specific Exclusions applicable to LOSS OF INTERNATIONAL DRIVING LICENSE

- a. Loss of the international driving license due to confiscation or detention by the customs, police or public authorities.

C. Specific Claim Documents applicable to LOSS OF INTERNATIONAL DRIVING LICENSE

- a. Copy of the new international driving license,
- b. Copy of the previous international driving license (if available),
- c. Original bills / invoices of expenses incurred for obtaining a new/duplicate international driving license
- d. Copy of FIR / police report obtained within 24 hours of becoming aware of the loss

29. VISA REJECTION

The Company reimburse the Insured Person upto the Sum Insured specified in the Certificate of Insurance towards the cost of Visa application fees if the visa application of Insured Person is rejected by the Visa consulate or embassy.

A. Specific Conditions applicable to VISA REJECTION

- a. Insured must have submitted all the valid documents in order as directed by the Embassy of the respective Country for which the Visa is being applied
- b. Visa application should be filed with the respective Embassy well in advance and as per the prescribed processing time, if any
- c. Visa Rejection cover should have been in force at least 30 days prior to Visa Interview date (unless explicitly specified otherwise in the Certificate of Insurance).

B. Specific Exclusions applicable to VISA REJECTION

- a. Any convenience fees /agent fees/consultancy fees included in visa application fees if applied with the help of any agent or any consultant
- b. Cancellation of visa by Insured Person
- c. Rejection of Visa if the Insured Person is unable to attend visa interview due to any reason
- d. Rejection of Visa caused due to change in laws, regulations or orders issued by any domestic or foreign Government body or the regulating authority which was publicly announced before or after submitting Visa Application.
- e. Rejection of Visa applied after any restrictions imposed by the government on travel to destination place.
- f. Contractual breach or non-adherence to the terms and conditions of Visa embassy.
- g. Person with any criminal records applying for visa.
- h. War, invasion, act of foreign enemy, hostilities or warlike operations (whether war is declared or not), civil war.
- i. Mutiny, military rising, insurrection, rebellion, revolution, military or usurped power, martial law or state of siege, nationalization, confiscation, requisition, seizure or loss of or damage to property by order of the government or by any public authority.
- j. Rejection of Visa applied due to Illegal or malicious act of the Insured Person.
- k. Rejection of Visa due to Incomplete or no proof of travel itinerary & accommodation, if such proof is a pre requisite for obtaining a visa.
- l. Visa cancellation for work Visa or any of such kind for work purpose/permit.
- m. Visa application for Student Visa irrespective of course duration and type.
- n. Past travel history which has resulted in deporting from the said country.

C. Specific Claim Documents applicable to VISA REJECTION

- a. Letter/Email of rejection with reason of rejection (if available) from the embassy
- b. Passport copy of the insured
- c. Copy of the Visa submitted reference number / receipt document copy
- d. Visa appointment letter
- e. Visa application by the traveller/agent with the confirmation of the date/time stamp
- f. Copy of confirmed travel ticket and Accommodation booking

30. HIJACK DISTRESS ALLOWANCE (LUMPSUM)

The Company shall pay to the Insured Person in Lump Sum the amount specified in the Certificate of Insurance against this cover if the Insured Person is travelling on board a Common Carrier which is Hijacked during the Period of Insurance.

A. Specific Conditions applicable to HIJACK DISTRESS ALLOWANCE (LUMPSUM)

- a. The hijack needs to be confirmed and declared by the government and/or Common Carrier authority.
- b. Claim under this benefit shall be payable only if the Insured Person is travelling on the Common Carrier as a fare paying passenger.
- c. Claim under this benefit shall be payable only if the hijack exceeds the time period specified as deductible in the certificate of insurance.
- d. Exclusion pertaining to terrorism shall be superseded for claim to be payable under this benefit.

B. Specific Definitions applicable to HIJACK DISTRESS ALLOWANCE (LUMPSUM)

- a. Hijack means the unlawful seizure or wrongful exercise of control of a Common Carrier, in which the Insured Person is travelling as a fare paying passenger.

C. Specific Exclusions applicable to HIJACK DISTRESS ALLOWANCE (LUMPSUM)

- a. Any claim where the Insured Person is considered as the principal or accessory or is in anyway involved with the Hijacking
- b. Any claim as a consequence of change in the direction of the route of the Common Carrier due to traffic, weather, fuel shortage, technical snag or security reasons

D. Specific Claim Documents applicable to HIJACK DISTRESS ALLOWANCE (LUMPSUM)

- a. Document from government and/or Common Carrier authority confirming Hijack and its duration
- b. Copy of Hijacked Common Carrier ticket along with boarding pass

31. EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON

If during the Period of Insurance, the Insured Person sustains an Injury or Illness which results in Hospitalization of the Insured Person for at least 'x' continuous days and this in turn leads to the Insured Person missing his original scheduled forthcoming flight, then the Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance, for the actual expenses incurred on Hotel accommodation, until the Insured Person's re-scheduled departure back to India / subsequent destination as per scheduled trip itinerary or for a maximum of 10 days after the date of discharge, whichever is the earlier.

A. Specific Conditions applicable to EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON

- a. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- b. In the event that Insured Person is discharged but unable to undertake the journey on his originally scheduled forthcoming flight then for claim to be admissible the same must be supported with written advice of the treating Medical practitioner.
- c. 'x' shall be the 'Number of Continuous days of Hospitalization for Emergency Hotel Accommodation for Insured Person' as opted and specified in the certificate of Insurance under EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON coverage

B. Specific Exclusions applicable to EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON

- a. Any kind of expenses related to meals and transportation are not payable under this benefit

C. Specific Claim Documents applicable to EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON

- a. Original Flight ticket booking invoices
- b. Re-scheduled Flight ticket booking invoices and boarding pass
- c. Original Invoices/Bills of accommodation availed
- d. Letter from Medical Practitioner advising travel avoidance (if applicable)

32. EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER

If during the Period of Insurance, the Insured Person sustains an Injury or contracts Illness which results in Hospitalization of the Insured Person for at least 'x' continuous days, the Company shall reimburse the Insured Person the actual cost of round trip economy class (most basic economy class) Flight tickets upto the Sum Insured mentioned in the Certificate of Insurance for one Immediate Family Member to attend to the Insured Person's medical emergency during his visit overseas.

A. Specific Conditions applicable to EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. This coverage shall be provided only if treating Medical Practitioner has advised in writing the necessity of the attendance of an Immediate Family member
- b. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- c. To and fro journey of Insured Person's Immediate Family member must be completed at most within 45 days from expiration date of the period of Insurance of that particular trip.
- d. The round trip tickets booked must be by the most direct route possible from the Country of Residence of an Immediate Family member to the place of Hospitalization of the Insured Person
- e. This benefit shall trigger provided that no Immediate Family Member is there to attend to the Insured Person's medical emergency during his visit overseas.
- f. 'x' shall be the 'Number of Continuous days of Hospitalization for Emergency Travel Expenses for Immediate Family member' as opted and specified in the certificate of Insurance under EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER coverage

B. Specific Exclusions applicable to EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. Any kind of expenses related to meals, accommodation or transportation (except the round trip Flight tickets) are not payable under this benefit

C. Specific Claim Documents applicable to EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. Report from the treating doctor advising the requirement of support from immediate family member
- b. Discharge Summary
- c. Round trip tickets along with boarding pass of the Flight
- d. Documents establishing the relation of Immediate Family member with Insured Person

33. EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER

If during the Period of Insurance, the Insured Person sustains or contracts Injury or Illness which results in Hospitalization of the Insured Person for at least 'x' continuous days, the Company shall reimburse the actual cost of accommodation upto the Sum Insured mentioned in the Certificate of Insurance for one Immediate Family Member of the Insured Person to attend to the Insured Person's medical emergency during his visit overseas.

A. Specific Conditions applicable to EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. This coverage shall be provided only if treating Medical Practitioner has advised in writing the necessity of the attendance of an Immediate Family member
- b. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- c. This benefit shall trigger provided that no Immediate Family Member is there to attend to the Insured Person's medical emergency during his visit overseas.
- d. 'x' shall be the 'Number of Continuous days of Hospitalization for Emergency Accommodation Expenses for Immediate Family member' as opted and specified in the certificate of Insurance under EMERGENCY ACCOMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER coverage

B. Specific Exclusions applicable to EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. Any kind of expenses related to meals or transportation are not payable under this benefit

C. Specific Claim Documents applicable to EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. Report from the treating doctor advising the requirement of support from immediate family member
- b. Discharge Summary
- c. Receipts for accommodation expenses incurred
- d. Documents establishing the relation of Immediate Family member with Insured Person

34. EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN

The Company shall reimburse the Insured Person up to the Sum Insured mentioned in the Certificate of Insurance against this cover for the below mentioned expenses in the event of the Insured Person's unfortunate death or if the Insured Person sustains an Injury or contracts an Illness, during the Period of Insurance, which results into Hospitalization of the Insured Person for at least 'x' continuous days and the Insured Person is unable to accompany the Children on their originally scheduled journey back.

- a. The actual travel expenses incurred on economy class (most basic economy class) Flight ticket to return the Insured Person's minor child (or children) to their Country of Residence
- b. the actual accommodation and round trip expenses incurred on economy class (most basic economy class) Flight tickets for an Immediate Family member to accompany the Insured Person's minor children to their Country of Residence provided that no Immediate Family Member is present at the place where Insured Person is hospitalized OR Expenses incurred for availing services of an escort to accompany the minor child (or children) to his Country of Residence.
- c. Accommodation expenses for Insured Persons Minor Children until they are sent back to their Country of Residence
- d. Expenses incurred on services availed from an attendant to ensure wellbeing and safety of Insured Persons Minor Children until they are sent back to their Country of Residence.

A. Specific Conditions applicable to EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN

- a. The Company shall pay for travel expenses for a maximum of two minor children whose age does not exceed 18 years at the start of Period of Insurance.
- b. This benefit shall trigger if the Insured Person is the only companion of the minor child (or children) and the children are not able to return to India on the scheduled date owing to the Insured Person's hospitalization.
- c. To and fro journey of Insured Person's Immediate Family member and journey of the child/children back to India must be completed at most within 5 days from the day the Insured Person was discharged.
- d. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- e. It is necessary that the Insured Person's Minor children availing this benefit are covered under this policy.
- f. Claim under this benefit shall be payable from the Hospitalized Insured Person's Sum Insured as mentioned in the Certificate of Insurance.
- g. Any refund amount received upon cancellation or reschedule of originally scheduled Flight tickets of Minor Children shall be deducted at the time of paying claim.
- h. 'x' shall be the 'Number of Continuous days of Hospitalization for Emergency Travel Expenses for Insured Person's minor Children' as opted and specified in the certificate of Insurance under EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN coverage



B. Specific Exclusions applicable to EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN

- a. Any kind of expenses related to meals, or transportation (except the flight tickets) are not payable under this benefit

C. Specific Claim Documents applicable to EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN

- a. Original Discharge Summary of the Insured Person
- b. Original Invoices/Bills along with boarding pass related to travel and accommodation of Minor Children
- c. Original Invoices/Bills along with boarding pass related to travel and accommodation of Immediate Family Member (if applicable)
- d. Original Invoices/Bills related to Attendant services and/or Escort services availed (if applicable)
- e. Documents establishing the relation of Minor children with Insured Person
- f. Documents establishing the relation of Immediate Family member with Insured Person (if applicable)
- g. Invoice of refund received upon cancellation/reschedule of Flight tickets of Minor Children

35. PERSONAL LIABILITY

The Company shall reimburse the Insured Person upto the amount mentioned in the Certificate of Insurance for actual legal liability arising on account of Insured Person's negligence occurring during the Period of Insurance for which a civil claim is made or suit is brought against the Insured Person by a third party and the Insured Person has intimated the Company not later than 60 days from the date of event or first intimation to the insured of the suit, whichever is earlier solely for the below mentioned causes

- a. Accidental Injury to Third Parties
- b. Property damage to Third Parties

The Company shall also indemnify the Insured Person towards the cost of legal defense incurred, upon the prior written consent of the Company

A. Specific Conditions applicable to PERSONAL LIABILITY

The Company's liability towards the Insured Person will be determined by a foreign court of law or otherwise as mutually agreed between the Company and the Insured Person in advance

- c. In the event of any legal action taken against the Insured Person, he shall:
 - i. Give immediate (preferably within 24 hours), written notice to the Company, and
 - ii. Not incur any defence costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent from the Company. Once the written consent is provided the Company shall be entitled (but in no case obligated) at any time:
 - i. to take over and conduct the defence and/or settlement of any action or claim in the name of the Insured Person
 - ii. to receive the Insured Person's co-operation and assistance and
 - iii. to appoint lawyers on the Insured Person's behalf

Any and all costs and expenses incurred by the Company or the lawyers appointed by the Company shall be a first charge on the Sum Insured.

- d. The Company shall not settle any claim without express consent of the Insured Person, but if the Insured Person refuses an available settlement recommended by the Company then the Company's liability shall thereafter be restricted to the amount by which the claim could have been settled.

B. Specific Exclusions applicable to PERSONAL LIABILITY

- a. Liability which is expected or intended by an Insured Person
- b. Liability arising out of or in connection with a business engaged in by the Insured Person. This exclusion applies but is not limited to an act or omission, regardless of its



- nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the business.
- c. Liability arising out of the rental or holding for rental of any part of any premises or a motor vehicle of any kind by the Insured Person.
 - d. Liability arising out of the rendering of or failure to render professional services.
 - e. Liability arising out of a premises, watercraft or aircraft that is owned by, rented to or rented by the Insured Person.
 - f. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorised land conveyances, water craft or aircraft.
 - g. Liability arising out of the transmission of a communicable disease by the Insured Person.
 - h. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.
 - i. Liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or government agency.
 - j. Liability under any contract or agreement.
 - k. Property Damage to property owned by the Insured Person.
 - l. Property Damage to property rented to, occupied, or used by or in the care of the Insured Person.
 - m. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by the Insured Person under any worker's compensation law, non-occupational disablement law or occupational diseases law.
 - n. Any claims or suits arising from any Immediate Family Member, Close Business Associate or an Immediate Family Member of a Close Business Associate against the Insured Person.

C. Specific Claim Documents applicable to PERSONAL LIABILITY

- a. Original Travel tickets and boarding pass
- b. Self-Declaration and statement of event in writing
- c. Legal notice/summons or any other documents relevant to incident
- d. Copy of Judgment of the Court
- e. Statement of claim furnishing particulars of the event leading to the liability, such as the court order;
- f. Photocopy of the police report (wherever reported).
- g. Witness statements if available
- h. Any other documents relevant to the incident including summons, legal notice, copy of court award, notice from third party claiming the amount.

36. BAIL BOND

Under this benefit, we shall indemnify the cost of bail bond expenses following arrest or detention of the Insured Person by the police/judicial authorities during the period of insurance. The Company shall indemnify the Bail amount as ordered by the Court for trial and judgment towards the arrest or detention.

A. Specific conditions applicable to BAIL BOND

- a. The Company will reimburse the Insured person the bail amount which is paid by the Insured to the Judicial Authority / Court. This benefit would be for bailable offences only.
- b. The Insured shall appear in the Court on the date specified by the Court for trial and judgment.
- c. If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured or otherwise for breach of the terms of such bail bond, then the amount of the bail bond will have to be repaid to the Company by the Insured Person within 1 month after the bail bond is forfeited.
- d. In case of death of the Insured, at the first instance, during the trial period or after judgement the immediate family member, will be liable to produce the death certificate or the necessary documents, as per the local law, in the Court within 1 month (of such death) for the release of the bail amount. In case they fail to do so, it is hereby agreed that the Company would have full right and authority to recover the bail amount from the estate of the Insured, or the parents/guardians of the Insured.
- e. The amount will be refunded to the Company by the insured person as soon as the Court releases the bail amount with which the deposit was made to the insured. In the event that the Court imposes any penalty or fine on the Insured person at the time of interim order or final judgment, then such fine/penalty shall NOT be deducted or adjusted from the bail amount which was reimbursed by the Company to the Insured.

B. Specific claim documents applicable to Bail Bond

- a. Original FIR copy
- b. Charge Sheet
- c. Order copy of Bail Bond gazetted by Judge.
- d. Documents pertaining to court proceedings
- e. Death Certificate (if applicable)
- f. Payment proof of Bail amount

37. STUDY INTERRUPTION

Under this benefit, we shall reimburse the portion of tuition fees that has already been paid and is non-refundable ONLY if any of the below listed events occur due to which the Insured Person is unable OR decides not to continue his/her studies further and is there unable to complete the course in the overseas educational institution for which the Tuition fee has been paid.

- a. Death of the Insured Person or his/her Immediate family member OR the Insured Person's sponsor during the Period of Insurance
- b. Sudden Injury or Illness to Insured Person requiring minimum 30 days of continuous hospitalization that commenced during the Period of Insurance.
- c. First Diagnosis of a Terminal Illness to the Insured Person during the Period of Insurance that is certified in writing by the treating medical practitioner
- d. In the case of Emergency Medical Evacuation to Country of Residence/City of Residence of the Insured person.

A. Specific conditions applicable to STUDY INTERRUPTION

- a. In case the educational institute refunds any portion of the fees the same shall NOT be indemnified under this benefit
- b. In case of death of Insured Person's sponsor: For claim to be payable under this benefit it is necessary to prove that the Insured Person's sponsor has paid a portion for the Tuition Fees to the overseas educational institution on behalf of the Insured. Payment of fees to the educational institution must necessarily be from the bank account in the name of the Sponsor.

B. Specific claim documents applicable to STUDY INTERRUPTION

- a. Death Certificate of the Insured's Person / Immediate family member
- b. Insured Person's hospitalization Summary
- c. Certificate of Terminal Illness from treating medical practitioner
- d. Diagnostic reports
- e. Fee invoices and Non-refundable fee certificate
- f. Educational and course details of the Insured Person

38. SPONSOR PROTECTION

Under this benefit, we shall reimburse the forthcoming expenses on the Insured Person's Tuition Fees in the event of Accidental Death of the Insured Person's Sponsor, who pays the Tuition Fees to the overseas educational institution on behalf of the Insured.

A. Specific conditions applicable to SPONSOR PROTECTION

- a. The Company will reimburse expenses up to the Sum Insured pertaining to only the Tuition fees component for the remaining period of the educational course for which the Sponsor was paying fees on behalf of the Insured Person.
- b. The unfortunate event of accidental death of the Insured Person's sponsor must have occurred during the Period of Insurance and also after commencement of the Insured Person's overseas education course.
- c. For claim to be payable under this benefit it is necessary to prove that the Insured Person's sponsor has paid a portion for the Tuition Fees to the overseas educational institution on behalf of the Insured. Payment of fees to the educational institution must necessarily be from the bank account in the name of the Sponsor.
- d. The Insured Person must continue to pursue and complete his course in the given institution

B. Specific claim documents applicable to SPONSOR PROTECTION

- a. Death Certificate of the Insured's Person Sponsor.
- b. Bank account details of the Insured's Person Sponsor.
- c. Already paid fee invoice
- d. Remaining fee invoice
- e. Educational and course details of the Insured Person

39. BACK AT HOME COVER

All sub-section under Back at home cover are modular in nature. Any sub-section can be opted on a standalone basis or in any possible combination.

39.a. Burglary Cover for Home Contents

- a. The Company will indemnify the Insured in respect of loss or damage to Home Contents, by burglary and housebreaking including larceny and theft during the period of insurance.
- b. The Company will further indemnify the Insured in respect of damage to the Insured's home and/or safe resulting from burglary and/or housebreaking or any attempt thereat subject to a maximum of 5% of the Sum Insured under this sub-benefit.

Provided however that no loss under clauses a. and b. hereinabove, shall together exceed the Sum Insured under this sub-benefit.

A. Specific Conditions Applicable to Burglary Cover for Home Contents

- a. Jewellery is covered subject to its being kept in locked safe within the home premises.
- b. Where any item insured hereunder consists of articles in pair or set the Company's liability in respect thereof shall not exceed the value of any article which may be lost or damaged without reference to any special value which such article may have as part of such pair or set.
- c. The cover under this section becomes inoperative if the premises remains unoccupied for more than 60 consecutive days unless prior written notice is sent to the Company and its consent obtained, subject to fulfilment of terms and conditions that may be stipulated by the Company for extending cover in such circumstances.

B. Specific Exclusions Applicable to Burglary Cover for Home Contents

This Section does not cover loss, destruction or damage,

- a. Caused by burglary and/or housebreaking and/or theft and/or larceny where any member of the Insured's family is concerned as principal or accessory
- b. To securities, documents of any kind, stamps, coins, cash/paper money, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books, and explosives.
- c. To articles of consumable nature, livestock and motor vehicles.
- d. To curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of INR 10,000
- e. To jewellery and valuables in excess of INR 10,000 per single article

39.b. Fire and Allied Perils for Home Contents

We cover the physical loss or damage to or destruction of the **General Contents** of Your Home caused by an Insured Event as listed in **table below** during the period of insurance.

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1	Fire	caused by burning of Insured Property by order of any Public Authority.
2	Explosion or Implosion	-
3	Lightning	-
4	Earthquake, volcanic eruption, or other convulsions of nature	-
5	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
6	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, coastal or river erosion, c. defective design or workmanship or use of defective materials, or d. demolition, construction, structural alterations or repair of any property, or e. groundworks or excavations.
7	Bush fire, Forest fire, Jungle fire	-
8	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.

11	Acts of terrorism (Coverage as per Terrorism Clause attached)	Exclusions and Excess as per Terrorism Clause attached.
12	Bursting or overflowing of water tanks, apparatus and pipes.	-
13	Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14	Theft within 7 (seven)days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

A. Specific Conditions Applicable to Fire and Allied Perils for Home Contents

- a. The Sum Insured for Fire and Allied Perils for Home Contents cover is INR 5 Lakh (Rupees Five Lakh). This will be the maximum Sum Insured payable in the event the Home Contents are destroyed /lost completely.
- b. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.

B. Specific Exclusions Applicable to Fire and Allied Perils for Home Contents

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property arising from Insured events, stated below:

- a. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
- b. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- c. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component

that is part of it.

- d. Pollution or contamination, unless
 - i. the pollution or contamination itself has resulted from an Insured Event, or
 - ii. an Insured Event itself results from pollution or contamination.
- e. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
- f. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
- g. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
- h. Loss or damage to any Insured Property removed from Your Home to any other place.
- i. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- j. Any reduction in market value of any Insured Property after its repair or reinstatement.
- k. Costs, fees or expenses for preparing any claim.

C. Insured Obligations applicable to 39.a. Burglary Cover for Home Contents & 39.b. Fire and Allied Perils for Home Contents

1. Obligation to take care: You must:

- A. keep Your Home Contents in good condition and well maintained,
- B. take care to prevent theft, loss or damage to Your Home Contents.

2. Allow inspection and investigation of claim:

You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.

D. General Conditions Applicable to 39.a. Burglary Cover for Home Contents & 39.b. Fire and Allied Perils for Home Contents

a. Automatic Termination of covers

Coverage under 39.a. Burglary Cover for Home Contents & 39.b. Fire and Allied Perils for Home Contents will automatically end in the following cases:

- i. Exhaustion of Sum Insured: If any item of Your Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end. If We pay the total Sum Insured for any claim, this Policy will end.
- ii. Change of use of Your Home Contents: if You use any item of Home Contents for use that is not personal.
- iii. Sale of Your Home Contents: Surrender or release Your interest in Your Home Contents, or Your interest in the Home Contents comes to an end.

b. Terrorism clause (inbuilt in this cover)

INSURING CLAUSE

Subject otherwise to the terms, exclusions, provisions and conditions contained in the Policy and in consideration of the payment by the Insured to the Company of additional premium as stated in the Schedule, it is hereby agreed and declared that notwithstanding anything stated in the 'Terrorism Risk Exclusion' of this Policy to the contrary, this Policy is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of terrorism to the location /s mentioned in the schedule subject to the exclusions, limits and excess described hereinafter.

For the purpose of this cover, an act of terrorism means an act or series of acts, 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 government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the duly empowered government or Military Authority.

Provided that if the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

E. Claim procedure and Specific Claim Documents Applicable to 39.a. Burglary Cover for Home Contents & 39.b. Fire and Allied Perils for Home Contents

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These

include things that You must do, and that You must not do. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

a. Immediate notice to Us

As soon as any physical loss or damage occurs to Your Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.

- i. You can give notice to any of Our offices or call-centres.
- ii. You must state in this notice
 - a) the Policy Number,
 - b) Your name,
 - c) details of report to the police that You made,
 - d) details of report to any Authority that You made,
 - e) details of the Insured Event,
 - f) a brief statement of the loss,
 - g) particulars of any other insurance any of Your Home Contents,
 - h) submit photographs of loss or physical damage, wherever possible.

b. Steps to prevent loss and damage

- i. You must take all reasonable steps to prevent further loss or damage to Your Home Contents.
- ii. Until We have inspected Your and Home Contents, and have given Our consent,
 - a) You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
 - b) You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
 - c) You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

c. Immediate notice to Authorities

- i. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence /landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- ii. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

d. Submit claim

- i. Claim form
 - a) You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site at

www.hdfcergo.com

- b) You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- ii. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

e. Establish loss

- i. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- ii. When We request,
 - a) You must support Your claim for Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
 - b) You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Contents and to take measurements, samples, damaged items or parts, and photographs that are relevant.
 - c) You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.

f. Recovery action by Us

- i. When We accept and pay Your claim under the Policy, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
 - a) without seeking Your consent,
 - b) in Your name, and
 - c) whether or not Your loss has been fully compensated.
- ii. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.
- iii. You may initiate legal proceedings against any person responsible for causing the loss or damage only after obtaining Our prior written consent, and subject to any conditions that We may impose. You must not compromise, negotiate, or settle any claim against such person without Our consent. If You recover any amount from that person, You must reimburse Us for any amount We have already paid in relation to Your claim. We reserve the right to take over and conduct any legal proceedings that You may commence, and to continue such proceedings in Your



name.



39.c. Pet Care

The Company shall reimburse the Insured Person in respect of the expenses incurred for extended stay of his pet in the pet house in India in case the final booked return journey to India is delayed for more than 24 hours during the period of insurance due to:

- a. inclement weather
- b. strike, Political Disturbance, Compulsory quarantine by Government
- c. Airline's acts of omission / commission or mechanical breakdown of the aircraft on which Insured Person was scheduled to travel on
- d. Death or minimum continuous and completed medically necessary Hospitalization of at least 2 days in an overseas facility of the Insured Person or an Immediate Family member travelling with the Insured person due to which the Insured Person was not able to return on scheduled arrival date.

A. Specific Exclusions Applicable to Pet Care

- a. Any consequential liability or expenses incurred on account of mishandling and/or improper care of pet.

B. Specific Claim Documents Applicable to Pet Care

- a. Original receipts/bills of expenses on extended stay of per in pet house
- b. Original Medical Reports, Discharge Summary and Copy of Passport of the Insured Person or the Immediate Family member travelling with the Insured person who was hospitalized
- c. Letter from the Airline Authority specifying the reason of delay and total time of delay
- d. Copy of death certificate in case of death

40. RENTAL MOTOR DAMAGES

The Company shall reimburse the Insured Person for damages pertaining to a rented motor vehicle ONLY as detailed in below table.

Sr. No.	Type of Damage	Maximum Coverage
1	Dent or damage to the rental motor vehicle	Upto 50% of Sum Insured of this Benefit
2	Theft of rental motor vehicle	Upto 100% of Sum Insured of this Benefit
3	Replacing a lost or stolen key of the rental motor vehicle, including replacement of locks and locksmith charges	Upto 20% of Sum Insured of this Benefit
4	MISFUELING: Cleaning out the engine and fuel system in case the Insured put wrong type of fuel in the rented motor vehicle	Upto 20% of Sum Insured of this Benefit
5	TOWING COSTS: Towing costs following an accident or breakdown involving the Rental Vehicle OR Towing costs owing to points 1, 3 or 4 above.	Upto 20% of Sum Insured of this Benefit

A. Specific Conditions applicable to RENTAL MOTOR DAMAGES

- a. Claim shall be payable under this benefit ONLY if the damage to the rented Motor vehicle has occurred during the period of Insurance and when the vehicle was in custody and was being driven by the Insured Person
- b. Under no circumstances the total payment for all the above contingencies shall exceed the Sum Insured of this Benefit as specified in the Certificate of Insurance.
- c. Claim shall be payable under this benefit ONLY if the insured driver holds a valid and driving license/permit which must be effective at the time of incident and in the country of incident.
- d. The cover under this section will commence from the time the Insured Person takes legal control of Rental Motor vehicle and will cease at the time Rental Agency assumes back control of the same.
- e. Any amount received in the form of compensation from any other Insurance policy or any other source shall be deducted from and adjusted at the time of claim payment.

B. Specific Exclusions applicable to RENTAL MOTOR DAMAGES

- a. We shall not be liable to pay any damages OR expenses that are NOT mentioned in the table above
- b. We shall not be liable to pay any charges imposed by the rental company for delayed return of the vehicle
- c. Operation of the vehicle in violation of the terms of the rental agreement.
- d. Damage to rented Motor vehicles that have been rented from a non-licensed rental agency.
- e. Damages to rented Motor vehicles in the absence of a valid and legal rental agreement
- f. Any claim arising out of violation of law, rules or regulations of the country
- g. Any loss or damage arising from wear and tear, gradual deterioration, latent damage or defect
- h. Any claim arising out of insured being under influence of alcohol or drug abuse.

C. Specific Claim Documents applicable to RENTAL MOTOR DAMAGES

- a. Police First Incidence Report (FIR), in case of any road traffic accident or third-party involvement or theft
- b. Rental agreement / declaration
- c. Valid license of the rental agency
- d. Photographs of the damage to the rental vehicle (and images of the vehicle before the incident if available)
- e. Invoices/Receipts/other documents confirming the amount you have paid in respect of damages
- f. Insured Person's license/permit

41. REPLACEMENT OF STAFF

In case an Insured Person is hospitalized during the Period of Insurance for a minimum of 5 continuous days owing to an Illness or Injury we shall indemnify the expenses specified below that are incurred on sending out one co-worker as a replacement for the Insured Person

Expenses covered

1. Actual cost of an economy class air ticket to reach the country the Insured Person is hospitalized in
2. Actual cost of an economy class air ticket to return the replacement person to his City of residence

A. Specific Conditions applicable to REPLACEMENT OF STAFF

- a. It would be a prerogative at the Insured Person's end to prove that the trip overseas was a business / official trip and the need for a co-worker as a replacement is essential to meet business obligations and the same is certified by the employer
- b. The co-worker sent out as a replacement must be an employee of the same organization as the Insured Person
- c. The co-worker's journey to the country where the Insured Person is Hospitalized should commence within 20 days from the date of admission of the Insured Person in the hospital.

B. Specific Exclusions applicable to REPLACEMENT OF STAFF

- a. Claim shall NOT be payable under this benefit if the substitute employee has already been booked to travel to the requisite destination prior to the date of admission of the Insured Person in the hospital.

C. Specific Claim Documents applicable to REPLACEMENT OF STAFF

1. Original Hospitalization & Discharge Summary of the Insured Person
2. Original Bills & Payment Receipts of medical expenses and other expenses
3. All relevant travel details
4. Letter of Proof from employer



42. GOLFER'S HOLE IN ONE

The Company shall pay in Lumpsum an amount equal to the Sum Insured mentioned in the Certificate of Insurance if the Insured Person during the Period of Insurance, achieves a hole-in-one in a golf course recognized by

- a. United States Golfers' Association (USGA) OR;
- b. Professional Golfers' Association (PGA) OR;
- c. Any other recognized International Golf Association

A. Specific Claim Documents applicable to GOLFER'S HOLE IN ONE

- a. Letter from the recognized Golf Association confirming that the Insured Person has completed Golfer's Hole in One at their Golf course/club

43. LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)

The Company shall Indemnify the Insured Person an amount upto the Sum Insured mentioned in the Certificate of Insurance in the event that the Insured Person's Checked in baggage on a Flight during the Period of Insurance

- a. is completely and permanently lost (cannot be found) OR
- b. is found in a state wherein the bag is totally damaged and beyond repair AND / OR is found in a state wherein articles within the checked-in baggage are totally damaged and beyond repair.

A. Specific Conditions applicable to LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)

- a. Indemnification of losses with respect to LOSS OF CHECKED-IN BAGGAGE (INDEMNITY) shall be subject to the per bag & per article sub-limit as mentioned in the Certificate of Insurance. The per bag & per article percentage sub-limit shall be calculated basis Sum Insured of LOSS OF CHECKED-IN BAGGAGE (INDEMNITY) as specified in Certificate of Insurance
- b. In cases where in the bag is lost and cannot be found, we shall indemnify the Insured Person for loss of his bag including all articles inside such checked in baggage upto the per bag sub-limit only.
- c. In cases where in the bag is found in a state wherein it is totally damaged and beyond repair AND / OR is found in a state wherein articles within the checked-in baggage are totally damaged and beyond repair, we shall indemnify the Insured Person for the damage to his bag as well as damage to articles within such bag. In such cases we shall indemnify losses pertaining to each damaged article and bag (if totally damaged and beyond repair) upto the per article limit only.
- d. On discovering that LOSS OF CHECKED-IN BAGGAGE has occurred, the Insured Person must obtain a relevant property irregularity report (PIR) from the Airline and submit the same to the Company. In cases where bag(s) is/are completely and permanently lost (cannot be found) the Insured Person must also obtain and submit an FIR report that was filed with the relevant authority. Such FIR must have complete details of all articles within the bag.
- e. Images of articles within checked-in bag / the bag itself that is damaged and beyond repair must be submitted to the company
- f. We shall be liable to indemnify ONLY
 - i. those articles within the bag that were completely lost along with the bag (including the bag) if the same are purchased in the immediate following 10 days after LOSS OF CHECKED-IN BAGGAGE has occurred provided that the details of such articles are mentioned explicitly in the FIR/PIR report.
 - ii. those articles within the checked in bag / the bags itself that are damaged beyond repair or completely lost and are purchased immediately following 10 days after LOSS OF CHECKED-IN BAGGAGE has occurred.

- g. Claim under Loss of Checked-in Baggage occurring during the final return journey back to India wherein the loss happens overseas but realization of loss happens in India shall also be payable.
- h. Our maximum liability under this cover shall never exceed the Sum Insured mentioned in the Certificate of Insurance against this cover
- i. For clarity purposes,
 - i. A pair of skis, ski boots and accessories (Including any kind of shoe) shall be regarded as one item;
 - ii. Bottles of perfume, aftershave, and make up shall together be regarded as one item;
 - iii. The equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

B. Specific Exclusions applicable to LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)

We shall not liable for Loss arising / resulting from:

- a. loss of cash, jewellery, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities, documents, papers, coupons of any kind.
- b. mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle
- c. destruction or damage due to wear and tear, moth or vermin
- d. Any type of partial damage
- e. Any type of theft or stealing
- f. for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority
- g. for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds
- h. for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring
- i. for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
- j. a claim involving animals
- k. baggage and/or personal effects sent under an airway-bill or bill of lading
- l. Computer equipment, mobile phones, tablets, ipods, laptops, cameras, musical instruments, radios and portable radio/cassette/compact disc players and other personal electronic equipment.
- m. Articles within the checked in baggage which were lost and not purchased 10 days immediately after the date of loss.

C. Specific Claim Documents applicable to LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)

- a. Property Irregularity Report from the concerned authority with details regarding articles/items/baggage damaged or lost



- b. FIR from the concerned authority with details regarding articles/items/baggage damaged or lost
- c. Original purchase receipts of the lost/damaged goods
- d. Original tickets and boarding passes
- e. Baggage slips

44. HIJACK DISTRESS ALLOWANCE (PER-DAY)

The Company shall pay the Insured Person the Per-day amount specified in the Certificate of Insurance against this cover if the Insured Person is travelling on board a Common Carrier which is Hijacked during the Period of Insurance.

E. Specific Conditions applicable to HIJACK DISTRESS ALLOWANCE (PER-DAY)

- a. The hijack needs to be confirmed and declared by the government and/or Common Carrier authority.
- b. Claim under this benefit shall be payable only if the Insured Person is travelling on the Common Carrier as a fare paying passenger.
- c. Exclusion pertaining to terrorism shall be superseded for claim to be payable under this benefit.
- d. 24 hours of continuous and completed Hijack shall qualify as a day. Payout shall be made basis unique completed days of Hijack.
- e. Claim payable under this benefit shall be upto the maximum number of days as mentioned in the Certificate of Insurance.

F. Specific Definitions applicable to HIJACK DISTRESS ALLOWANCE (PER-DAY)

- a. Hijack means the unlawful seizure or wrongful exercise of control of a Common Carrier, in which the Insured Person is travelling as a fare paying passenger.

G. Specific Exclusions applicable to HIJACK DISTRESS ALLOWANCE (PER-DAY)

- a. Any claim where the Insured Person is considered as the principal or accessory or is in anyway involved with the Hijacking
- b. Any claim as a consequence of change in the direction of the route of the Common Carrier due to traffic, weather, fuel shortage, technical snag or security reasons

H. Specific Claim Documents applicable to HIJACK DISTRESS ALLOWANCE (PER-DAY)

- a. Document from government and/or airlines authority confirming Hijack and its duration
- b. Copy of Hijacked Common Carrier ticket along with boarding pass

45. MUGGING

The Company shall pay the Insured Person up to the Sum Insured as specified in the Certificate of Insurance in the event the Insured Person is subjected to a mugging incident.

The admissible claim payment shall be subject to Depreciation which shall be deducted on each item damaged or lost in mugging in accordance with the depreciation table below.

Age of items (in months)	0-12	13-24	25-36	37-48	>48
Applicable Depreciation per item (in %)	50%	70%	75%	85%	100%

A. Specific Conditions applicable to MUGGING

- a. The items mugged should be in custody of Insured person at the time of the incident.
- b. The mugging incident must occur during Period of Insurance.
- c. For Claim to be paid under this benefit submission of FIR/ police report is must. Furthermore, FIR / police report must be logged within 24 hours of the mugging incident.
- d. Only those items that have been categorically cited in the police report shall qualify for claim.
- e. Claim shall be admissible only if such items was owned by the Insured Person or allotted to him by his employer.
- f. Claim shall be admissible only if original bills of such items are submitted. Depreciation for each item shall be calculated on final paid amount specified in such bills.

B. Specific Definitions applicable to MUGGING

- a. Mugging means a violent physical attack by a third party on the Insured Person in a public place with the intent of robbery. However, the third party must not be an immediate family member, friend, colleague, relative or travelling companion of the Insured Person.

C. Specific Exclusions applicable to MUGGING

- a. Theft of cash, currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travelers cheques, travel, tickets, securities / documents / papers of any kind and petrol or other coupons.
- b. Theft from a motor vehicle unless the property/item 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 and for which FIR / police report is not filed within twenty four (24) hours of the incident
- d. Theft of passport
- e. Theft of International driving license
- f. Theft of Checked in Baggage
- g. Any claim related to any type of damage to baggage / items in baggage



- h. Any claim wherein supporting bills specific to the stolen asset are not available
- i. Theft of Jewellery

D. Specific Claim Documents applicable to MUGGING

- a. Copy of FIR / police report obtained within 24 hours of the incident
- b. Bills / invoices of stolen items along with evidence of ownership
- c. In case stolen item is allotted by employer then written proof from the employer stating the same.

46. OVERSEAS TRAVEL SERVICE SUPPLIER INSOLVENCY

The Company Shall Indemnify and reimburse the Insured Person upto the Sum Insured mentioned in Certificate of Insurance against this cover, solely for the expenses listed below, provided such expenses arise due to insolvency of the overseas travel service supplier through whom the Insured person had made bookings but was not able to avail the booking service.

- a. Cost incurred in alternate booking for the events, activities, transportation or accommodation but not exceeding the cost of the original booking and such alternate shall be as per original category of booking.
- b. In case alternate bookings are not possible then we shall be liable to pay only for the non-refundable costs pertaining to such unused bookings for which the insured person has paid in advance.

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

A. Specific Conditions applicable to OVERSEAS TRAVEL SERVICE SUPPLIER INSOLVENCY

- a. Claims under this section shall be payable if the pre-booked events, activities, transportation or accommodation was rendered completely void owing to the insolvency of OVERSEAS TRAVEL SERVICE SUPPLIER.
- b. Claim under this section shall be payable for those pre-booked events, activities, transportation or accommodation that the insured person was going to undertake during the period of insurance.

B. Specific Exclusions applicable to OVERSEAS TRAVEL SERVICE SUPPLIER INSOLVENCY

- a. Insolvency pertaining to any travel agent, tour wholesaler, tour operator or booking agent operating in India.
- b. The events, activities, transportation or accommodation which were not booked through the OVERSEAS TRAVEL SERVICE SUPPLIER.
- c. If bookings were made by the Insured Person post the date of insolvency of the overseas travel service supplier.

B. Specific Claim Documents applicable to OVERSEAS TRAVEL SERVICE SUPPLIER INSOLVENCY

- a. Documentary evidence proving insolvency of the overseas travel service supplier
- b. Bills and invoices pertaining to the bookings

47. THEFT OF IDENTITY DOCUMENT

The Company shall reimburse the Insured Person, upto the Sum Insured mentioned in the Certificate of Insurance against this cover for expenses incurred in obtaining a new/duplicate identity document either overseas or within 120 days of his return to India, in the event that the Insured Person's identity document was stolen due to a theft during the Period of Insurance.

A. Specific Conditions applicable to THEFT OF IDENTITY DOCUMENT

- a. The theft must necessarily be reported to the appropriate police authority and due FIR / police report must be lodged/obtained within twenty-four (24) hours of the incident

B. Specific Exclusions applicable to THEFT OF IDENTITY DOCUMENT

- a. Confiscation or detention of the identity document by the customs, police or any public authority.
- b. Loss of Identity document other than theft.
- c. Identity document left unattended, forgotten or misplaced by the Insured Person

C. Specific Definitions applicable to THEFT OF IDENTITY DOCUMENT

For the purpose of coverage under this section, an Identity document refers to only the below

- a. Aadhaar card
- b. Driving license (including international driving license)
- c. Pan card
- d. Voter ID card

D. Specific Claim Documents applicable to THEFT OF IDENTITY DOCUMENT

- a. Copy of the new identity document,
- b. Copy of the previous identity document (if available),
- c. Original bills / invoices of expenses incurred for obtaining a new/duplicate identity document
- d. Copy of FIR / police report lodged/obtained within 24 hours of the theft

48. LEGAL EXPENSES

Under this section the Company shall reimburse the below listed legal expenses incurred by the Insured Person arising due to claims lodged by third parties for compensation in case of Accidental death or damage to the health or property of third party caused by the Insured Person during the period of Insurance. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.

Legal Expenses

- a. Court Fees**
 - i. filing fee
 - ii. service fee,
 - iii. coping/certification fee,
 - iv. appeal fee
- b. Attorney Fees**
- c. Administration & Documentation cost**
 - i. Drafting & printing legal documents
 - ii. Notary charges
- d. Mediator fee**

A. Specific Condition applicable to LEGAL EXPENSES

- a. Claim under this benefit shall be payable only if the harm caused to the third party by way of accident attributed to Insured person provide the same is not a wilful act of Insured.

B. Specific Exclusion applicable to LEGAL EXPENSES

- a. Claim for any other expenses apart of those listed under Legal Expenses above.
- b. Claim where the harm caused to immediate family member, relatives, co-traveller, colleagues are not covered under this benefit.

C. Specific Claim Documents applicable to LEGAL EXPENSES

- a. Copy of all legal documents submitted during legal proceedings.
- b. Invoices pertaining to legal expenses incurred.

49. LEGAL PETITION EXPENSES

Under this section the Company shall reimburse the legal expenses listed below incurred by the Insured Person or his Nominee for filing a petition towards a third party seeking compensation in case of Accidental death or impairment to the health of or damage to the property of the Insured Person caused by a third party during the period of Insurance. The admissible reimbursement amount under the legal expenses specified below shall limited below upto the Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.

Legal Expenses

- a. Court Fees**
 - i. filing fee
 - ii. service fee,
 - iii. coping/certification fee,
 - iv. appeal fee
- b. Attorney Fees**
- c. Administration & Documentation cost**
 - i. Drafting & printing legal documents
 - ii. Notary charges
- d. Mediator fee**

A. Specific Exclusion applicable to LEGAL PETITION EXPENSES

- a. Claim for any other expenses, of whatsoever nature, except or those listed under the head Legal Expenses as mentioned herein above.

B. Specific Claim Documents applicable to LEGAL PETITION EXPENSES

- a. Copy of all legal documents submitted during legal proceedings.
- b. Invoices pertaining to incurred legal expenses.

50. SPORTS EQUIPMENT COVER

The Company shall pay the Insured Person for loss incurred due to theft or complete damage beyond repair of sports equipment owned by or hired by the Insured Person during the period of Insurance. Payout shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.

The depreciation shall be applicable and deducted on each sport equipment as stipulated in the below table.

Age of sport equipment (in months)	0-12	13-24	25-36	>36
Applicable Depreciation per item (in %)	25%	50%	75%	100%

A. Specific Conditions applicable to SPORTS EQUIPMENT COVER

- The theft must necessarily be reported to the appropriate police authority and due FIR / police report must be lodged/obtained within twenty-four (24) hours of the incident.
- Claims pertaining to damages shall be admissible only if the sport equipment is totally and completely damaged beyond repair.
- Claim shall be admissible only if original bills of the owned or hired sports equipment are submitted with the Company. Depreciation for each sport equipment shall be calculated on final paid amount specified in such bills as per the table below.

B. Specific Exclusions applicable to SPORTS EQUIPMENT COVER

- Sports equipment left unattended, forgotten or misplaced by the Insured Person
- Any partial damage of sport equipment
- Any accessories attached to the sport equipment
- Repair cost of sports equipment
- Any theft that is not reported to the appropriate police authority and for which FIR / police report is not lodged/obtained within twenty four (24) hours of the incident
- Claims pertaining to damages where-in photographic evidence of the damage is not available
- Any loss owing to damage to sport equipment on account of negligence of the Insured Person

C. Specific Claim Documents applicable to SPORTS EQUIPMENT COVER

- Copy of hire agreement in case of hired sports equipment.
- Evidence of ownership of sports equipment along with original bill
- Police report / FIR in case of theft
- Photographic evidence in case of claims for damage
- Original bill / invoice pertaining to new sport equipment

51. POLITICAL RISK AND CATASTROPHIC EVACUATION

Under this section we shall reimburse the Insured Person only for the essential expenses mentioned below in case the Insured Person needs to return to his Country of Residence or to the nearest place of safety for any one of the following reasons

1. Written recommendation from the officials of embassy of the Country of Residence of the Insured Person recommending that the people, including the Insured Person should leave the city in which the Insured Person is currently in during the period of Insurance
2. A notification is issued by the Government of the city where Insured Person is visiting, that people, which include the Insured Person should leave the city in which the Insured Person is currently in during the period of Insurance
3. A fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic due to contagious disease has occurred in the city in which the Insured Person is currently in during the period of Insurance, necessitating his/her immediate evacuation to avoid risk of personal Injury or Illness to himself/herself.

A. Essential Expenses

- a. Economy class air fare (one way) to return to the country of residence or nearest place of safety.
- b. Hotel accommodation up to a maximum of 7 days in the nearest place of safety

B. Specific Conditions applicable to POLITICAL RISK AND CATASTROPHIC EVACUATION

- d. Indemnification of listed essential expenses shall be upto the Sum Insured mentioned in Certificate of Insurance against this cover

C. Specific Exclusions applicable to POLITICAL RISK AND CATASTROPHIC EVACUATION

- a. The Insured Person has violated the laws or regulations of the city/country from which he is to be evacuated or deported or has been declared as persona non grata.
- b. Failure to produce or maintain immigration, work, residence, or similar visas, permits or other documentation.
- c. Insured Person's failure to honour any contractual obligation or bond or to obey any conditions of a license.
- d. Circumstances that resulted in the Insured Person's evacuation, existed prior to the Insured Person entering the city /country or their occurrence being foreseeable to a reasonable person before the Insured Person entered the country/ city by the way of sources such as travel advisories issued by competent / Government authority(s) etc.



D. Specific Claim Documents applicable to POLITICAL RISK AND CATASTROPHIC EVACUATION

- a. Air ticket invoice and boarding pass
- b. Documentary evidence issued by the relevant government authority stating Political risk or catastrophic evacuation
- c. Hotel Accommodation invoices

52. CUSTODIAL CARE

If the Insured Person sustains an Injury or contracts an Illness during the period of insurance which results in Hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital) exceeding the number of days as specified in the Certificate of Insurance then, the Company shall pay the per day Sum Insured mentioned in the Certificate of Insurance against this cover, for each continuous and completed day of custodial care service availed post discharge from hospital to assist the Insured Person in Activities of daily living.

A. Specific Conditions applicable to CUSTODIAL CARE

- a. Claim under this benefit shall be payable subject to admissibility of the claim under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS section of this policy irrespective whether that benefit is in-force or not. However, Claims pertaining to Day care treatment of Insured person shall not be covered under this section.
- b. Hospitalization must commence during the Period of Insurance.
- c. The minimum number of days for this section to trigger as specified in the Certificate of Insurance shall include all days of admission of the Insured Person in the Intensive Care Unit (if applicable).
- d. Claim payable under this benefit shall be for each continuous and completed day of custodial care service availed post discharge in accordance with the applicable time deductible as mentioned in the Certificate of Insurance.
- e. Claim payable under this benefit shall be upto the maximum number of days as mentioned in the Certificate of Insurance.
- f. The treating medical practitioner must certify in writing that medical services of a non-medical individual are required for the Insured Person at place of his/her accommodation.

B. Specific Claim Documents applicable to CUSTODIAL CARE

- a. Invoices pertaining to custodial care services availed
- b. Written certification from the treating medical practitioner
- c. Claim documents as detailed under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS section

53. PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION

The Company shall indemnify the Medical Expenses as listed below in case the Insured Person is hospitalized for a Life-Threatening condition that is directly or indirectly resultant from a Pre-existing disease. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.

A. Medical Expenses

- 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

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to Emergency Care AYUSH hospitalization are also covered under 'Medical Expenses' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION benefit.

Claims for Medical Expenses mentioned above can be availed on cashless basis or reimbursement basis. Only medical expenses incurred upto stage of stabilization of the Insured Person under Hospitalization are payable under this benefit and only upto the stage of stabilization of the Insured Person. Any type of pre-hospitalization expenses, post-hospitalization expenses, Out-patient treatments expenses, all further medical cost post the stage of stabilization, and any other expense not mentioned in point A. Medical Expenses above shall not be payable under PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION benefit.

B. Specific conditions applicable to PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION

- a. Deductible applicable shall be as specified in the Certificate of Insurance and shall apply on per claim basis
- b. Hospitalization must commence during the Period of Insurance



C. Specific exclusions applicable to PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION

- a. Road Ambulance
- b. OPD Expenses

D. Specific Claim Documents applicable to PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION

- a. Certificate by medical practitioner that hospitalization was for a Life-threatening medical condition and resultant from a pre-existing disease
- b. Original Discharge Summary
- c. Original Medical Records, Case history and investigation reports
- d. Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
- e. Original Bills & Payment Receipts of medical expenses and other expenses

54. UNUSED EXCURSIONS

We shall indemnify the Insured Person solely for the non-refundable expenses incurred toward pre-booked excursions, which the Insured Person was unable to utilize due to illness or injury, provided that such illness or injury was certified by the medical officer on board on which the Insured Person was travelling during the Period of Insurance. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.

A. Specific Conditions applicable to UNUSED EXCURSIONS

- a. Claims shall be payable for only those excursions the Insured was unable to undertake due to his medical condition.
- b. Reimbursement for non-refundable expenses shall be restricted upto Sum Insured as specified in Certificate of Insurance against this benefit
- c. The Insured Person must be certified to be ill or injured in writing by the ship's medical officer. Such certificate must also clearly state that due to health conditions of the Insured person it was advised that he does not participate in the excursion.
- d. The Insured Person should have boarded the ship during the Period of Insurance
- e. The Excursion should have been pre-booked in the name of the Insured Person only.

B. Specific Claim Documents applicable to UNUSED EXCURSIONS

- a. Receipt/Invoice of payment & cancellation of pre-booked and confirmed excursion where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- b. Medical reports wherever applicable
- c. Proof of expenses made in advance on confirmed, events and activities for excursion.
- d. Certificate by ship's medical officer stating that the Insured was deemed unfit to participate in the excursion

55. MISSED PORT DEPARTURE

We shall reimburse only the expenses mentioned below, restricted upto the Sum insured as specified in certificate of insurance against this benefit, in the event that the Insured Person arrives late at the cruise departure point and is unable to board the pre-booked cruise journey during the Policy Period

- Travel expenses and Accommodation expenses incurred to join the cruise journey at the next docking port.

A. Specific Conditions applicable to MISSED PORT DEPARTURE

- a. The reason for late arrival at the cruise departure point should solely be
 - i. late arrival of a scheduled flight in the city of departure by more than 3 hours as specified in the Certificate of Insurance OR
 - ii. late arrival of a scheduled rail (not including trams and metros) in the city of departure by more than 3 hours as specified in the Certificate of Insurance OR
 - iii. Occurrence of a Catastrophic event at the city of departure or city through which the Insured Person is transiting to reach the departure point. OR
 - iv. Political disturbance at the city of departure or city through which the Insured Person is transiting to reach the departure point.
- b. Any compensation received by the scheduled flight / rail authority / government authority shall be deducted from claim
- c. This section is only applicable for cruise journeys where-in the cruise scheduled itinerary has multiple docking ports

B. Specific Claim Documents applicable to MISSED PORT DEPARTURE

- a. Written letter or notification from rail/flight/government authority certifying delay/catastrophe/political disturbance
- b. Invoices pertaining to travel and accommodation expenses
- c. Invoices pertaining to pre-booking of cruise journey
- d. Details pertaining to ship departure place and time

56. CRUISE INTERRUPTION

We shall reimburse ONLY the travel expenses as listed below incurred by Insured Person for joining the cruise at the next relevant docking port in case the Insured person was hospitalized for the minimum number of days as mentioned in the Certificate of Insurance / Policy Schedule during the Policy Period.

A. Specific Conditions applicable to CRUISE INTERRUPTION

- a. We will reimburse only the below travel expenses incurred by the Insured Person:
 1. To reach the nearest hospital from the Cruise in case the Insured needed to be hospitalized on land as he fell ill/was injured on board the cruise & re-join the cruise at the next relevant docking port. **OR**
 2. From Hospital to the next closest port where the vessel shall dock so that You can join back the same cruise in case of missed boarding the cruise at port of origin.
- b. Reimbursement for Travel expenses shall be upto Sum Insured as specified in Certificate of Insurance against this cover.
- c. The cruise scheduled itinerary should include multiple docking ports.
- d. The cruise ticket should have been pre-booked in the name of the Insured Person only.

B. Specific Exclusions applicable to CRUISE INTERRUPTION

- a. Any claim arising due to insured person's hospitalization on the arrival port.
- b. Any claim arising directly or indirectly from a medical condition known to exist prior to departure.
- c. The Insured Person is traveling in the Cruise as NOT a fare paying passenger.

C. Specific Claim Documents applicable to CRUISE INTERRUPTION

- a. Receipt/Invoice of payments of booked & confirmed tickets for travelling to the next port destination.
- b. Medical reports & Discharge summary wherever applicable.
- c. Scheduled Itinerary of the Cruise.
- d. Proof of expenses made in advance on confirmed cruise scheduled trip.

57. CRUISE PACKAGE

Cruise Package section by default offers 3 sub covers as mentioned below having a common sum insured.

- a. **UNUSED EXCURSIONS**
- b. **MISSED PORT DEPARTURE**
- c. **CRUISE INTERRUPTION**

The Company's maximum liability under Cruise Package is restricted to the Sum Insured specified in the Certificate of Insurance against Cruise Package section

I. UNUSED EXCURSIONS

We shall reimburse ONLY the non-refundable expenses related pre-booked excursions, which the Insured person was unable to use as he was certified as ill or Injured by the medical officer on board the ship that the Insured Person had boarded during the Period of Insurance.

A. Specific Conditions applicable to UNUSED EXCURSIONS

- a. Reimbursement for non-refundable expenses shall be upto Sum Insured as specified in Certificate of Insurance against Cruise Package section
- b. The Insured Person must be certified as ill or injured in writing by the ship's medical officer. Such certificate must also clearly state that due to health conditions of the Insured person it was advised that he does not participate in the excursion.
- c. The Insured Person should have boarded the ship during the Period of Insurance or should have boarded the ship that would trigger the commencement of Period of Insurance.
- d. The Excursion should have been pre-booked in the name of the Insured Person only.
- e. The Insured Person must be boarded the ship as a fare paying passenger.

B. Specific Definitions applicable to UNUSED EXCURSIONS

- a. Excursion means all planned activities and experiences during the scheduled cruise itinerary. Both the cruise and the excursions must be booked in the name of the Insured Person.

C. Specific Claim Documents applicable to UNUSED EXCURSIONS

- a. Receipt/Invoice of payment & cancellation of pre-booked and confirmed excursion where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- b. Medical reports wherever applicable
- c. Proof of expenses made in advance on confirmed, events and activities for excursion.
- d. Certificate by ship's medical officer stating that the Insured was deemed unfit to participate in the excursion

II. MISSED PORT DEPARTURE

We shall reimburse only the below expenses upto the Sum insured specified against Cruise Package section in the event that the Insured Person arrives late at the cruise departure point and is unable to board the pre-booked cruise journey during the Policy Period

- Travel expenses and Accommodation expenses incurred to join the cruise journey at the next relevant docking port.

A. Specific Conditions applicable to MISSED PORT DEPARTURE

- a. The reason for late arrival at the cruise departure point should solely be
 - i. late arrival of a scheduled flight in the city of departure by more than 3 hours as specified in the Certificate of Insurance OR
 - ii. late arrival of a scheduled rail (not including trams and metros) in the city of departure by more than 3 hours as specified in the Certificate of Insurance OR
 - iii. Occurrence of a Catastrophic event at the city of departure or city through which the Insured Person is transiting to reach the departure point. OR
 - iv. Political disturbance at the city of departure or city through which the Insured Person is transiting to reach the departure point.
- b. Any compensation received by the scheduled flight / rail authority / government authority shall be deducted from claim
- c. This section is only applicable for cruise journeys where-in the cruise scheduled itinerary has multiple docking ports

B. Specific Claim Documents applicable to MISSED PORT DEPARTURE

- a. Written letter or notification from rail/flight/government authority certifying delay/catastrophe/political disturbance
- b. Invoices pertaining to travel and accommodation expenses
- c. Invoices pertaining to pre-booking of cruise journey
- d. Details pertaining to ship departure place and time

III. CRUISE INTERRUPTION

We shall reimburse ONLY the Travel expenses incurred by the Insured Person to join/re-join the cruise at the next relevant docking port, in case the Insured person was hospitalized for the minimum number of days as mentioned in the Certificate of Insurance / Policy Schedule during the Policy Period.

A. Specific Conditions applicable to CRUISE INTERRUPTION

- a. Reimbursement for Travel expenses shall be upto Sum Insured as specified in Certificate of Insurance against Cruise Package section.
- b. The cruise scheduled itinerary should include multiple docking ports.
- c. The cruise should have been pre-booked in the name of the Insured Person only.

B. Specific Exclusions applicable to CRUISE INTERRUPTION



- a. Any claim arising due to insured person's hospitalization on the arrival port.
- b. Any claim arising directly or indirectly from a known medical condition prior to departure
- c. The Insured Person is traveling in the Cruise as NOT a fare paying passenger.

C. Specific Claim Documents applicable to CRUISE INTERRUPTION

- a. Receipt/Invoice of payments of booked & confirmed tickets for travelling to the next port destination.
- b. Medical reports & Discharge summary wherever applicable.
- c. Scheduled Itinerary of the Cruise.
- d. Proof of expenses made in advance on confirmed cruise scheduled trip.

58. GADGET COVER

The Company shall pay the Insured Person up to the Sum Insured mentioned in the Certificate of Insurance against this cover if one or more Gadgets owned by the Insured Person or allotted to Insured person by his employer is stolen during the Period of Insurance.

A. Specific Conditions applicable to GADGET COVER

- a. Payment shall be processed post deduction of applicable depreciation is deducted as per the table below:

Age of Gadget (in months)	0-12	13-24	25-36	>36
Applicable Depreciation per item (in %)	25%	50%	75%	100%

- b. For Claim to be paid under this benefit submission of Invoice/Bill of purchase of the stolen item is must.
- c. For Claim to be paid under this benefit submission of FIR/ police report is must. Furthermore, FIR / police report must be lodged/obtained within 24 hours of the theft.
- d. Claim shall be admissible only if original bills of the Gadgets listed below which are owned by the Insured Person or allotted to Insured person by his employer are submitted. Depreciation for each Gadget listed below shall be calculated on final paid amount specified in such bills.

B. Specific Definitions applicable to GADGET COVER

- a. For the purpose of this benefit, a Gadget shall exclusively mean and include any of the following items only:
- i. Mobile phones,
 - ii. Camera,
 - iii. Tablets,
 - iv. Laptops,
 - v. Wrist watch including smart watch,
 - vi. Earphones
 - vii. Speakers

C. Specific Exclusions applicable to GADGET COVER

- a. Loss, delay or confiscation or detention by customs, police or public authorities.
- b. Any loss of software or data in the Electronic Gadget and any consequential loss
- c. Any kind of damage to the item
- d. Claim pertaining to any gadget which is not explicitly mentioned in the police report.
- e. Any Gadget which is not owned by insured person or allotted to Insured person by his employer.
- f. Loss arising from any reason, other than Theft
- g. Any Second hand or refurbished Gadgets.
- h. Loss of software or data in the laptop/ tablet / mobile phone and any consequential



- loss.
- i. Claim for any Gadget which is older than 36 months.
 - j. Loss of Gadget due to it being left unattended or forgotten by the Insured Person.
 - k. Loss occasioned through the wilful act of the Insured Person or any wilful act of any other person with a connivance of the Insured.
 - l. Theft due to negligent behavior on the part of Insured Person
 - m. Loss/Theft of any accessory pertaining to the covered Gadget
 - n. Any theft that is not reported to the appropriate police authority and for which FIR/police report is not lodged/obtained within twenty-four (24) hours of the incident

D. Specific Claim Documents applicable to GADGET COVER

- a. Original purchase invoice and payment receipt of the stolen Gadget
- b. Proof of ownership
- c. Copy of FIR / police report obtained within 24 hours of becoming aware of the loss/theft
- d. In case stolen item is allotted by employer then written proof from the employer stating the same

59. MATERNITY COMPLICATIONS (PER DAY)

Under this benefit, we shall pay the per day Sum Insured as specified in the Certificate of Insurance against this cover for each continuous and completed period of 24 hours of Hospitalization post completion of time deductible for only the Medical Expenses listed below pertaining to maternity incurred during the Period of Insurance.

Sr No.	Maternity Complications
1	Uterine rupture
2	Post-partum hemorrhage
3	Amniotic fluid embolism
4	Placenta previa
5	Placental Abruptio
6	Disseminated Intravascular Coagulation (DIC)
7	Still Birth
8	Uterine Inversion
9	Any other maternal complication subject to applicable exclusions specified under this section requiring stay in Hospital as an in-patient for at least 48 successive hours

A. Specific Conditions applicable to MATERNITY COMPLICATIONS (PER DAY)

- a. Coverage under MATERNITY COMPLICATIONS (PER DAY) is subject to a waiting period and deductible specified in Certificate of Insurance against this cover.
- b. If this benefit is in force, then exclusion pertaining to Maternity (Maternity: Code – Excl18) shall be superseded ONLY to the extent of coverage provided under this benefit.

B. Specific Claim Documents applicable to Maternity Complications (per day)

- a. Discharge summary
- b. Hospital bills
- c. Invoices of all expenses incurred
- d. Doctor's prescription
- e. Baby's Birth Certificate
- f. Medical history reports
- g. Any other relevant medical report on case to case basis

60. MATERNITY COMPLICATIONS (INDEMNITY)

We shall indemnify the medical expenses incurred on hospitalization of the Insured Person commencing during the Period of Insurance for only the Medical complications listed below.

Sr No.	Maternity Complications
1	Uterine rupture
2	Post-partum hemorrhage
3	Amniotic fluid embolism
4	Placenta previa
5	Placental Abruption
6	Disseminated Intravascular Coagulation (DIC)
7	Still Birth
8	Uterine Inversion
9	Any other maternal complication subject to applicable exclusions specified under this section requiring stay in Hospital as an in-patient for at least 48 successive hours

A. Specific Conditions applicable to MATERNITY COMPLICATIONS (INDEMNITY)

- a. Coverage under MATERNITY COMPLICATIONS (INDEMNITY) is subject to a waiting period as specified in Certificate of Insurance against this cover.
- b. If this benefit is mentioned in the Certificate of Insurance, then exclusion pertaining to Maternity (Maternity: Code – Excl18) shall be superseded ONLY to the extent of coverage provided under this benefit.
- c. Our maximum liability under this section shall not exceed the Sum Insured mentioned against this section in the Certificate of Insurance

B. Specific Claim Documents applicable to MATERNITY COMPLICATIONS (INDEMNITY)

- a. Discharge summary
- b. Hospital bills
- c. Invoices of all expenses incurred
- d. Doctor's prescription
- e. Baby's Birth Certificate
- f. Medical history reports
- g. Any other relevant medical report on case to case basis

61. MATERNITY COMPLICATIONS (LUMPSUM)

If Insured Person undergoes hospitalization during the Period of Insurance for any of the below listed Medical conditions pertaining to maternity, we shall pay the Sum Insured as specified against this benefit in the Certificate of Insurance.

Sr No.	Maternity Complications
1	Uterine rupture
2	Post-partum hemorrhage
3	Amniotic fluid embolism
4	Placenta previa
5	Placental Abruptio
6	Disseminated Intravascular Coagulation (DIC)
7	Still Birth
8	Uterine Inversion
9	Any other maternal complication subject to applicable exclusions specified under this section requiring stay in Hospital as an in-patient for at least 48 successive hours

A. Specific Conditions applicable to MATERNITY COMPLICATIONS (LUMPSUM)

- a. Coverage under MATERNITY COMPLICATIONS (LUMPSUM) is subject to a waiting period as specified in Certificate of Insurance against this cover.
- b. If this benefit is mentioned in the Certificate of Insurance, then exclusion pertaining to Maternity (Maternity: Code – Excl18) shall be superseded ONLY to the extent of coverage provided under this benefit.
- c. Claim under MATERNITY COMPLICATIONS (LUMPSUM) shall be admissible only if the Insured person is hospitalized continuously for the minimum number of days as stipulated in the Certificate of Insurance

B. Specific Claim Documents applicable to Maternity Complications (lumpsum)

- a. Discharge summary
- b. Hospital bills
- c. Invoices of all expenses incurred
- d. Doctor's prescription
- e. Baby's Birth Certificate
- f. Medical history reports
- g. Any other relevant medical report on case to case basis

62. CHILD CARE ALLOWANCE

If the Insured Person sustains an Injury or contracts an Illness which results in Hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital), the Company shall pay a daily compensation as mentioned in the Certificate of insurance against this cover as child care expenses for each completed & continuous 24 hours the Insured Person is hospitalized during the period of Insurance beyond the time deductible.

A. Specific Conditions applicable to CHILD CARE ALLOWANCE

- a. Claim under this benefit shall be payable only if the claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- b. Claim payable under this benefit shall be upto the maximum number of days as mentioned in the Certificate of Insurance.
- c. Claim will be admissible only if the Insured Person's dependent children have accompanied the Insured parent on the same trip.

B. Specific Claim Documents Applicable to CHILD CARE ALLOWANCE

- a. Original Discharge Summary
- b. Original Medical Records, Case history and investigation reports
- c. Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
- d. Original Bills & Payment Receipts of medical expenses and other expenses

63. CHILD CARE ACCOMMODATION

Under this section, if an Insured Person is aged less than 12 years and is Hospitalized during the Period of Insurance then we shall pay in Lumpsum the Sum Insured mentioned in the certificate of insurance against this section for each 24 hours of hospitalization for the expenses mentioned below:

- Overseas accommodation expenses for one Immediate Family Member to be with the Insured Person in the Hospital for the duration he/she is hospitalized and upto 5 days post discharge from the hospital.

A. Specific Conditions Applicable to CHILD CARE ACCOMMODATION

- a. Claim under this benefit shall be payable only if the claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- b. Claim under this section shall trigger only if hospitalization exceeds 4 consecutive and completed days or as mentioned in certificate of insurance.

B. Specific Exclusions Applicable to CHILD CARE ACCOMMODATION

- a. We shall not be liable to pay for expenses on food, travel or any other miscellaneous expenses incurred under this section.
- b. We shall not be liable to pay if pre-booked accommodation is available in the same vicinity to the hospital in which the child is hospitalized.

C. Specific Claims Documents Applicable to CHILD CARE ACCOMMODATION

- a. Bills and invoices pertaining to accommodation
- b. Claims documents as mentioned for section EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS

64. DAILY ALLOWANCE IN CASE OF ISOLATION

The Company shall pay a daily cash amount for the maximum number of days as specified in Policy Schedule/Certificate of Insurance against this cover for each continuous and completed 24 hours for which the Insured Person is required to be isolated/quarantined/confined for prevention of spread of specified diagnosed illness during the period of insurance.

A. Specific Conditions applicable to DAILY ALLOWANCE IN CASE OF ISOLATION

- a. Claim under this section shall be payable only if the treating medical practitioner has certified in writing that isolation or quarantine or confinement of the Insured Person is required.
- b. Claim under this section shall be payable only if the Insured Person is isolated or quarantined or confined specifically in a medical facility unless specified otherwise in the certificate of Insurance
- c. The diagnosed Illness mandates isolation / quarantine / confinement for prevention of spread of the Illness and the same has also been declared by the World Health Organization or the State Government of the respective country or the Local governing body.
- d. Claim payable under this benefit shall be up to the number of days as mentioned in the Certificate of Insurance.

B. Specific Exclusion applicable to DAILY ALLOWANCE IN CASE OF ISOLATION

- a. Any prophylactic isolation
- b. Compulsory quarantine without diagnosis of illness

C. Specific Claim Documents Applicable to DAILY ALLOWANCE IN CASE OF ISOLATION

- a. Diagnostic test reports confirming the Illness
- b. Written documentation from treating medical practitioner advising quarantine / isolation / confinement
- c. Documentary evidence that quarantine / isolation / confinement is advised by the World Health Organization or the State Government of the respective country or the Local governing body
- d. Proof of quarantine in the requisite facility which also states the number of days the Insured Person was quarantined there along with invoices and bills

65. MISSED CARRIER (INDEMNITY)

The Company shall reimburse the Insured Person upto the Sum insured mentioned in the Certificate of Insurance against this cover for expenses incurred on alternative booking to continue the journey to the intended destination of the missed Common Carrier, in case the Insured Person fails to reach the boarding point before the specified scheduled time (due to below listed reasons) and hence misses the pre-booked confirmed Common Carrier.

Reasons for MISSED CARRIER due to an Unfortunate event

Claim under Missed Carrier section shall be admissible only if the carrier is missed due to the reasons specified below. Furthermore, the below events (a. to g.) may trigger on or within 10 days preceding the day the Insured Person intends to board the common carrier. However, the policy should have been purchased before the occurrence of the said unfortunate event.

- a. Occurrence of a Catastrophic event at Insured Person's departure city or at a city of transit through which Insured Person would reach the departure city.
- b. Act of Terrorism at Insured Person's departure city or at a city of transit through which Insured Person would reach the departure city.
- c. Political disturbance at Insured Person's departure city or at a city of transit through which Insured Person would reach the departure city.
- d. Delay in scheduled arrival of his inward common carrier by more than number of hours as mentioned in the certificate of insurance.
- e. The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- f. Death of the Insured Person or his/her Immediate family member
- g. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization

A. Specific Conditions applicable to MISSED CARRIER (INDEMNITY)

- a. The departure of the Insured Persons original pre-booked and confirmed common carrier must be during the Policy Period
- b. For this benefit to trigger Insured Person must board the rescheduled common carrier.
- c. The alternate travel booking must be of the same class of travel as the original booking. Also, the source and destination of such alternate travel booking must be exactly same as that of the original booking
- d. The Insured Person must do everything reasonably possible to get to the international departure point by the time stipulated on his ticket.
- e. We shall not be liable to make any payment under this Benefit if the delay could reasonably have been foreseen by the Insured Person or if the Insured Person could



reasonably have become aware of such delay in advance by the way of sources such as travel advisories issued by competent / Government authority(s) etc.

B. Specific Exclusion applicable to MISSED CARRIER (INDEMNITY)

- a. The Insured Person's failure to arrive for the Common Carriers departure in sufficient time to complete all departure formalities in accordance with the Airline's published time schedule
- b. Any occasion where the Common Carrier has offered a reasonable alternate transport.
- c. Strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an Insured Journey was booked.

C. Specific Claim Documents Applicable to MISSED CARRIER (INDEMNITY)

- a. Copy of confirmed ticket of the original Common Carrier.
- b. Letter/Email from the Insured Person mentioning the reason for MISSED CARRIER with the relevant proof.
- c. Any amount/coupon received in the form of compensation from the common carrier (if applicable)
- d. Invoice and payment receipt towards re-scheduled common carrier tickets
- e. Copy of Travel ticket and boarding pass of alternative travel arrangement made.

66. VISA COST COVER

We shall indemnify the costs incurred by the Insured Person towards fees for the applied visa up to the Sum Insured as specified in the Certificate of Insurance against this cover in case of the below events during the period of insurance.

- a. Insured Person's application for a visa is rejected on arrival OR
- b. Insured Person's application for a visa is rejected before travel OR
- c. Entry into the Place of Origin is denied by the issuing authorities OR
- d. In case visa is not received within 30 days post the Visa interview

A. Specific Exclusions applicable to VISA COST COVER

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

B. Specific Claim Documents applicable to VISA COST COVER

- a. Visa Application fees invoice
- b. Visa Rejection letter / document
- c. Copy of the Visa submitted reference number / receipt document copy
- d. Visa appointment letter
- e. Visa application by the traveller/agent with the confirmation of the date/time stamp
- f. Copy of confirmed travel ticket and Accommodation booking

67. EMERGENCY RESUMPTION OF TRIP

We shall reimburse the cost of a round trip economy class air ticket upto Sum Insured mentioned in the Certificate of Insurance against this cover in the event that the Insured Person who was overseas for official work or academic purposes needs to return home for an emergency visit during the Period of Insurance. Such emergency visit must be resultant only from the below mentioned reasons occurring during the Period of Insurance and whilst the Insured Person was overseas

- a. Death of Insured Person's Immediate Family Member **OR**
- b. In case the Insured Person's Immediate Family Member is hospitalized for more than seven (7) consecutive days or as specified in the certificate of insurance due to Injury or Illness **OR**
- c. In case the Insured's place of residence in India is rendered uninhabitable owing to a Catastrophic event.

A. Specific Conditions applicable to EMERGENCY RESUMPTION OF TRIP

- a. Resumption of travel must be necessary for official or academic purposes
- b. Resumption of travel must necessarily take place within two (2) months from the date of Insured Person's visit back home.
- c. At least one month of the Policy Period must be available under the existing Certificate of Insurance, when the Insured Person boards the common carrier to travel back to the destination

B. Specific Exclusions applicable to EMERGENCY RESUMPTION OF TRIP

- a. Any other expenses incurred other than the round trip economy class air ticket expense.

C. Specific Claim Documents applicable to EMERGENCY RESUMPTION OF TRIP

- a. Invoices pertaining to round trip economy class air ticket expenses
- b. Boarding passes
- c. Evidence substantiating emergency visit home
- d. Evidence substantiating resumption of trip for academic or official purposes

68. EMERGENCY ACCOMMODATION COVERAGE

We shall reimburse the Insured Person the cost incurred to book emergency accommodation outside India only if necessitated due to any of the below perils

- a. Insured Person was unable to stay in the overseas accommodation originally booked owing to catastrophic event or political disturbance in the city where such accommodation was booked.
- b. Emergency Hospitalization of Insured Person or Immediate Family Member travelling with the Insured Person. Such hospitalization must have been for atleast 2 continuous days and must have commenced during the Period of Insurance.
- c. Death of Immediate Family Member travelling with the Insured Person. Such unfortunate event must have happened during the Period of Insurance.
- d. Rescheduling of pre-booked common carrier where in difference between original scheduled departure and rescheduled departure is more than 24 hours. Such re-scheduling must have been communicated to the Insured Person post commencement of Period of Insurance. It is mandatory that Insured Person boards such re-scheduled carrier.
- e. Theft of passport during the period of Insurance. Such theft must be reported within 24 hours and a police report must be obtained.
- f. Cancellation of Common Carrier by the Common Carrier authority and no alternate travel option is provided. In such cases accommodation expenses for a maximum of only 2 days shall be provided. The Insured Person must have been scheduled to travel on such common carrier during the Period of Insurance.
- g. Local overseas government body has declared lockdown in the city / state / country preventing travel back to India. Such declaration must be made during the Period of Insurance.

A. Specific Conditions applicable to EMERGENCY ACCOMMODATION COVERAGE

- a. For claim under this section to trigger, the dates of EMERGENCY ACCOMMODATION should be during the Period of Insurance.
- b. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.
- c. The Insured must endeavor to undertake further journey as soon as possible to minimize the expense arising out of contingency.

B. Specific Exclusions applicable to EMERGENCY ACCOMMODATION COVERAGE

- a. Any other expenses incurred other than accommodation expenses.
- b. Requirement for emergency accommodation for any reason other than the ones mentioned above.
- c. Emergency accommodation booked within India



C. Specific Claim Documents applicable to EMERGENCY ACCOMMODATION COVERAGE

- a. Scheduled Itinerary
- b. Pre-booked confirmed accommodation invoice
- c. Reason for booking emergency accommodation along with documentary evidence.
- d. Invoices and bills pertaining to emergency accommodation booked
- e. Boarding passes wherever necessary
- f. Evidence substantiating emergency visit home
- g. Evidence substantiating resumption of trip for academic or official purposes

69. IDENTITY THEFT

If at any time during the Period of Insurance, the Insured Person incurs expenses to resolve the Identity Theft then we shall reimburse only the expenses mentioned below:

- a. **Legal Expenses** – We will reimburse for the attorney and court fees incurred by the Insured Person for:
 - i. Defending any suit brought against the Insured by a creditor or collection agency or someone acting on their behalf because of the Identity Theft.
 - ii. Dismissing any civil or criminal judgment wrongfully passed against the Insured solely attribute to the said Identity Theft.
 - iii. Challenging the accuracy or completeness of any information in the Insured Person's consumer credit score report provided said information is inaccurate and falsely provided to the credit agency or financial institution because of the said Identity Theft.

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

A. Specific Conditions applicable to IDENTITY THEFT

- a. It is mandatory that the Insured Person lodges/obtained an FIR / Police report within 24 hours of becoming aware of the identity theft
- b. Only those legal expenses and miscellaneous expenses incurred during the 12 months from date of FIR shall be payable
- c. The fraudulent account must have been opened in the Insured Person's name without Insured Person's authorization.
- d. Any false charge or withdrawal from the unauthorized opened account must be verified by the Insured Person's financial institution.
- e. Insured Person provides unconditional consent to us to inspect the Insured Person's financial records and request additional proof in relation to the charges, as may be necessary.



- f. The Insured shall cooperate with Us and help Us to enforce any legal rights the Insured Person or we may have in relation to his/her identity theft; this may include the Insured Person's attendance at depositions, hearings, and trials, and giving evidence as necessary to resolve his/her identity theft.
- g. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.

B. Specific Exclusions applicable to IDENTITY THEFT

- a. Monetary losses and expenses other than legal and miscellaneous expenses covered above
- b. Requesting credit reports before the discovery of the Insured Person's identity theft.
- c. Taking time from self-employment or workdays that will be paid for by the Insured Person's employer to correct the financial records that have been altered due to identity theft.

C. Specific Claim Documents applicable to IDENTITY THEFT

- a. FIR / Police report pertaining to identity theft
- b. Expenses pertaining to Legal expenses with documented proof
- c. Expenses pertaining to Miscellaneous expenses with documented proof

70. JEWELLERY INSURANCE

Under this benefit, we shall reimburse the Insured Person for the loss incurred due to theft of the Insured Person's Jewellery upto the Sum Insured mentioned in the Certificate of Insurance against this cover during the Period of Insurance. Claim under this section shall be admissible only if the Jewellery was in physical custody or was worn by the Insured Person at the time of theft.

A. Specific Conditions applicable to JEWELLERY INSURANCE

- a. The Insured Person must report the theft within 24 hours of the incident and obtain a FIR/Police report detailing the same.
- b. The Insured Person must also inform us about the theft within 24 hours of the incident.
- c. Under this section we shall be liable only for the value of the Jewellery that was stolen
- d. Claim under this section claim shall be admissible only if the stolen jewellery is never found again. In case the Jewellery is found post payment of claim then the Company shall have the right to recover the entire amount paid as claim under this section from the Insured Person.
- e. claim shall be admissible only if the Insured Person has invoices and bills pertaining to stolen jewellery as detailed in the Police report.
- f. claim shall be admissible only if the Insured Person has invoices and bills substantiating that the Jewellery belongs to him/her.
- g. In case the stolen jewellery was purchased within 365 days prior to the incident we shall be liable to compensate the Insured person upto a maximum of 60% of the original invoice value
- h. In case the stolen jewellery was purchased within 366 to 730 days prior to the incident we shall be liable to compensate the Insured person upto a maximum of 40% of the original invoice value
- i. In case the stolen jewellery was purchased within more than 730 days prior to the incident we shall be liable to compensate the Insured person upto a maximum of 20% of the original invoice value

B. Specific Exclusions applicable to JEWELLERY INSURANCE

- a. Any damage to the Jewellery
- b. Jewellery that was NOT in physical custody or was NOT worn by the Insured Person at the time of theft.
- c. Jewellery and Valuables kept in hotel room or safety vault.
- d. Jewellery and Valuables shipped in checked-in baggage.
- e. Theft which has not been reported to us & Police within 24 hours of the incident.
- f. Loss due to damage caused by delay, wear and tear, moth, vermin, atmospheric or climatic conditions, deterioration or electrical or mechanical derangement of any kind.
- g. Loss due to damage caused by spilled fluid from cosmetic or beverage containers whilst in the baggage.
- h. Jewellery of the Insured Person which has been entrusted to a third party.
- i. Claims relating to loss, damage, or theft from an unattended vehicle where the items were in a locked boot and not visible and where entry was affected by violent and forcible means.
- j. Claims arising from confiscation or detention by customs or other lawful officials and authorities.



- k. Jewellery items which have not been specifically detailed in the police report.
- l. Loss arising out of mysterious disappearance of the Jewellery.
- m. Claim where-in the Insured Person does not have invoices and bills pertaining to stolen jewellery as detailed in the Police report.
- n. Claim where-in the Insured Person does not have invoices and bills substantiating that the Jewellery belongs to him/her.

71. HOME CARE DAILY ALLOWANCE

If the Insured Person sustains an Injury or contracts an Illness during the period of insurance which results in Hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital) exceeding the number of days as specified in the Certificate of Insurance then, the Company shall pay the per day Sum Insured mentioned in the Certificate of Insurance against this cover, for each continuous and completed day of attendance of a qualified nurse at the place where the Insured Person is staying overseas.

A. Specific Conditions applicable to HOME CARE DAILY ALLOWANCE

- a. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS section of this policy irrespective whether that benefit is in-force or not. However, Claims pertaining to Day care treatment shall not be covered under this section
- b. Hospitalization must commence during the period of insurance.
- c. Claim under this section shall be admissible ONLY if Insured Person was hospitalized for a continuous period for the number of days during the period of insurance as mentioned in the Certificate of Insurance.
- d. Claim payable under this benefit shall be upto the maximum number of days as mentioned in the Certificate of Insurance.
- e. The treating medical practitioner must certify in writing that medical services of a Qualified nurse are required to the Insured Person at his overseas accommodation.

B. Specific Claim Documents applicable to HOME CARE DAILY ALLOWANCE

- a. Invoices pertaining to home care services availed with evidence that the service was rendered by a qualified nurse
- b. Written certification from the treating medical practitioner
- c. Claim documents as detailed under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS section

72. UPGRADE TO BUSINESS CLASS

The company will reimburse the expenses incurred by the Insured person for upgradation from an Economy Class air ticket to a Business Class air ticket to travel by the most direct route from the city of Hospitalization of the Insured Person to the Insured person's city of Residence

A. Specific Conditions applicable to UPGRADE TO BUSINESS CLASS

- a. Claim under this benefit shall be payable only if Insured person is hospitalized during period of insurance for a continuous and completed period of days as specified in the Certificate of Insurance/ Policy Schedule.
- b. The Insured Person's air travel to his City of Residence must commence within 20 days post discharge of the Insured Person from the Hospital.
- c. Claim under this benefit shall be payable only if Insured person has a confirmed pre-booked air-ticket to the City of residence scheduled to depart within the Policy Period.
- d. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.
- e. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- f. Our maximum liability under this benefit shall be limited to the differential cost between the pre-booked Economy Class Air-Ticket and upgraded Business Class Air-Ticket.
- g. Under this section we shall only reimburse the cost of upgradation of the pre-booked air-ticket from economy class to business class. If the Insured Person's economy class air ticket cannot be up graded to business class, then our maximum liability under this benefit shall be limited to the differential cost of the new direct route business class air ticket and the amount received as refund upon cancellation of the pre-booked economy class ticket.
- h. We shall not be liable to make any payment under this Benefit if the Insured Person was originally booked to return to his City of Residence on a business class air ticket.
- i. Insured Person must board the upgraded Flight

B. Specific Claim Documents applicable to UPGRADE TO BUSINESS CLASS

- a. Copy of pre-booked confirmed Flight ticket
- b. Medical reports and discharge summary
- c. Receipt/Invoice of cancellation of flight where in non-refunded expense/cancellation charges are mentioned along with amount refunded
- d. Upgraded business class flight ticket along with invoice and boarding pass

73. LIFESTYLE SUPPORT

If the **Insured Person** sustains **Injury OR Illness** during period of insurance, then we will indemnify expenses for purchasing or renting of **ONLY** the below listed items, outside India, if the same are deemed medically necessary and prescribed in writing by the treating medical practitioner

Items for which coverage is provided under this section

- i. Plaster Casts
- ii. Bandages
- iii. Walker
- iv. Walking Stick
- v. Crutches
- vi. Wheel Chair
- vii. Bipap Machine (for usage outside hospital)
- viii. Oxygen Cylinder (for usage outside hospital)
- ix. Cervical collar
- x. Splint
- xi. Knee Braces
- xii. Arm-sling
- xiii. Lumbo sacral belt

A. Specific Conditions applicable to LIFESTYLE SUPPORT

- a. Claim under this benefit shall be payable only if claim was also admissible under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not
- b. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.
- c. Deductible as specified in Certificate of Insurance shall apply to each and every claim admissible under this benefit
- d. We shall only reimburse those expenses incurred for purchasing or renting the listed items if the same are incurred within immediate 15 days post the date of written prescription from treating medical practitioner.



- e. We shall only reimburse those expenses incurred for purchasing or renting the listed items if the same are incurred during the Period of Insurance
- f. If we have paid a claim for a particular listed item, then we shall not be liable to pay a claim in relation to the same listed items again in the Policy Period

B. Specific Claim Documents applicable to LIFESTYLE SUPPORT

- a. Doctor's prescription stating that the listed item is medical necessary
- b. Bills/ Invoices pertaining to renting OR purchasing the listed items

74. TRAVEL WITH PET COVER

The Company shall reimburse for only the below mentioned expenses upto the Sum Insured mentioned in the Certificate of Insurance against this cover:

1. Expenses incurred on accommodation and food for the pet during its stay in the pet house overseas, in case the Insured person is Hospitalized and such hospitalization commences during the period of Insurance for atleast the number of days as specified in certificate of insurance. Maximum stay for pet in the pet house shall NOT exceed 10 days under any circumstance.

AND/OR

2. Medical Expenses Incurred for treatment of pet commencing during the period of insurance in case the pet gets injured during the period of insurance and the same can be substantiated by the Insured.

A. Specific Exclusions Applicable to TRAVEL WITH PET COVER

- a. Any consequential liability or expenses incurred on account of mishandling and/or improper care of pet.

B. Specific Claim Documents Applicable to TRAVEL WITH PET COVER

- a. Original receipts/bills of expenses on stay of pet in pet house
- b. Original Medical Reports, Discharge Summary and Copy of Passport of the Insured Person
- c. Original Medical Reports, Discharge Summary and medical bills pertaining to the pet
- d. Proof of Injury to Pet during period of insurance
- e. Proof of ownership of the pet

75. TRIP CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

The Company shall reimburse the Insured Person for non-refundable expenses arising out of cancellation of the below:

- i. pre-booked confirmed accommodation
- ii. pre-booked activities

Specific Reasons for TRIP CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

- a. Theft of passport in India in the week prior to scheduled departure
- b. Sudden change in government rules in the week prior to scheduled departure whereby, quarantine is mandated by the Government of India or government of the country the Insured person is travelling to.
- c. Prevention of travel by the Government of India after bookings have been made

A. Specific Conditions applicable to TRIP CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

- a. This section can trigger prior to commencement of Period of Insurance
- b. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.
- c. The activity and accommodation must be booked for dates falling within the Policy Period
- d. The Activity Ticket should have been booked in the name of the Insured Person only.
- e. The Activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- f. The Hotel/accommodation must be a property for commercial use only
- g. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.

B. Specific Exclusion applicable to TRIP CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

- a. Visa not being accepted due to change in laws, regulations or orders issued by any domestic or foreign Government body or the regulating authority which was publicly announced before submitting Visa Application.



b. Insured Person has any criminal record.

C. Specific Claim Documents Applicable to TRIP CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

- a. Copy of complete schedule trip itinerary.
- b. FIR/Copy of police report stating theft of passport
- c. Letter/Email from the Insured Person mentioning the reason for TRIP CANCELLATION with the relevant proof.
- d. Receipt/Invoice of cancellation of accommodation and activities where in non-refunded expense/cancellation charges are mentioned along with amount refunded

76. COMMON CARRIER CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

The Company shall reimburse the Insured Person for non-refundable expenses arising out of cancellation of the below:

- i. pre-booked common carrier tickets

Specific Reasons for COMMON CARRIER CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

- a. Theft of passport in India in the week prior to scheduled departure
- b. Sudden change in government rules in the week prior to scheduled departure whereby, quarantine is mandated by the Government of India or government of the country the Insured person is travelling to.
- c. Prevention of travel by the Government of India after bookings have been made

A. Specific Conditions applicable to COMMON CARRIER CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

- a. This section can trigger prior to commencement of Period of Insurance
- b. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.
- c. The common carrier tickets must be booked for dates falling within the Policy Period
- d. The common carrier tickets should have been booked in the name of the Insured Person only.

B. Specific Exclusion applicable to COMMON CARRIER CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

- a. Visa not being accepted due to change in laws, regulations or orders issued by any domestic or foreign Government body or the regulating authority which was publicly announced before or after submitting Visa Application.
- b. Insured Person with any criminal record.

C. Specific Claim Documents Applicable to COMMON CARRIER CANCELLATION DUE TO DISTURBANCES AND INCONVENIENCE

- a. Copy of complete schedule trip itinerary.
- b. FIR/Copy of police report stating theft of passport
- c. Letter/Email from the Insured Person mentioning the reason for COMMON CARRIER CANCELLATION with the relevant proof.
- d. Receipt/Invoice of cancellation of common carrier where in non-refunded expense/cancellation charges are mentioned along with amount refunded

77. LOSS OF PERSONAL BELONGINGS

The Company shall pay the Insured Person for loss of his/her Personal Belongings due to theft anywhere outside India during the Period of Insurance.

A. Specific Conditions applicable to LOSS OF PERSONAL BELONGINGS

- a. Payout shall be processed after the applicable depreciation is deducted as per the table below

Age of the item	Up to 180 days	> 180 days upto <= 1 year	> 1 Year <= 2 Years	> 2 Year <= 3 Years	> 3 Year <= 4 Years	> 4 Year <= 5 Years	Above 5 Years
Applicable depreciation per item (in %)	15%	25%	40%	50%	60%	70%	75%

- b. The theft must necessarily be reported to the appropriate police authority and due FIR / police report must be lodged/obtained within twenty-four (24) hours of the incident
- c. Only those items that have been categorically cited in the police report shall qualify for claim.
- d. Payout shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.
- e. Claim shall be admissible only if such items was owned by the Insured Person or allotted to him by his employer.
- f. Claim shall be admissible only if original bills of such items are submitted. Depreciation for each item shall be calculated on final bill amount paid.

B. Specific Exclusion applicable to LOSS OF PERSONAL BELONGINGS

- a. Any loss of item sent in advance or mailed or shipped separately
- b. Any item that was in checked-in baggage and lost by common carrier
- c. Loss, delay or confiscation or detention by customs, police or public authorities.
- d. Any loss of software or data in laptop/ tablet/camera/mobile and any consequential loss.
- e. Theft of any item whilst in the custody of any persons, other than the Insured Person.
- f. Theft due to negligent behaviour on the part of Insured Person.
- g. Theft of Jewellery, coins, Gold or silver or any precious metals or articles made from any precious metals; bonds,
- h. Financial loss on account of loss of debit card, credit card, pre- paid/ forex cards or any other negotiable instrument.



- i. Loss to any hired or borrowed property.
- j. Any theft that is not reported to the appropriate police authority and for which FIR is not filed within twenty four (24) hours of the incident
- k. Theft of cash, currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities / documents / papers of any kind and petrol or other coupons.
- l. 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
- m. Any theft that is not reported to the appropriate police authority and for which FIR / police report is not filed within twenty four (24) hours of the incident
- n. Claims related to any type of damage to items
- o. Claims accepted under the section Theft of electronic gadgets benefit

C. Specific Claim Documents applicable to LOSS OF PERSONAL BELONGINGS

- a. Copy of FIR / police report obtained within 24 hours of the incident
- b. Bills / invoices of stolen items along with evidence of ownership
- c. In case stolen item is allotted by employer then written proof from the employer stating the same.

78. CRUISE CANCELLATION COVER

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance against this cover for the expenses listed below incurred in the event that the Insured Person's confirmed booked cruise in which he/she was scheduled to travel during the Period of Insurance is cancelled either by the Cruise operator or the Insured Person himself/herself solely due to any of the reasons mentioned below.

Expenses payable under CRUISE CANCELLATION

- a. Non-Refundable amount pertaining to pre-booked Cruise and Excursions bookings.
- b. Accommodation for a maximum of 2 days in the city of embarkation where the cruise gets cancelled
- c. Travel ticket to the immediate subsequent port as mentioned in scheduled Itinerary OR Travel ticket to the Port of Origin OR Travel ticket to return to India

Reasons for CRUISE CANCELLATION by Cruise Operator

- a. Due to operational OR technical OR commercial problem
- b. Due to Cruise operator becoming insolvent
- c. Due to severe Weather

Reasons for CRUISE CANCELLATION due to an unfortunate event

- a. Occurrence of a Catastrophic event at Your subsequent, Cruise departure city or destination city or transit city.
- b. Act of Terrorism at Your subsequent, Cruise departure city or destination city or transit city.
- c. Political disturbance at Your subsequent, Cruise departure city or destination city or transit city.
- d. The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- e. Death of the Insured Person or his/her Immediate family member
- f. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization

A. Specific Conditions applicable to CRUISE CANCELLATION

- a. In case of CRUISE CANCELLATION due to an unfortunate event the Insured Person may opt for Cruise cancellation benefit if any of the above conditions (a. to f.) triggers on or within 10 days preceding the day the Insured Person intends to board the cruise. However, the policy should have been purchased before the occurrence of the said unfortunate event. Only in case of CRUISE CANCELLATION due to unfortunate event the Insured Person may also choose to cancel his subsequent confirmed cruise bookings owing to the unfortunate circumstances.
- b. Any amount/coupon received in the form of compensation from the Cruise shall be deducted from and adjusted at the time of claim payment.
- c. Cruise Cancellation can also trigger prior to commencement of Period of Insurance.



- d. CANCELLATION on any mode of transport other than cruise shall not be payable under this section
- e. Cruise Bookings & Excursion Bookings must be booked in the name of Insured person. And the Insured person scheduled to board the cruise in the policy period.

B. Specific Claim Documents applicable to CRUISE CANCELLATION

- a. Copy of confirmed Cruise ticket
- b. Letter from Cruise operator certifying the reason of cancellation in case cruise was cancelled by the cruise operator
- c. Letter/Email from the Insured Person mentioning the reason of cruise cancellation with the relevant proof in case flight was cancelled by the Insured Person.
- d. Medical reports and discharge summary in case of hospitalization
- e. Copy of death certificate in case of death
- f. Receipt/Invoice of cancellation of cruise where in non-refundable expense/cancellation charges are mentioned along with amount refunded
- g. Any amount/coupon received in the form of compensation from the Cruise operator (if applicable)

79. RECONSTRUCTIVE SURGERY (BENEFIT)

The Company shall pay the Insured Person the amount as specified in the Certificate of Insurance against this section if the Insured person sustains any bodily injury during the Period of Insurance and requires to undergo a Reconstructive Surgery within 6 months of the Injury.

A. Specific Conditions applicable to RECONSTRUCTIVE SURGERY (BENEFIT)

- a. The treating medical practitioner certifies in writing that the Insured person is required to undergo Reconstructive Surgery.
- b. Claim under this section shall be payable ONLY if we have accepted and paid a claim under Emergency Medical Expenses- Accident & Illness for the same Injury

B. Specific Definitions applicable to RECONSTRUCTIVE SURGERY (BENEFIT)

- a. Reconstructive Surgery means surgery to reconstruct cutaneous or underlying tissue, prescribed in writing as necessary by the treating medical practitioner

C. Specific Exclusion applicable to RECONSTRUCTIVE SURGERY (BENEFIT)

- a. Company shall not be liable to pay any benefit in respect of any Insured Person for any Reconstructive Surgery not performed by a fully registered and licensed Cosmetic Surgeon.
- b. Expenses for cosmetic or plastic surgery or any treatment to change appearance.
- c. Any Reconstructive Surgery an Insured Person elects to have
- d. Claim arising out of pre-existing injuries will not be covered under this benefit.

D. Specific Claim Documents Applicable to RECONSTRUCTIVE SURGERY (BENEFIT)

- a. Discharge Summary from the hospital
- b. Case papers with date of Injury specified
- c. Cosmetic Surgeon license/certificate
- d. Written certification from Cosmetic Surgeon deeming the necessity of the reconstructive surgery.

80. RECONSTRUCTIVE SURGERY (INDEMNITY)

The Company shall reimburse the Insured Person for medical expenses if the Insured person sustains any bodily injury during the Period of Insurance and requires to undergo a Reconstructive Surgery within 6 months of the Injury.

A. Specific Conditions applicable to RECONSTRUCTIVE SURGERY (INDEMNITY)

- a. The treating medical practitioner certifies in writing that the Insured person is required to undergo Reconstructive Surgery.
- b. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.
- c. Claim under this section shall be payable ONLY if we have accepted and paid a claim under Emergency Medical Expenses- Accident & Illness for the same Injury

B. Specific Definitions applicable to RECONSTRUCTIVE SURGERY (INDEMNITY)

- a. Reconstructive Surgery means surgery to reconstruct cutaneous or underlying tissue, prescribed in writing as necessary by the treating medical practitioner

C. Specific Exclusion applicable to RECONSTRUCTIVE SURGERY (INDEMNITY)

- a. Company shall not be liable to pay any benefit in respect of any Insured Person for any Reconstructive Surgery not performed by a fully registered and licensed Cosmetic Surgeon.
- b. Expenses for cosmetic or plastic surgery or any treatment to change appearance.
- c. Any Reconstructive Surgery an Insured Person elects to have
- d. Claim arising out of pre-existing injuries will not be covered under this benefit.

D. Specific Claim Documents Applicable to RECONSTRUCTIVE SURGERY (INDEMNITY)

- a. Discharge Summary from the hospital
- b. Bills and invoices pertaining to the treatment
- c. Case papers with date of Injury specified
- d. Cosmetic Surgeon license/certificate
- e. Written certification from Cosmetic Surgeon deeming the necessity of the reconstructive surgery.

81. TRAUMA COUNSELLING

The Company shall reimburse the Insured Person for expenses incurred on trauma counselling if the Insured Person experiences any of the below traumatic events during the Period of Insurance

- i. Death of an Immediate Family member
- ii. An incident of terrorism or hijacking where-in the Insured Person was a victim
- iii. Serious Illness or Injury to the Insured person or an Immediate Family member requiring hospitalization of atleast 5 days
- iv. An incident of physical or sexual assault where-in the Insured Person was a victim

A. Specific Conditions applicable to TRAUMA COUNSELLING

- a. The treating medical practitioner must certify in writing that the Insured person requires Trauma Counselling.
- b. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.
- c. Trauma Counselling must be undertaken through a certified counsellor.
- d. Expenses arising for maximum number of counselling sessions as specified in the certificate of insurance shall be payable. Such counselling sessions must be undertaken within 6 months post date of the incident. Any counselling session undertaken post the timeframe specified above shall not be payable.
- e. We shall also indemnify the Insured person for the cost of medicines if prescribed in written during such consultations by the counsellor.
- f. Maximum amount of claim payable in total under this section for all the counselling sessions put together shall never exceed the Sum Insured
- g. For incidents pertaining to physical or sexual assault, the same must necessarily be reported to the appropriate police authority and due FIR / police report must be lodged/obtained within twenty-four (24) hours of the incident

B. Specific Exclusion applicable to TRAUMA COUNSELLING

- a. Trauma Counselling undertaken for any reasons other than those mentioned above in this section

C. Specific Claim Documents Applicable to TRAUMA COUNSELLING

- a. Invoices and bills pertaining to each trauma counselling session undertaken along with date of counselling



- b.** Case papers with date of Injury specified
- c.** Written certification from the treating medical practitioner that Trauma Counselling is necessary.
- d.** FIR / police report for incidents pertaining to physical or sexual assault

82. MEDICAL SCANS

If the Insured Person sustains an Injury or contracts an Illness during the period of Insurance we shall reimburse expenses incurred on only the below if the same was prescribed in writing to be undertaken by the treating medical practitioner for the Illness/Injury sustained.

List of Medical Scans covered

- 1) CT Scan
- 2) MRI Scan
- 3) PET Scan

A. Specific Conditions applicable to MEDICAL SCANS

- a. The scans must be undertaken overseas within 5 days of prescription and during the period of Insurance
- b. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.

B. Specific Claim Documents applicable to MEDICAL SCANS

- a. Invoices pertaining to scans undertaken along with the scan reports
- b. Written certification from the treating medical practitioner

83. BROKEN BONES

If the Insured Person sustains Bodily Injury during the Period of Insurance which directly results in a fracture as specified in the below table and certified in writing by the treating medical practitioner, then we shall pay in lump-sum the amount in accordance with details specified in the table below.

Sr. No.	Type of Fracture	% of Sum Insured payable
1	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100%
	b) Compound fracture without damage to the brain tissue	75%
	c) All other fractures	50%
2	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100%
	b) All other compound fractures	50%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures	20%
3	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50%
	b) All other compound fractures	40%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures	20%
4	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40%
	b) All other compound fractures	30%
	c) Multiple fractures, at least one complete	20%
	d) All other fractures	12%
5	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30%
	b) All other compound fractures	20%
	c) Multiple fractures, at least one complete	16%
	d) All other fractures	8%
6	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20%
	b) All other fractures	10%
7	Colles type fracture to the Lower Arm:	
	a) Compound	20%
	b) Other	10%

8	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	50%
	b) All spinous, transverse process or pedicle fractures	30%
	c) All other vertebral fractures	20%
9	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16%
	b) All other compound fractures	12%
	c) Multiple fractures, at least one complete	8%
	d) All other fractures	4%

A. Specific Conditions applicable to BROKEN BONES

- a. The extent and nature of the fracture must be certified in writing by the medical practitioner
- b. The total claim amount payable under this Section in respect of more than one fracture due to the same Injury, shall be calculated by adding the various percentages as specified in the Table. However, our maximum liability in a Policy Period shall NOT exceed the Sum Insured specified in the Certificate of Insurance against BROKEN BONES section
- c. The Injury must result in a fracture during the Period of Insurance

B. Specific Exclusions applicable to BROKEN BONES

- a. Fractures resultant from an Illness or disease including malignancy
- b. Fractures resultant from osteoporosis

C. Specific Claim Documents applicable to BROKEN BONES

- a. Written certification from the treating medical practitioner along with name, nature and extent of fracture
- b. Consultation papers and details pertaining to the Injury

84. BURNS

If the Insured Person sustains Bodily Injury during the Period of Insurance which results in Burns as specified in the below table and certified in writing by the treating medical practitioner, then we shall pay in lump-sum the amount in accordance with details specified in the table below.

Nature of Burns	% of Sum Insured payable
Head	
Third degree burns of 8% or more of the total head surface area	100%
Second degree burns of 8% or more of the total head surface area	50%
Third degree burns of 5% or more, but less than 8% of the total headsurface area	80%
Second degree burns of 5% or more, but less than 8% of the total headsurface area	40%
Third degree burns of 2% or more, but less than 5% of the total headsurface area	60%
Second degree burns of 2% or more, but less than 5% of the total headsurface area	30%
Rest of the body	
Third degree burns of 20% or more of the total body surface area	100%
Second degree burns of 20% or more of the total body surface area	50%
Third degree burns of 15% or more, but less than 20% of the total bodysurface area	80%
Second degree burns of 15% or more, but less than 20% of the total bodysurface area	40%
Third degree burns of 10% or more, but less than 15% of the total bodysurface area	60%
Second degree burns of 10% or more, but less than 15% of the total bodysurface area	30%
Third degree burns of 5% or more, but less than 10% of the total bodysurface area	20%
Second degree burns of 5% or more, but less than 10% of the total bodysurface area	10%

A. Specific Conditions applicable to BURNS

- a. The extent and nature of the burns must be certified in writing by the medical practitioner
- b. If the Injury results in more than one of the nature of Burns as specified in the table above, we shall be liable to pay only for the highest benefit among all.
- c. Our maximum liability in a Policy Period shall NOT exceed the Sum Insured specified in the Certificate of Insurance against BURNS section
- d. The Injury must result in Burns during the Period of Insurance

B. Specific Exclusions applicable to BURNS



- a. Self-inflicted Burns

C. Specific Claim Documents applicable to BURNS

- a. Written certification from the treating medical practitioner along with name, nature and extent of burns
- b. Consultation papers and details pertaining to the Injury

85. MODIFICATION OF RESIDENCE / VEHICLE

The Company will indemnify the costs incurred up to the limit specified in the Policy Schedule/Certificate of Insurance against this cover for improvements to be carried out in the Insured Person's residence in India or to the Insured Person's vehicle in India for the purpose of easy movement and in carrying out your daily routine activities in case the Insured is injured in the period of insurance.

A. Specific Conditions Applicable to MODIFICATION OF RESIDENCE / VEHICLE

- a. We have accepted a claim under Personal Accident (Permanent Total Disability/ Permanent Partial Disability) in respect of that Insured Person.
- b. The Medical Practitioner treating the Insured Person certifies in writing that these improvements are necessary.
- c. We will reimburse only those expenses that are Reasonable and Customary Charges.
- d. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident
- e. Any modification should be in compliance with laws and regulations of India.

B. Specific Conditions Applicable to MODIFICATION OF RESIDENCE / VEHICLE

- a. Purchase of new vehicle or home

86. CHILD EDUCATION BENEFIT

If the Insured Person suffers an Injury due to an Accident during the Period of Insurance which results in

- 1) Accidental Death of the Insured Person within 12 months from the date of injury.
- 2) Permanent Disablement to the Insured Person as listed below within 12 months from the date of injury.

then we shall pay in Lumpsum the amount as specified in the Certificate of Insurance against CHILD EDUCATION BENEFIT section.

S.No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)
12	Permanent Total Loss of Sight of one eye



A. Specific Conditions applicable to CHILD EDUCATION BENEFIT

- a. The resultant Permanent Disablement must be listed in the table and the same should be certified in writing by the Medical Practitioner.
- b. The Claim is admissible only with confirmatory diagnosis of Permanent Total Disablement while the Insured Person is alive and during the Period of Insurance (A claim would not be admitted if the diagnosis is made post mortem)
- c. The child must be under the age 25 years on the date of the accident
- d. The child must be enrolled in a full-time education course at an accredited education institution on the date of the accident
- e. In case the Certificate of Insurance specifies the number of children to be more than one then the Sum Insured specified against this section shall be equally divided between the number of children as specified in the Certificate of Insurance subject to eligibility of the children basis the clauses above.

B. Specific Claim Documents applicable to CHILD EDUCATION BENEFIT

- a. Details pertaining to the accident
- b. Death certificate
- c. Copy of MLC (Medico legal certificate) and FIR (First information report)
- d. Original Discharge summary from the hospital
- e. Disability certificate issued by Civil Surgeon or equivalent as authorized by the Government confirming the disability and its percentage
- f. Medical reports, case histories, investigation reports, treatment papers, all x-ray films as applicable
- g. Original photograph of the injured reflecting disablement
- h. Original treating doctor certificate describing disablement
- i. Prescription and consultation papers
- j. Government ID card of the child
- k. Evidence substantiating that the child was enrolled in a full-time education course at an accredited education institution on the date on the accident

87. COMATOSE

If the Insured Person suffers an Injury due to an accident during the Period of Insurance and this directly results in the Insured Person being in a Hospital in a state of Comatose then we shall pay lump-sum the weekly benefit amount as specified in the Certificate of Insurance against this cover

A. Specific Conditions applicable to COMATOSE

- a. Claim under this section shall be admissible ONLY if the Insured Person is rendered in a state of Comatose within 30 days of the accident.
- b. Claim under this section shall be admissible ONLY if the Insured Person is in the state of comatose for a continuous period of 90 days and the same is certified in writing by the treating medical practitioner.
- c. Claim under this section shall be admissible ONLY if the Insured Person is admitted in Intensive Care Unit in a hospital overseas for the entire duration of his state of Comatose
- d. Claim payable under this benefit shall be payable in lumpsum for each completed week beyond the deductible as mentioned in the certificate of insurance that the Insured Person was in state of Comatose.
- e. Claim payable under this benefit shall be upto the maximum number of weeks as mentioned in the Certificate of Insurance OR upto the time the Insured person regains consciousness whichever is earlier. The same must be certified in writing by the treating medical practitioner

B. Specific Exclusions applicable to COMATOSE

- a. If Insured Person is rendered in a state of Comatose following an Illness

C. Specific Claim Documents applicable to COMATOSE

- a. Details pertaining to the accident
- b. Medical consultation papers, reports, hospitalization details
- c. Written certification from the treating medical practitioner
- d. Details pertaining to the Insured Person regaining consciousness

88. ASSAULT

If the Insured Person suffers an Injury due to an assault during the Period of Insurance which results in

- 1) Accidental Death of the Insured Person within 12 months from the date of injury
- 2) Permanent Disablement to the Insured Person as listed below within 12 months from the date of injury.

then we shall pay in Lumpsum the amount as specified in the Certificate of Insurance against ASSAULT section.

S.No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)
12	Permanent Total Loss of Sight of one eye

A. Specific Conditions applicable to ASSAULT

- a. A written police report must be lodged/obtained within 24 hours of the assault incident
- b. The resultant Permanent Disablement must be listed in the table and the same should be certified in writing by the Medical Practitioner.
- c. The Claim is admissible only with confirmatory diagnosis of Permanent Total Disablement while the Insured Person is alive and during the Period of Insurance (A claim would not be admitted if the diagnosis is made post mortem)

B. Specific Exclusions applicable to ASSAULT

- a. If a police report has not been lodged/obtained within 24 hours of the assault incident

C. Specific Claim Documents applicable to ASSAULT

- a. Details pertaining to the accident
- b. Death certificate
- c. Copy of MLC (Medico legal certificate) and FIR (First information report)
- d. Original Discharge summary from the hospital
- e. Disability certificate issued by Civil Surgeon or equivalent as authorized by the Government confirming the disability and its percentage
- f. Medical reports, case histories, investigation reports, treatment papers, all x-ray films as applicable
- g. Original photograph of the injured reflecting disablement
- h. Original treating doctor certificate describing disablement
- i. Prescription and consultation papers

89. KIDNAP DISTRESS

If during the Period of Insurance, the Insured person is Kidnapped, we will pay the Insured person/Nominee/Legal heir a fixed per day amount as specified in the Certificate of Insurance against this section for every continuous 24 hour period that the insured is held hostage.

A. Specific Conditions applicable to KIDNAP DISTRESS

- a. We would require sufficient written evidence pertaining to the Kidnapping incident.
- b. Written notice of the event and periodic updates of any activity occurring during the incident must be shared with Us.
- c. Incidents of kidnapping, shall necessarily be reported to the appropriate police authority and due FIR / police report must be lodged/obtained within twenty-four (24) hours of the incident.
- d. The fixed per day amount shall be payable upto the maximum number of days as specified in the Certificate of Insurance

B. Specific Exclusions applicable to KIDNAP DISTRESS

- a. The Kidnapping must not be carried out by an immediate family member, friend, colleague, relative, or travelling companion of the Insured Person.

C. Specific Claim Documents Applicable to KIDNAP DISTRESS

- a. Proof of kidnap along with police FIR
- b. Confirmation of duration for which the insured is kidnapped

90. EVENT CANCELLATION

If any of the events mentioned below for which the Insured Person was travelling overseas gets cancelled and if this section is in force then the Insured Person is eligible to claim for expenses covered under Trip Cancellation section.

Only cancellation of the below events shall be considered for claims

1. Cancellation of an International sports event / match or Cancellation of an International League Sports match held outside India
2. Cancellation of a Music concert held outside India
3. Cancellation of an educational tour that was scheduled by an educational institution
4. Cancellation of a company tour that was scheduled by the Insured Person's employer
5. Cancellation of a cinema or theatre event held outside India

A. Specific Conditions applicable to EVENT CANCELLATION

- a. Claim under this section shall be payable ONLY if the listed event is cancelled by the organizer. The Insured Person must not be the organizer.
- b. Event Cancellation section does NOT have a specific Sum insured. Claims shall be paid from Sum Insured pertaining to Trip Cancellation section.
- c. Insured Person must have pre-booked confirmed ticket pertaining to the event that eventually get cancelled. Also such ticket booking must be in the name of the Insured person or booked for him by his/her immediate family member.
- d. Event cancellation section must be in force prior to cancellation of the event
- e. Event cancellation can trigger only prior to commencement of Period of Insurance.

B. Specific Exclusion applicable to EVENT CANCELLATION

- a. Cancellation of any other event other than the ones explicitly specified above

C. Specific Claim Documents Applicable to EVENT CANCELLATION

- a. Pre-booked and confirmed tickets pertaining to the Event
- b. Evidence pertaining to cancellation of the event
- c. Claim documents as specified under Trip Cancellation Section (if required)

91. MISSED SHORE COVER

If, during the Period of Insurance and while on the trip, the cruise on which the Insured Person is traveling fails to make a shore stop as included in the original travel itinerary, we will pay a fixed lump-sum amount as specified in the Certificate of Insurance against this section.

A. Specific Exclusion applicable to MISSED SHORE COVER

- a. Any shore stops not visited due to inclement weather
- b. Any shore stops not visited if NOT part of the original itinerary or not paid for
- c. The pre-booked cruise must be in the name of the Insured Person or booked for him by his/her immediate family member.
- d. The Insured Person is traveling in the Cruise as NOT a fare paying passenger.

B. Specific Claim Documents Applicable to MISSED SHORE COVER

- a. Original Travel Itinerary corroborated by the Cruise company.
- b. Written confirmation from the cruise company that the shore stop was promised in the original travel itinerary but was not visited by the ship

92. PET CARE DUE TO TRIP DELAY

The Company shall reimburse the Insured Person in respect of the expenses incurred on accommodation and food for the pet during its stay in the pet house in India, in case the final booked return journey to India during the period of insurance is delayed for more than 24 hours due to:

- a. Inclement weather
- b. Strike,
- c. Political Disturbance,
- d. Quarantine mandated by Government
- e. Airline's acts of omission / commission or mechanical breakdown of the aircraft on which Insured Person was scheduled to travel on
- f. Death or minimum continuous and completed medically necessary Hospitalization of at least 2 days in an overseas facility of the Insured Person or an Immediate Family member travelling with the Insured person due to which the Insured Person was not able to return on scheduled arrival date back to India.

C. Specific Exclusions Applicable to PET CARE DUE TO TRIP DELAY

- a. Any consequential liability or expenses incurred on account of mishandling and/or improper care of pet.
- b. Reimbursement shall be restricted up to the admissible Sum Insured specified in the Policy Schedule / Certificate of Insurance against this cover.
- c. Expenses incurred on food and Accommodation for the pet for the time period which was not due to Insured's delay in final booked return journey to India.
- d. Any other expenses levied by the pet house other than stay

D. Specific Claim Documents Applicable to PET CARE DUE TO TRIP DELAY

- a. Original receipts/bills of expenses on stay of pet in pet house
- b. Original Medical Reports, Discharge Summary and Copy of Passport of the Insured Person or the Immediate Family member travelling with the Insured person who was hospitalized
- c. Letter from the Airline Authority specifying the reason of delay and total time of delay
- d. Copy of death certificate in case of death
- e. Evidence for delay of return journey

93. COMMON CARRIER DELAY AT ARRIVAL (FIXED BENEFIT)

The Company shall pay the Insured Person in Lumpsum the amount as mentioned in the Certificate of Insurance against this cover in the event that the actual arrival time of the Common carrier in which the Insured Person is travelling is later than the scheduled arrival time stated at the time of booking ticket. Such delay in arrival should be solely due to the reasons specified below

- a. Occurrence of a Catastrophic event at the arrival city
- b. Act of Terrorism at the arrival city
- c. Breakdown of Common Carrier due to Mechanical, Technical or Operational reasons.
- d. Political Disturbance at the arrival city
- e. Delay at arrival city due to rescheduling by the common carrier authority within the 6 hours prior to original scheduled departure
- f. Delay at arrival city due to severe Weather

A. Specific Conditions applicable to COMMON CARRIER DELAY AT ARRIVAL (FIXED BENEFIT)

- a. The Insured Person must be travelling onboard the delayed common carrier as a fare paying passenger.
- b. Under this section only up to two delays or only upto the number of delays specified in certificate of Insurance, encountered by the Insured Person during the Period of Insurance shall be payable, irrespective of whether the Policy is a Single Trip Policy or Annual Multi Trip Policy or Student Travel Policy.
- c. The reason for delay must be stipulated in writing by the Common Carrier authority.
- d. Delay in arrival must be greater than 'x' hours as specified in the certificate of Insurance
- e. Claim pertaining to rescheduling by the common carrier authority within the 6 hours prior to original scheduled departure shall be payable under this section however claim pertaining to cancellation of the common carrier remain excluded

B. Specific Exclusions applicable to COMMON CARRIER DELAY AT ARRIVAL (FIXED BENEFIT)

- a. Cancellation of the common carrier
- b. Any delay which could be reasonable known or could be anticipated at the time of ticket booking
- c. Delay at arrival city due to rescheduling by the common carrier authority more than 6 hours prior to original scheduled departure

C. Specific Claim documents applicable to COMMON CARRIER DELAY AT ARRIVAL (FIXED BENEFIT)

- a. Original Travel Itinerary
- b. Copy of Travel ticket and boarding pass of the delayed Common Carrier that was boarded by the Insured Person



- c. Letter from common carrier authority certifying the reason of delay along with actual time of arrival at destination.

94. COMMON CARRIER DELAY AT ARRIVAL (PER-HOUR BENEFIT)

The Company shall pay the Insured Person the per-hour benefit amount as mentioned in the Certificate of Insurance against this cover in the event that the actual arrival time of the Common carrier in which the Insured Person is travelling is later than the scheduled arrival time stated at the time of booking ticket. Such delay in arrival should be solely due to the reasons specified below

- a. Occurrence of a Catastrophic event at the arrival city
- b. Act of Terrorism at the arrival city
- c. Breakdown of Common Carrier due to Mechanical, Technical or Operational reasons.
- d. Political Disturbance at the arrival city
- e. Delay at arrival city due to rescheduling by the common carrier authority within the 6 hours prior to original scheduled departure
- f. Delay at arrival city due to severe Weather

A. Specific Conditions applicable to COMMON CARRIER DELAY AT ARRIVAL (PER-HOUR BENEFIT)

- a. The Insured Person must be travelling onboard the delayed common carrier as a fare paying passenger.
- b. Under this section only up to two delays or only upto the number of delays specified in certificate of Insurance, encountered by the Insured Person during the Period of Insurance shall be payable, irrespective of whether the Policy is a Single Trip Policy or Annual Multi Trip Policy or Student Travel Policy.
- c. The reason for delay must be stipulated in writing by the Common Carrier authority.
- d. Delay in arrival must be greater that 'x' hours as specified in the certificate of Insurance
- e. Claim pertaining to rescheduling by the common carrier authority within the 6 hours prior to original scheduled departure shall be payable under this section however claim pertaining to cancellation of the common carrier remain excluded
- f. Insured person shall be compensated for each hour that the common carrier is delayed beyond the time deductible and in accordance with maximum payout stipulated in the Certificate of Insurance

B. Specific Exclusions applicable to COMMON CARRIER DELAY AT ARRIVAL (PER-HOUR BENEFIT)

- a. Cancellation of the common carrier
- b. Any delay which could be reasonable known or could be anticipated at the time of ticket booking
- c. Delay at arrival city due to rescheduling by the common carrier authority more than 6 hours prior to original scheduled departure

C. Specific Claim documents applicable to COMMON CARRIER DELAY AT ARRIVAL (PER-HOUR BENEFIT)

- a. Original Travel Itinerary



- b. Copy of Travel ticket and boarding pass of the delayed Common Carrier that was boarded by the Insured Person
- c. Letter from common carrier authority certifying the reason of delay along with actual time of arrival at destination.

95. COMMON CARRIER DELAY AT DEPARTURE (FIXED BENEFIT)

The Company shall pay the Insured Person in Lumpsum the amount mentioned in the Certificate of Insurance against this cover in the event that the actual departure time of the Common carrier in which the Insured Person is travelling is later than the scheduled departure time stated at the time of booking ticket. Such delay in departure should be solely due to the reasons specified below

- a. Occurrence of a Catastrophic event at the departure city
- b. Act of Terrorism at the departure city
- c. Breakdown of Common Carrier due to Mechanical, Technical or Operational reasons
- d. Political Disturbance at the departure city
- e. Delay at departure city due to rescheduling by the common carrier authority within the 6 hours prior to original scheduled departure
- f. Delay at departure city due to severe Weather

A. Specific Conditions applicable to COMMON CARRIER DELAY AT DEPARTURE (FIXED BENEFIT)

- a. The Insured Person must be travelling onboard the delayed common carrier as a fare paying passenger.
- b. Under this section only up to two delays or only upto the number of delays specified in certificate of Insurance, encountered by the Insured Person during the Period of Insurance shall be payable, irrespective of whether the Policy is a Single Trip Policy or Annual Multi Trip Policy or Student Travel Policy.
- c. The reason for delay must be stipulated in writing by the Common Carrier authority.
- d. Delay in departure must be greater that 'x' hours as specified in the certificate of Insurance
- e. Claim pertaining to rescheduling by the common carrier authority within the 6 hours prior to original scheduled departure shall be payable under this section however claim pertaining to cancellation of the common carrier remain excluded

B. Specific Exclusions applicable to COMMON CARRIER DELAY AT DEPARTURE (FIXED BENEFIT)

- a. Cancellation of the common carrier
- b. Any delay which could be reasonably known or could be anticipated at the time of ticket booking
- c. Delay at departure city due to rescheduling by the common carrier authority more than 6 hours prior to original scheduled departure

C. Specific Claim documents applicable to COMMON CARRIER DELAY AT DEPARTURE (FIXED BENEFIT)

- a. Original Travel Itinerary
- b. Copy of Travel ticket and boarding pass of the delayed Common Carrier that was boarded by the Insured Person



- c. Letter from common carrier authority certifying the reason of delay along with actual time of departure.

96. COMMON CARRIER DELAY AT DEPARTURE (PER-HOUR BASIS)

The Company shall pay the Insured Person the per-hour benefit amount mentioned in the Certificate of Insurance against this cover in the event that the actual departure time of the Common carrier in which the Insured Person is travelling is later than the scheduled departure time stated at the time of booking ticket. Such delay in departure should be solely due to the reasons specified below

- a. Occurrence of a Catastrophic event at the departure city
- b. Act of Terrorism at the departure city
- c. Breakdown of Common Carrier due to Mechanical, Technical or Operational reasons
- d. Political Disturbance at the departure city
- e. Delay at departure city due to rescheduling by the common carrier authority within the 6 hours prior to original scheduled departure
- f. Delay at departure city due to severe Weather

A. Specific Conditions applicable to COMMON CARRIER DELAY AT DEPARTURE (PER-HOUR BASIS)

- a. The Insured Person must be travelling onboard the delayed common carrier as a fare paying passenger.
- b. Under this section only up to two delays, encountered by the Insured Person during the Period of Insurance shall be payable, irrespective of whether the Policy is a Single Trip Policy or Annual Multi Trip Policy or Student Travel Policy.
- c. The reason for delay must be stipulated in writing by the Common Carrier authority.
- d. Delay in departure must be greater than 'x' hours as specified in the certificate of Insurance
- e. Claim pertaining to rescheduling by the common carrier authority within the 6 hours prior to original scheduled departure shall be payable under this section however claim pertaining to cancellation of the common carrier remain excluded.
- f. Insured person shall be compensated for each hour that the common carrier is delayed beyond the time deductible and in accordance with maximum payout stipulated in the Certificate of Insurance

B. Specific Exclusions applicable to COMMON CARRIER DELAY AT DEPARTURE (PER-HOUR BASIS)

- a. Cancellation of the common carrier
- b. Any delay which could be reasonably known or could be anticipated at the time of ticket booking
- c. Delay at departure city due to rescheduling by the common carrier authority more than 6 hours prior to original scheduled departure

C. Specific Claim documents applicable to COMMON CARRIER DELAY AT DEPARTURE (PER-HOUR BASIS)

- a. Original Travel Itinerary



- b. Copy of Travel ticket and boarding pass of the delayed Common Carrier that was boarded by the Insured Person
- c. Letter from common carrier authority certifying the reason of delay along with actual time of departure.

97. TRIP DELAY (COMMON CARRIER)

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in Certificate of Insurance against this cover for expenses as mentioned below in the event that Insured Person's trip is delayed during the Period of Insurance.

For the purposes of this benefit only the following expenses are payable

Non-refundable portions of booking cancellations in respect to activities and accommodation arrangements whose bookings were made in advance and were not availed owing to impact of Common Carrier delay or Common Carrier cancellation on scheduled trip itinerary.

A. Specific Conditions applicable to TRIP DELAY (COMMON CARRIER)

This benefit shall only trigger if conditions mentioned in points a. or b. are fulfilled

- a. The scheduled arrival of the confirmed Common Carrier in which the Insured Person was scheduled to travel during the Period of Insurance and reach the city of the event/activity/accommodation was delayed beyond the number of hours as specified in the Certificate of Insurance against this cover, solely due to any of the reasons mentioned below and the Insured Person had boarded such delayed Common Carrier.
 - i. Occurrence of a Catastrophic event or an Act of terrorism at Your Common Carrier departure city or destination city or transit city on or within 10 days preceding the day the Insured Person intends to board the Common Carrier which falls under the Policy Period subject to the policy being purchased before the said event
 - ii. Delay due to equipment failure of the Common Carrier
 - iii. Delay due to operational problem at Common Carriers end like crew/staff scheduling issues.
 - iv. Delay due to a sudden Strike or any other action by employees of the Common Carrier.
 - v. Delay of Common Carrier due to severe Weather
- b. The Insured Person's confirmed booked Common Carrier in which he/she was scheduled to travel during the Period of Insurance and reach the city of the activity/accommodation is cancelled either by the Common Carrier or the Insured Person himself/herself solely due to any of the reasons mentioned below
 - i. **Reasons for Common Carrier Cancellation by Common Carrier authority**
 - 1) Due to equipment failure of the Common Carrier
 - 2) Due to operational problem at Common Carriers end like crew/staff scheduling issues.
 - 3) Due to a sudden Strike or any other action by employees of the Common Carrier.
 - 4) Due to severe Weather
 - ii. **Reasons for Common Carrier Cancellation by Insured Person due to an unfortunate event** wherein any of the below event occurs on or within 10 days preceding the day the Insured Person intends to board the common carrier to reach the city of the event/activity/accommodation or commence his Trip

- 1) Occurrence of a Catastrophic event at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- 2) Act of Terrorism at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- 3) Political disturbance at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- 4) The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- 5) Death of the Insured Person or his/her Immediate family member
- 6) Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization

B. Additional Conditions applicable to TRIP DELAY (Common Carrier)

- a. The Activity Ticket should have been booked in the name of the Insured Person only.
- b. The activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- c. The Hotel/accommodation must be a property for commercial use only
- d. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.
- e. The activity / accommodation booking must be for an activity / accommodation outside India and within the geographical scope mentioned in the certificate of insurance.
- f. Any Travel related bookings where-in Insured person is travelling as a fare paying passenger on a common carrier shall not be payable.

C. Specific Claim Documents applicable to TRIP DELAY (Common Carrier)

- a. Receipt/Invoice of payment & cancellation of pre-booked and confirmed accommodation, events and activities where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- b. Copy of Travel ticket and boarding pass of the Common Carrier boarded to pursue the original trip itinerary along with time of arrival at the destination
- c. In case of Common Carrier delay the reason for the same must be stipulated in writing by the Common Carrier authority
- d. Letter from Common Carrier Authority certifying the reason of cancellation in case Common Carrier was cancelled by the Common Carrier authority
- e. Letter/Email from the Insured Person mentioning the reason of Common Carrier cancellation with the relevant proof in case Common Carrier was cancelled by the Insured Person.
- f. Medical reports and discharge summary in case of hospitalization
- g. Copy of death certificate in case of death

98. COMMON CARRIER CANCELLATION

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance against this cover for non-refundable Common Carrier cancellation expenses incurred in the event that the Insured Person's confirmed booked common carrier in which he/she was scheduled to travel during the Period of Insurance is cancelled either by the Common Carrier authority or the Insured Person himself/herself solely due to any of the reasons mentioned below

Reasons for Common Carrier CANCELLATION by the Carrier.

- a. Due to equipment failure of the Common Carrier.
- b. Due to operational problem at Common Carriers end like crew/staff scheduling issues.
- c. Due to a sudden Strike or any other action by employees of the Common Carrier.
- d. Due to severe Weather

Reasons for Common Carrier CANCELLATION due to an unfortunate event

- a. Occurrence of a Catastrophic event at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carrier).
- b. Act of Terrorism at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carrier).
- c. Political disturbance at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carrier).
- d. The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- e. Death of the Insured Person or his/her Immediate family member
- f. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization

A. Specific Conditions applicable to Common Carrier CANCELLATION

- a. In case of Common Carrier CANCELLATION due to an unfortunate event the Insured Person may opt for Common Carrier cancellation benefit if any of the above conditions (a. to f.) triggers on or within 10 days preceding the day the Insured Person intends to board the Common Carrier. However, the policy should have been purchased before the occurrence of the said unfortunate event. Only in case of Common Carrier CANCELLATION due to unfortunate event the Insured Person may also choose to cancel his subsequent confirmed Common Carrier owing to the unfortunate circumstances.
- b. Any amount/coupon received in the form of compensation from the Common Carrier shall be deducted from and adjusted at the time of claim payment.
- c. Common Carrier Cancellation can also trigger prior to commencement of Period of Insurance.

B. Specific Claim Documents applicable to Common Carrier CANCELLATION

- a. Copy of confirmed Common Carrier ticket
- b. Letter certifying the reason of cancellation in case the Common Carrier was cancelled by the Common Carrier authority
- c. Letter/Email from the Insured Person mentioning the reason of cancellation with the relevant proof in case the Common Carrier was cancelled by the Insured Person.



- d. Medical reports and discharge summary in case of hospitalization
- e. Copy of death certificate in case of death
- f. Receipt/Invoice of cancellation of Common Carrier where in non-refunded expense/cancellation charges are mentioned along with amount refunded
- g. Any amount/coupon received in the form of compensation from the Common Carrier (if applicable)

99. TRIP INCONVENIENCE PACKAGE

TRIP INCONVENIENCE PACKAGE section by default offers 3 sub sections as mentioned below having a common sum insured.

- a. COMMON CARRIER CANCELLATION
- b. TRIP CANCELLATION – COMMON CARRIER
- c. TRIP CURTAILMENT – COMMON CARRIER

The Company's maximum liability under TRIP INCONVENIENCE PACKAGE is restricted to the Sum Insured specified in the Certificate of Insurance against TRIP INCONVENIENCE PACKAGE section.

I. COMMON CARRIER CANCELLATION

The Company shall reimburse the Insured Person for non-refundable Common Carrier cancellation expenses incurred in the event that the Insured Person's confirmed booked common carrier in which he/she was scheduled to travel during the Period of Insurance is cancelled either by the Common Carrier authority or the Insured Person himself/herself solely due to any of the reasons mentioned below

Reasons for Common Carrier CANCELLATION by Common Carrier Authority

- a. Due to equipment failure of the Common Carrier.
- b. Due to operational problem at Common Carriers end like crew/staff scheduling issues.
- c. Due to a sudden Strike or any other action by employees of the Common Carrier.
- d. Due to severe Weather

Reasons for Common Carrier CANCELLATION due to an unfortunate event

- a. Occurrence of a Catastrophic event at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carrier).
- b. Act of Terrorism at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carrier).
- c. Political disturbance at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carrier).
- d. The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- e. Death of the Insured Person or his/her Immediate family member
- f. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization
- g. Termination from employment or Layoff of the Insured Person on or within 30 days preceding the day the Insured Person intends to board the Common Carrier

C. Specific Conditions applicable to Common Carrier CANCELLATION

- a. In case of Common Carrier CANCELLATION due to an unfortunate event the Insured Person may opt for Common Carrier cancellation benefit if any of the above conditions (a. to f.) triggers on or within 10 days preceding the day the Insured Person intends to board the Common Carrier. However, the policy should have been purchased before the occurrence of the said unfortunate event. Only in case of Common Carrier CANCELLATION due to unfortunate event the Insured Person may also choose to cancel his subsequent confirmed Common Carrier owing to the unfortunate circumstances.
- b. Any amount/coupon received in the form of compensation from the Common Carrier shall be deducted from and adjusted at the time of claim payment.
- c. Common Carrier Cancellation can also trigger prior to commencement of Period of Insurance.

D. Specific Claim Documents applicable to Common Carrier CANCELLATION

- a. Copy of confirmed Common Carrier ticket
- b. Letter certifying the reason of cancellation in case the Common Carrier was cancelled by the Common Carrier authority
- c. Letter/Email from the Insured Person mentioning the reason of cancellation with the relevant proof in case the Common Carrier was cancelled by the Insured Person.
- d. Medical reports and discharge summary in case of hospitalization
- e. Copy of death certificate in case of death
- f. Receipt/Invoice of cancellation of Common Carrier where in non-refunded expense/cancellation charges are mentioned along with amount refunded
- g. Any amount/coupon received in the form of compensation from the Common Carrier (if applicable)

II. TRIP CANCELLATION – COMMON CARRIER

The Company shall reimburse the Insured Person for non-refundable expenses arising out of cancellation of the below:

- i. pre-booked confirmed accommodation
- ii. pre-booked activities

A. Specific Reasons for TRIP CANCELLATION - COMMON CARRIER

The Company shall reimburse expenses under this cover if the Trip is cancelled only due to any of the reasons mentioned below and the same is notified to us by the Insured Person:

- a. Occurrence of a Catastrophic event or an Act of Terrorism at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- b. Political disturbance at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- c. The Insured Person is called as a witness at a Court of Law.
- d. Death of the Insured Person or his/her Immediate family member
- e. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization

- f. Termination from employment or Layoff of the Insured Person on or within 30 days preceding the day the Insured Person intends to board the Common Carrier which would have commenced the Period of Insurance

Insured Person may opt for TRIP CANCELLATION - COMMON CARRIER benefit if any of the above conditions (a. to f.) triggers on or within 10 days preceding the day the Insured Person intends to board his initial Common Carrier which would have commenced the Period of Insurance, subject to the policy being purchased before the said event.

B. Specific Conditions applicable to TRIP CANCELLATION - COMMON CARRIER

- a. Trip Cancellation can trigger only prior to commencement of Period of Insurance.
- b. The Activity Ticket should have been booked in the name of the Insured Person only.
- c. The Activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- d. The Hotel/accommodation must be a property for commercial use only
- e. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.

C. Specific Exclusions applicable to TRIP CANCELLATION - COMMON CARRIER

- a. Claims where-in Insured person was aware about facts or matters which could have resulted in cancellation of the trip.
- b. Any Travel related bookings where-in Insured person is travelling as a fare paying passenger on a common carrier shall not be payable.

D. Specific Claim Documents applicable to TRIP CANCELLATION - COMMON CARRIER

- a. Letter/Email from the Insured Person mentioning the reason of trip cancellation with relevant proof.
- b. Receipt/Invoice of payment & cancellation of pre-booked and confirmed accommodation, events, activities where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- c. Medical reports and discharge summary wherever applicable
- d. Copy of death certificate in case of death.
- e. Proof of expenses made in advance on confirmed accommodation, events and activities for the trip

III. TRIP CURTAILMENT – COMMON CARRIER

The Company shall reimburse the Insured Person for non-refundable expenses arising out of cancellation of the below if the same arise post trip curtailment:

- i. pre-booked confirmed accommodation
- ii. pre-booked activities
- iii. The actual cost of economy class (most basic economy class) Common Carrier ticket to return back to India due to trip curtailment **OR** The differential Cost of rescheduling pre-booked confirmed Common Carrier to return back to India due to trip curtailment.

A. Specific Reasons for TRIP CURTAILMENT - COMMON CARRIER

The Company shall reimburse expenses under this cover if the Trip is curtailed during the Period of Insurance solely due to any of the reasons mentioned below

- a. Death of the Insured Person or his/her Immediate family member during the Period of Insurance
- b. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of hospitalization that commenced during the Period of Insurance.
- c. Occurrence of a Catastrophic event at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- d. Act of Terrorism at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- e. Political disturbance at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- f. Termination from employment or Layoff of the Insured Person during the Period of Insurance

B. Specific Conditions applicable to TRIP CURTAILMENT - COMMON CARRIER

- a. The Insured Person must have commenced the Trip, and the insured event must occur during the Period of Insurance.
- b. Insured Person must return to India without further pursuing the original scheduled trip itinerary, post trip curtailment of the said trip.
- c. The Company's liability will be reduced by any sum for which the Common Carrier is liable to make payment.
- d. The Activity Ticket should have been booked in the name of the Insured Person only.
- e. The Activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- f. The Hotel/accommodation must be a property for commercial use only
- g. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.

C. Specific Exclusions applicable to TRIP CURTAILMENT - COMMON CARRIER

- a. Claims where-in Insured person was aware about facts or matters which could have resulted in curtailment of the trip.
- b. Any Travel related bookings where-in Insured person is travelling as a fare paying passenger on a common carrier shall not be payable except the below.
 - i. The actual cost of economy class (most basic economy class) Common Carrier ticket to return back to India due to trip curtailment **OR**
 - ii. The differential Cost of rescheduling pre-booked confirmed Common Carrier to return back to India due to trip curtailment

D. Specific Claim Documents applicable to TRIP CURTAILMENT - COMMON CARRIER

- a. Letter/Email from the Insured Person during the Period of Insurance mentioning the reason of trip curtailment with the relevant proof.
- b. Receipt/Invoice of payment & cancellation of pre-booked and confirmed accommodation, events, activities where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- c. Copy of Travel ticket and boarding pass of Common Carrier boarded by the Insured Person that denotes commencement of Period of Insurance.



- d. Medical reports and discharge summary
- e. Copy of death certificate in case of death.
- f. Proof of expenses made in advance on confirmed accommodation, events and activities for the trip
- g. Invoice Copy of Ticket along with boarding pass of the Common Carrier boarded to return back to India following trip curtailment

100. BOUNCED BOOKING – COMMON CARRIER

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance against this cover in respect of the expenses incurred towards alternate travel in case the Insured Person's original booking in common carrier in which he was supposed to travel during the period of insurance is bounced solely due to over booking.

A. Specific Conditions applicable to BOUNCED BOOKING – COMMON CARRIER

- a. Claim under this section shall be admissible only in case of over booking by the common carrier and the Insured Person has a confirmed booking in advance along with written proof of the same.
- b. An option of a free replacement ticket within hours as mentioned in policy schedule/certificate of insurance from the departure of the original overbooked ticket must not be available to the Insured Person
- c. The Insured Person must cancel the originally booked ticket and purchase a new ticket of the same class/type. We will reimburse the difference between the original ticket amount and new ticket amount, less any refund/compensation given by the common carrier.

B. Specific Exclusions applicable to BOUNCED BOOKING - COMMON CARRIER

- a. Any ticket which are allotted to the common carrier staff or under any special travel industry employee scheme.
- b. Non-Travel related bookings
- c. Any ticket bookings made within 5 days of original scheduled departure date.
- d. Any Wait listed pre-bookings.

C. Specific Claim Documents applicable to BOUNCED BOOKING - COMMON CARRIER

- a. A confirmation from the common carrier provider of the bounced booking having occurred solely at their instance and responsibility along with reason.
- b. Original and Alternate travel ticket invoice and payment receipts
- c. Refund invoice from common carrier provider along with any non-refundable charges (if any)
- d. Any amount/coupon received in the form of compensation from the common carrier (if applicable)

101. DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [INDEMNITY]

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance against this cover in respect of expenses incurred in purchasing only any of the below listed essential items within 48 hours post breach of time deductible

- a. clothing,
- b. toiletries
- c. medication

in the event that the Insured Person's checked-in baggage is delayed or misdirected beyond the Time Deductible mentioned in the Certificate of Insurance from the scheduled time of delivery by the Common Carrier.

A. Specific Conditions applicable to DELAY OF CHECKED-IN BAGGAGE - COMMON CARRIER [INDEMNITY]

- a. The baggage must have been checked in as registered baggage by the common carrier operator under a license issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable under this cover.
- b. On discovering the delay of Checked - in Baggage, the Insured Person must obtain a relevant confirmation from the Common Carrier authority and submit the same to the Company along with the documents evidencing their ownership of the baggage/item(s) in the event of a Claim.
- c. An Insured Person shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the common carrier concerned.
- d. Any amount/coupon received in the form of compensation from the common carrier authority shall be deducted from and adjusted at the time of claim payment
- e. Delay of Checked-in Baggage must occur during the Period of Insurance.
- f. DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [INDEMNITY] shall also be provided for the journey where-in Insured person finally leaves India
- g. DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [INDEMNITY] shall also be provided for the journey where -in the insured disembarks for the first time from the common carrier by which he has returned to India.

B. Specific Exclusions applicable to DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [INDEMNITY]

- a. Confiscation of baggage by customs or any government authority.
- b. Baggage sent under any kind of courier service.
- c. Delays due to a strike or industrial action existing or announced before the start of the journey.
- d. Delays due to withdrawal of common carrier from service by an authority of which notice had been given before the start of the journey.
- e. Cabin luggage or Hand baggage
- f. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage
- g. Loss of Checked-in baggage
- h. Purchase of any listed items post 48 hours after breach of time deductible as mentioned in the certificate of Insurance



C. Specific Claim Documents and Provisions applicable to DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [INDEMNITY]

- a. Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage;
- b. Voucher of the common carrier for the delay in delivery of the Checked-In Baggage;
- c. Copies of correspondence exchanged, if any, with the common carrier authority in connection with the delay in delivery of the Checked-In Baggage;
- d. A valid ticket / proof of travel to the location the Insured Person is travelling as a bonafide passenger.
- e. Copies of boarding pass (if any) and baggage slips
- f. Details of Compensation received from the Common Carrier (if any)
- g. Bills of expenses incurred in purchasing essential items of clothing, toiletries and medication

102. DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [PER-HOUR BASIS]

The Company shall pay the Insured Person the per hour Sum Insured as specified in the Certificate of Insurance against this cover for each completed hour that the Insured Person's checked-in baggage is delayed or misdirected beyond the Time Deductible mentioned in the Certificate of Insurance from the scheduled time of delivery by the Common Carrier.

A. Specific Conditions applicable to DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [PER-HOUR BASIS]

- a. The baggage must have been checked in as registered baggage by the common carrier operator under a license issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable under this cover.
- b. On discovering the delay of Checked - in Baggage, the Insured Person must obtain a relevant confirmation from the common carrier and submit the same to the Company along with the documents evidencing their ownership of the baggage/item(s) in the event of a Claim.
- c. An Insured Person shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the common carrier concerned.
- d. Any amount/coupon received in the form of compensation from the common carrier shall be deducted from and adjusted at the time of claim payment
- e. Delay of Checked-in Baggage must occur during the Period of Insurance.
- f. Claim payout under this benefit shall be for a maximum of 12 hours of delay post the breach of time deductible mentioned in the Certificate of Insurance
- g. DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [PER-HOUR BASIS] shall also be provided for the journey wherein Insured person finally leaves India
- h. DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [PER-HOUR BASIS] shall also be provided for the journey wherein the insured disembarks for the first time from the flight by which he has returned to India.

B. Specific Exclusions applicable to DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [PER-HOUR BASIS]

- a. Confiscation of baggage by customs or any government authority.
- b. Baggage sent under any kind of courier service.
- c. Delays due to a strike or industrial action existing or announced before the start of the journey.
- d. Delays due to withdrawal of common carrier from service by any authority of which notice had been given before the start of the journey.
- e. Cabin luggage or Hand baggage
- f. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage
- g. Loss of Checked-in baggage

C. Specific Claim Documents and Provisions applicable to DELAY OF CHECKED-IN BAGGAGE – COMMON CARRIER [PER-HOUR BASIS]



- a. Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage;
- b. Voucher of the common carrier for the delay in delivery of the Checked-In Baggage;
- c. Copies of correspondence exchanged, if any, with the common carrier authority in connection with the delay in delivery of the Checked-In Baggage;
- d. A valid ticket / proof of travel to the location the Insured Person is travelling as a bonafide passenger.
- e. Copies of boarding pass (if any) and baggage slips
- f. Details of Compensation received from common carrier (if any)

103. LOSS OF CHECKED-IN BAGGAGE – COMMON CARRIER (INDEMNITY)

The Company shall Indemnify the Insured Person an amount upto the Sum Insured mentioned in the Certificate of Insurance against this cover in the event that the Insured Person's Checked in baggage on a Common Carrier during the Period of Insurance

- a. is completely and permanently lost (cannot be found) OR
- b. is found in a state wherein the bag is totally damaged and beyond repair AND / OR Is found in a state wherein articles within the checked-in baggage are totally damaged and beyond repair.

A. Specific Conditions applicable to LOSS OF CHECKED-IN BAGGAGE – COMMON CARRIER (INDEMNITY)

- a. Indemnification of losses with respect to LOSS OF CHECKED-IN BAGGAGE – COMMON CARRIER (INDEMNITY) shall be subject to the per bag & per article sub-limit as mentioned in the Certificate of Insurance. The per bag & per article percentage sub-limit shall be calculated basis Sum Insured of LOSS OF CHECKED-IN BAGGAGE - COMMON CARRIER (INDEMNITY) as specified in Certificate of Insurance
- b. In cases where in the bag is lost and cannot be found, we shall indemnify the Insured Person for loss of his bag including all articles inside such checked in baggage upto the per bag sub-limit only.
- c. In cases where in the bag is found in a state wherein it is totally damaged and beyond repair AND / OR is found in a state wherein articles within the checked-in baggage are totally damaged and beyond repair, we shall indemnify the Insured Person for the damage to his bag as well as damage to articles within such bag. In such cases we shall indemnify losses pertaining to each damaged article and bag (if totally damaged and beyond repair) upto the per article limit only.
- d. On discovering that LOSS OF CHECKED-IN BAGGAGE has occurred, the Insured Person must obtain a relevant property irregularity report (PIR) from the Common Carrier and submit the same to the Company. In cases where bag(s) is/are completely and permanently lost (cannot be found) the Insured Person must also obtain and submit an FIR report that was filed with the relevant authority. Such FIR must have complete details of all articles within the bag.
- e. Images of articles within checked-in bag / the bag itself that is damaged and beyond repair must be submitted to the company
- f. We shall be liable to indemnify ONLY
 - i. those articles within the bag that were completely lost along with the bag (including the bag) if the same are purchased in the immediate following 10 days after LOSS OF CHECKED-IN BAGGAGE has occurred provided that the details of such articles are mentioned explicitly in the FIR/PIR report.

- ii. those articles within the checked in bag / the bags itself that are damaged beyond repair or completely lost and are purchased immediately following 10 days after LOSS OF CHECKED-IN BAGGAGE has occurred.
- g. Claim under Loss of Checked-in Baggage occurring during the final return journey back to India wherein the loss happens overseas but realization of loss happens in India shall also be payable.
- h. Our maximum liability under this cover shall never exceed the Sum Insured mentioned in the Certificate of Insurance against this cover
- i. For clarity purposes,
 - i. A pair of skis, ski boots and accessories (Including any kind of shoe) shall be regarded as one item;
 - ii. Bottles of perfume, aftershave, and make up shall together be regarded as one item;
 - iii. The equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

B. Specific Exclusions applicable to LOSS OF CHECKED-IN BAGGAGE – COMMON CARRIER (INDEMNITY)

We shall not liable for Loss arising / resulting from:

- a. loss of cash, jewellery, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities, documents, papers, coupons of any kind.
- b. mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle
- c. destruction or damage due to wear and tear, moth or vermin
- d. Any type of partial damage
- e. Any type of theft or stealing
- f. for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority
- g. for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds
- h. for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring
- i. for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
- j. a claim involving animals
- k. baggage and/or personal effects sent under an airway-bill or bill of lading
- l. Computer equipment, mobile phones, tablets, ipods, laptops, cameras, musical instruments, radios and portable radio/cassette/compact disc players and other personal electronic equipment.
- m. Articles within the checked in baggage which were lost and not purchased 10 days immediately after the date of loss.



C. Specific Claim Documents applicable to LOSS OF CHECKED-IN BAGGAGE – COMMON CARRIER (INDEMNITY)

- a. Property Irregularity Report from the concerned authority with details regarding articles/items/baggage damaged or lost
- b. FIR from the concerned authority with details regarding articles/items/baggage damaged or lost
- c. Original purchase receipts of the lost/damaged goods
- d. Original tickets and boarding passes
- e. Baggage slips

104. LOSS OF CHECKED-IN BAGGAGE – COMMON CARRIER (BENEFIT)

The Company shall pay in Lumpsum to the Insured Person an amount upto the Sum Insured mentioned in the Certificate of Insurance against this cover in the event that the Insured Person's Checked in baggage is completely lost or damaged beyond repair.

A. Specific Conditions applicable to LOSS OF CHECKED-IN BAGGAGE – COMMON CARRIER (BENEFIT)

- a. On discovering that Checked - in Baggage is completely lost, the Insured Person must obtain a relevant property irregularity report (PIR) from the common carrier and submit the same to the Company along with the documents evidencing their ownership of the baggage/item(s) in the event of a Claim.
- b. In case only one piece of Checked – in baggage is lost then the Company shall pay in Lumpsum an amount equal to 50% of the Sum Insured mentioned in the Certificate of Insurance. In case more than one piece of Checked – in baggage is lost then the Company shall pay in Lumpsum an amount equal to 100% of the Sum Insured mentioned in the Certificate of Insurance.
- c. In case claim under this section is for loss due to damaged Checked-in baggage then we shall be liable to pay claim only if the bag is damaged beyond repair.
- d. The Company's liability shall not arise until liability is admitted by the common carrier and supported by documentary proof issued by common carrier.
- e. The Checked-in Baggage must be lost or totally damaged during the Period of Insurance.
- f. Claim under Loss of Checked-in Baggage occurring during the final return journey back to India wherein the loss happens overseas but realization of loss happens in India shall also be payable.

B. Specific Exclusions applicable to LOSS OF CHECKED-IN BAGGAGE – COMMON CARRIER (BENEFIT)

- a. Any loss of Checked-in baggage sent in advance or shipped separately
- b. Any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report (PIR) is not obtained
- c. Cabin luggage
- d. Partial loss of baggage or contents missing from the baggage.
- e. Partial damage of baggage
- f. Partial or complete damage to contents within the baggage.
- g. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage

C. Specific Claim Documents applicable to LOSS OF CHECKED-IN BAGGAGE – COMMON CARRIER (BENEFIT)

- a. Property Irregularity Report from the concerned authority
- b. Photos proving extent of damage
- c. Original tickets and boarding pass
- d. Baggage slip

105. MISSED CONNECTION – COMMON CARRIER (INDEMNITY)

The Company shall reimburse the Insured Person upto Sum Insured mentioned in the Certificate of Insurance against this cover for expenses incurred on accommodation and alternative travel ticket by a common carrier (must be of the same class of original ticket purchased) to reach the intended destination of the missed common carrier, in case the Insured Person misses his immediate travel connection overseas during the Period of Insurance solely due to

- d. Delay in scheduled arrival of his inward common carrier by more than x hours **OR**
- e. Cancellation of his inward common carrier.

A. Specific Conditions applicable to MISSED CONNECTION – COMMON CARRIER (INDEMNITY)

- a. The Insured Person(s) should have actually boarded the inward common carrier which was delayed OR in the event that the inward common carrier was cancelled. The claim should be payable under 'COMMON CARRIER CANCELLATION' section or 'COMMON CARRIER CANCELLATION' sub-section under 'TRIP INCONVENIENCE PACKAGE' section for this benefit to trigger irrespective of whether that section was in-force or not.
- b. The Insured Person must do everything reasonably possible to get to the international departure point by the time specified on his ticket.
- c. The delay must be authenticated by the common carrier provider in writing.
- d. Claim in respect to accommodation shall be payable only if time between delayed arrival of inward common carrier and departure of rescheduled common carrier exceeds the number of hours as specified in the Certificate of Insurance
- e. Any amount/coupon received in the form of compensation from the common carrier provider shall be deducted from and adjusted at the time of claim payment.
- f. For this benefit to trigger Insured Person must board the rescheduled common carrier.
- g. 'x' shall be the 'Deductible for common carrier Connection' as opted and specified in the certificate of Insurance under MISSED CONNECTION – COMMON CARRIER (INDEMNITY).

B. Specific Exclusions applicable to MISSED CONNECTION – COMMON CARRIER (INDEMNITY)

- a. Strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an Insured Journey was booked.
- b. The Insured Person's failure to arrive for the common carrier's departure in sufficient time to complete all departure formalities in accordance with the common carrier published time schedule
- c. Any occasion when the common carrier has offered a reasonable alternative transport or connection or the Insured Person's ticket for the connecting common carrier could have been used for an alternative connection.

C. Specific Claim Documents applicable to MISSED CONNECTION – COMMON CARRIER (INDEMNITY)

- a. Letter from the common carrier provider stating reason and duration of delay



- b. Original Invoice and payment receipt towards re-scheduled travel tickets
- c. Original bill of accommodation expenses (if accommodation was admissible and taken)
- d. Copy of Travel ticket and boarding pass of alternative travel arrangement made
- e. Any amount/coupon received in the form of compensation from the Common Carrier provider (if applicable)

106. COMMON CARRIER RESCHEDULING AND ALTERNATE BOOKING

The Company shall reimburse ONLY the differential fare amount to the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance against this cover incurred while booking an alternate Common Carrier OR while rescheduling a pre-booked Common Carrier in the event that the Insured Person's confirmed booked flight in which he/she was scheduled to travel during the Period of Insurance is cancelled solely due to any of the reasons mentioned below

A. Reasons for COMMON CARRIER CANCELLATION

- a. Occurrence of a Catastrophic event at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- b. Act of Terrorism at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- c. Political disturbance at Your subsequent, Common Carrier departure city or destination city or transit city (in case of connecting Common Carriers).
- d. The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- e. Death of the Insured Person or his/her Immediate family member
- f. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum 24 hours of continuous hospitalization
- g. Common Carrier was cancelled by Common Carrier authority due to any reason and details of the same are provided by the airline in writing.
- h. Catastrophic event at Insured Person's residence in India
- i. Termination from employment or Layoff of the Insured Person on or within 30 days preceding the day the Insured Person intends to board the Common Carrier. Claim shall be admissible only if the Insured Person was employed with such employer for atleast 5 continuous years.

B. Specific Conditions applicable to COMMON CARRIER RESCHEDULING AND ALTERNATE BOOKING

- a. Insured person must board and travel by the Rescheduled / Alternate Common Carrier.
- b. For claim to be payable under this benefit the reason for Common Carrier cancellation as specified above must trigger during the Period of Insurance OR on or within 30 days preceding the day the Insured Person intends to board the said flight. However, the policy should have been purchased before the said event.
- c. The rescheduled / alternate Common Carrier` booked must be of the same route and same class as the original scheduled flight.
- d. Any amount/coupon received in the form of compensation from the Common Carrier shall be deducted from and adjusted at the time of claim payment.
- e. In case multiple flights need to be rescheduled or alternate flights need to be booked then expenses pertaining to all such flight shall be payable through this benefit ONLY and upto the Sum Insured of this benefit ONLY.

C. Specific Claim Documents applicable to FLIGHT RESCHEDULING AND ALTERNATE BOOKING

- a. Copy of original confirmed Common Carrier ticket



- b. Letter from Airline Authority certifying the reason of cancellation in case the Common Carrier was cancelled by the Airline
- c. Letter/Email from the Insured Person mentioning the reason of Common Carrier cancellation with the relevant proof in case flight was cancelled by the Insured Person.
- d. Medical reports and discharge summary in case of hospitalization
- e. Copy of death certificate in case of death
- f. Receipt/Invoice pertaining to rescheduling of Common Carrier
- g. Receipt/Invoice pertaining to alternate Common Carrier booking
- h. Any amount/coupon received in the form of compensation from the Common Carrier (if applicable)

107. MATERNITY CASH (PER DAY)

Under this benefit, we shall pay the per day Sum Insured as specified in the Certificate of Insurance against this cover for each continuous and completed period of 24 hours of Hospitalization post completion of time deductible for only the Medical Expenses pertaining to delivery of the Insured Person's child during the Period of Insurance.

A. Specific Conditions applicable to MATERNITY CASH (PER DAY)

- a. Coverage under MATERNITY CASH (PER DAY) is subject to a waiting period and deductible if specified in Certificate of Insurance against this cover.
- b. If this benefit is in force, then exclusion pertaining to Maternity (Maternity: Code – Excl18) shall be superseded ONLY to the extent of coverage provided under this benefit.

B. Specific Claim Documents applicable to MATERNITY CASH (PER DAY)

- a. Discharge summary
- b. Hospital bills
- c. Invoices of all expenses incurred
- d. Doctor's prescription
- e. Baby's Birth Certificate
- f. Medical history reports
- g. Any other relevant medical report on case to case basis

II. OPTIONAL COVERAGES

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. For opting certain optional covers a specific Base cover might need to be opted, details pertaining to the same shall be mentioned categorically in the terms of such optional benefits. 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.

1. AUTOMATIC EXTENSION

The Company shall grant automatic extension ONLY once and for the number of days as specified in the Certificate of Insurance, if the extension is necessary and is solely due to any of the reasons mentioned below. In such cases, policies shall be extended from the policy period end date:

- a. In case we have paid a claim under FLIGHT DELAY benefit or FLIGHT CANCELLATION benefit for the final flight back to India.
- b. Death of an Immediate Family member travelling with the Insured Person
- c. Sudden Injury or Illness to the Insured Person or an Immediate Family Member travelling with the Insured Person requiring minimum 24 hours of hospitalization that commences during the Period of Insurance.
- d. Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- e. Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- f. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).

A. Specific Claim Documents applicable to AUTOMATIC EXTENSION

- a. Medical reports and discharge summary wherever applicable
- b. Copy of death certificate in case of death.
- c. Proof that the Immediate Family member was travelling with the Insured Person

2. ROAD AMBULANCE

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

If this optional cover is in force, we will reimburse the expenses up to the sub-limits specified in the Certificate of Insurance against this cover, incurred on utilizing a road ambulance service overseas to transfer the Insured Person

- i. From site of incident to the nearest Hospital for Emergency Care Hospitalization OR
- ii. from one Hospital to another nearest Hospital, following an Emergency Care Hospitalization, ONLY if adequate medical resources to stabilize the Insured were NOT available at the first hospital

A. Specific Conditions applicable to ROAD AMBULANCE

- a. Road ambulance expenses shall be covered up to the sub-limits specified in the Certificate of Insurance against this cover
- b. There is NO separate Sum Insured for this cover. Any claim under this cover shall reduce the Sum Insured of Emergency Medical Expenses - Accident & Illness.
- c. Claim under this benefit shall be payable ONLY if we have accepted and paid a claim under Emergency Medical Expenses - Accident & Illness

B. Specific Claim Documents applicable to ROAD AMBULANCE

- a. Invoices / Bills pertaining to Road Ambulance charges incurred

3. MEDICAL REPATRIATION

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

Under this cover we shall indemnify the Insured Person for the below listed expenses ONLY if the medical repatriation is proposed by the Insurer (post notification from the Insured) and consent for the same if provided by the Insured Person:

- i. Expenses incurred in evacuation of Insured Person from overseas medical facility to a medical facility in India in an ambulance, AND
- ii. Expenses incurred to continue medically necessary hospitalization commenced by the Insured Person outside of India for a maximum period of 30 days from date of return to India. Only those medical expenses stipulated under Emergency Medical Expenses - Accident & Illness shall be covered.

A. Specific Conditions applicable to MEDICAL REPATRIATION

- a. Claim under this cover shall be payable only if the Insured Person was hospitalised outside India for at least 24 hours prior to Medical Repatriation (unless deemed unnecessary by the Insurer)
- b. Claim under this benefit shall be payable ONLY if we have accepted and paid a claim under Emergency Medical Expenses - Accident & Illness
- c. There is NO separate Sum Insured for this cover. Medical repatriation expenses shall be covered maximum up to the Sum Insured of Emergency Medical Expenses - Accident & Illness. Any claim under this cover shall reduce the Sum Insured of Emergency Medical Expenses - Accident & Illness.
- d. Listed expenses under this cover may be settled on cashless basis or reimbursement basis as per the discretion of the Insurer
- e. Medical Repatriation cover can be availed by Insured Person ONLY after obtaining due approval from Us.

B. Specific Claim Documents applicable to MEDICAL REPATRIATION

- a. Invoices / Bills pertaining to medical repatriation charges incurred
- b. Hospitalization bills stating admission of at least 24 hours in the foreign country (unless deemed unnecessary by the Insurer)

4. POST HOSPITALIZATION EXPENSES

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

Under this benefit, we will indemnify ONLY the below listed Post Hospitalization Medical Expenses incurred during the Period of Insurance upto the number of days post discharge as specified in the Certificate of Insurance

- a. Follow-up consultations
- b. Medications
- c. Diagnostic tests

A. Specific Conditions applicable to POST HOSPITALIZATION EXPENSES

- a. Post hospitalization expenses shall be covered up to the independent Sum insured mentioned in the Certificate of Insurance against this benefit.
- b. The Post hospitalization expenses shall be indemnified if the same were incurred upto the days specified in the Certificate of Insurance, immediately post the date of discharge from the Hospital.
- c. We shall pay a claim under this benefit ONLY if the post hospitalization expenses are related to a hospitalization of the Insured Person due to Illness OR Injury during the Period of Insurance and a claim under **EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS** would be payable irrespective whether that benefit is in-force or not.

B. Specific Claim Documents applicable to POST HOSPITALIZATION EXPENSES

- a. Invoices of all expenses incurred
- b. Doctor's prescription
- c. Medical history reports

5. OUT PATIENT TREATMENT EXPENSES

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

Under this cover, if the **Insured Person** sustains **Injury OR Illness** 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 and prescribed in writing by the treating medical practitioner

OPD Medical Expenses

- i. Diagnostic Tests
- ii. Medicines and Drugs
- iii. Pharmacy
- iv. Vaccination for post bite treatment OR any vaccine mandated by the country (within the geographical scope of the policy) post commencement of period of insurance.
- v. Consultations with a Medical Practitioner
- vi. Plaster cast
- vii. Bandage and dressing

A. Specific Conditions applicable to OUT PATIENT TREATMENT EXPENSES

- a. Deductible as specified in Certificate of Insurance shall apply to each and every claim admissible under this benefit
- b. We shall only indemnify only those OPD expenses incurred within immediate 15 days following the date of sustaining the **Injury/ Illness**.
- c. We shall only indemnify only those OPD expenses incurred during the Period of Insurance.
- d. There is NO separate Sum Insured for this cover. Any claim under this cover shall reduce the Sum Insured of Emergency Medical Expenses - Accident & Illness
- e. This cover shall have a sub-limit. The same shall be mentioned against this cover in the Certificate of Insurance. We shall NOT be liable to pay any claims pertaining to OUT PATIENT TREATMENT EXPENSES in excess of the specified sub-limit.

B. Specific Exclusions applicable to OUT PATIENT TREATMENT EXPENSES

- a. Post exposure prophylaxis vaccination are not covered.



C. Specific Claim Documents applicable to OUT PATIENT TREATMENT EXPENSES

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

6. EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE

If this benefit is mentioned in the Certificate of Insurance, then Specific exclusion 'q' – 'Claims arising out of pre-existing disease' shall be superseded ONLY for all the below mentioned benefits if applicable and in force under the policy.

- a. EMERGENCY MEDICAL EXPENSES - ACCIDENT & ILLNESS
- b. OUT PATIENT TREATMENT EXPENSES
- c. DENTAL EXPENSES
- d. POST HOSPITALIZATION EXPENSES
- e. RECUPERATION EXPENSES
- f. ROAD AMBULANCE
- g. EMERGENCY MEDICAL EVACUATION
- h. MEDICAL REPATRIATION
- i. HOSPITAL CASH - ACCIDENT & ILLNESS
- j. EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON
- k. EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN
- l. EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER
- m. EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER
- n. REPATRIATION OF MORTAL REMAINS

A. Specific Conditions applicable to EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE

- b. Only those Pre-Existing Disease(s) [PED] that have been declared beforehand in the proposal form and agreed by the Company shall be considered under this cover.
- c. There is NO separate Sum Insured for this benefit. Any claim under this benefit shall reduce the Sum Insured of the requisite Base / Optional benefits.
- d. For PED claims, the sub-limit as specified in the Certificate of Insurance against EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE is a cumulative sub limit that shall apply only to benefits a. to e. listed above. We shall not be liable to pay PED claims in excess of the stated sub-limit cumulatively under benefits 'a to e' put together. Claims upto the stated sub-limit shall be settled in the same chronology as stipulated above.
- e. For PED claims, the sub-limit as specified in the Certificate of Insurance against EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE shall NOT apply to benefits 'f to n' listed above. Only the Specific exclusion 'q' – 'Claims arising out of pre-existing disease' shall be superseded.
- f. All deductibles, terms and conditions applicable to all the benefits listed above shall remain unaltered.

B. Specific Exclusions Applicable to EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE

- a. Any treatment or part of the treatment which is not a medical emergency, and can safely be postponed till the Insured Person's return to India
- b. Any Illness or Injury, sickness for which the Insured Person has taken medical treatment in the preceding 12 months prior to the commencement of the Policy.



- c. Any complication arising out of any surgery / treatment of injury or likewise treatment taken during preceding 12 months prior to commencement of the Policy.
- d. Any routine follow-up or treatments pertaining to the pre-existing disease

7. RESTRICTION OF COVERAGE FOR SENIOR CITIZENS

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

Under this cover, sub-limit and/or restrictions as specified below shall be applicable to all Insured Persons aged 61 years or above under the Policy

Option – A

For Insured Person aged 61 years and above, the maximum eligible medical expenses per Illness, disease or accident sustained or contracted within the Period of Insurance whilst on the trip abroad, that may lead to one or more medical expenses and/ or hospitalization expenses are as below

- a. Hospital Room and boarding - maximum USD 1,800 per day up to 30 days
- b. Intensive care unit - maximum USD 3,250 per day up to 7 days
- c. Surgery* - maximum up to USD 15,000
- d. Anaesthetist services - up to 25% of surgical treatment
- e. Medical Practitioner's visit fees - maximum USD 100 per day per visit up to 10 visits per claim
- f. Diagnostic and Radiology services - maximum USD 1000 per claim
- g. Road Ambulance services** - maximum upto USD 500 OR amount specified in the Policy Schedule against this service whichever is lower (per claim basis)
- h. Miscellaneous expenses*** - maximum of USD 2,000

For the purpose of application of the above sub-limits,

- *Surgery: Includes Operation room charges, Surgeon fee and Implant charges
- **Ambulance Services: Includes Cost of transportation to hospital and Paramedic services
- ***Miscellaneous expenses: Includes but not limited to cost of medicines/ Pharmacy/ Drugs/ Supplies, nursing charges, External medical appliances as prescribed in writing by a registered Medical Practitioner as necessary and essential as part of the treatment on actual, Blood storage & processing charges, other services which are not part of any other above given heads



Particular	Option B	Option C
Room Rent	\$1500/day up to 30 days	\$1500/day up to 30 days
ICU Charges	\$3000/day up to 7 days	\$2000/day up to 7 days
Operation Theatre charges (Inclusive surgeon charges)	Maximum Up to USD 10000	Maximum Up to USD 7500
Anaesthetist services	Up to 25% of Surgical Treatment	Up to 25% of Surgical Treatment
Medical Practitioner's visit fees	Max \$ 75/day up to 10 visits	Max \$ 75/day up to 10 visits
Diagnostic and Radiology services	Up to USD 1000	Up to USD 500
Ambulance Services	Max up to \$ 500	Max up to \$ 300
Miscellaneous Expenses	Maximum of USD 1000	Maximum of USD 1000

A. Specific Conditions applicable to RESTRICTION OF COVERAGE FOR SENIOR CITIZENS

- a. The sub-limits / restriction as specified in Certificate of Insurance shall ONLY apply to Emergency Medical Expenses - Accident & Illness and optional covers available under the same.
- b. The sub-limits / restriction shall be as specified in Certificate of Insurance from the options mentioned above.
- c. There is NO separate Sum Insured for this cover. Claims under Emergency Medical Expenses - Accident & Illness shall be subject to the sub-limits and restrictions applicable under this cover and stated in the Certificate of Insurance against this cover.
- d. All other terms and conditions as specified under Emergency Medical Expenses - Accident & Illness shall remain as is

8. REMOVAL OF RESTRICTION TO ONLY FLIGHTS

If this benefit is in force, then the words 'Flight', 'Airplane' and 'Airline' shall be understood to be replaced by the term 'Common Carrier' wherever it occurs in only those benefits mentioned below and if in force as per the Certificate of Insurance

- a. LOSS OF CHECKED-IN BAGGAGE (BENEFIT)
- b. LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)
- c. DELAY OF CHECKED IN BAGGAGE [INDEMNITY]
- d. DELAY OF CHECKED IN BAGGAGE [BENEFIT]
- e. FLIGHT DELAY
- f. FLIGHT CANCELLATION
- g. MISSED FLIGHT CONNECTION
- h. FLIGHT RESCHEDULING AND ALTERNATE BOOKING
- i. TRIP DELAY
- j. TRIP CANCELLATION
- k. TRIP CURTAILMENT
- l. HIJACK DISTRESS ALLOWANCE (LUMP SUM)
- m. HIJACK DISTRESS ALLOWANCE (PER-DAY)
- n. BOUNCED BOOKING – AIRLINE

A. Specific Definitions applicable to REMOVAL OF RESTRICTION TO ONLY FLIGHTS

- a. Common Carrier means any Scheduled public carrier responsible for transporting fare paying passengers through Road, Rail, Water or Air and is operating under a valid license from the relevant Government authority. Private taxis, taxis booked through cab aggregators, self-driven or hired road carriers and chartered aircrafts do not fall under the definition of Common Carrier.



9. EXTENSION OF COVERAGE FOR ADVENTURE SPORTS ACTIVITIES FOR ALL SECTIONS

If this benefit is mentioned in the Certificate of Insurance, then Specific exclusion pertaining to **'Hazardous Activities OR Adventure sports'** shall be superseded for all benefits in force under the policy.

10. EXTENSION OF COVERAGE FOR SUICIDE

If this benefit is mentioned in the Certificate of Insurance, then Specific Exclusion pertaining to suicide shall be superseded by this extension for ONLY below mentioned benefits if opted and specified in COI. This benefit is only available with Student Travel policies.

- a. EMERGENCY MEDICAL EXPENSES - ACCIDENT & ILLNESS
- b. POST HOSPITALIZATION EXPENSES
- c. RECUPERATION EXPENSES
- d. HOSPITAL CASH - ACCIDENT & ILLNESS
- e. EMERGENCY MEDICAL EVACUATION
- f. EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN
- g. EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER
- h. EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER
- i. ROAD AMBULANCE
- j. OUT PATIENT TREATMENT EXPENSES
- k. MEDICAL REPATRIATION



11. EXTENSION OF COVERAGE FOR TERRORISM

If this benefit is in force, then exclusion 't' under Specific Exclusions section shall no longer be applicable to this policy and all admissible claims wherein the Insured person was a victim of an Act of Terrorism shall become payable. However, claims shall not be payable if evidence suggests that Insured Person was linked to carrying out the Act of Terrorism in any way.

12. HOME TO HOME COVER

Under this benefit, coverage for ONLY the below listed benefits shall be provided to the Insured Person before and beyond the Period of Insurance. Coverage shall be provided ONLY for the below mentioned benefits if the same are opted and specified in the Certificate of Insurance

- i. EMERGENCY MEDICAL EXPENSES - ACCIDENT & ILLNESS
- ii. ROAD AMBULANCE
- iii. POST HOSPITALIZATION EXPENSES
- iv. RECUPERATION EXPENSES
- v. DENTAL EXPENSES
- vi. HOSPITAL CASH - ACCIDENT & ILLNESS
- vii. OUT PATIENT TREATMENT EXPENSES
- viii. PERSONAL ACCIDENT
- ix. PERSONAL ACCIDENT – COMMON CARRIER

A. Specific Conditions applicable to HOME TO HOME COVER

- a. This benefit is NOT available for Student Travel Policies. It is only available for Single Trip and Annual Multi Trip policies.
- b. If this benefit is in force it extends the period of Insurance ONLY for coverage that is provided under HOME TO HOME COVER
- c. Geographical scope of this benefit is restricted to India
- d. There is NO separate Sum Insured for this benefit. Any claim under this benefit shall reduce the Sum Insured of the requisite Base benefits.
- e. All specific conditions, specific exclusions, specific waiting periods, deductibles, co-payments, sub-limits applicable to the above mentioned benefits i, ii, iii, iv shall be applicable for claims under this benefit as well
- f. For Single Trip policies
 1. Coverage under this benefit shall begin 48 hours prior to scheduled departure of Insured Person's Common Carrier from India that would have started the Period of Insurance
 2. Coverage under this benefit shall end at the earlier of
 - i. 48 hours post to scheduled arrival of Insured Person's Common Carrier to India
 - OR
 - ii. 48 hours post Policy Period end date
- g. For Annual Multi Trip policies



1. Coverage under this benefit shall begin 48 hours prior to scheduled departure of Insured Person's Common Carrier from India that would have started the Period of Insurance of that particular trip
2. Coverage under this benefit shall end at the earlier of
 - i. 48 hours post to scheduled arrival of Insured Person's Common Carrier to India for that trip

OR

 - ii. 48 hours post completion of annual multi trip maximum trip duration days for that trip

C. Specific claim documents applicable to HOME TO HOME COVER

- a. Travel ticket that starts period of Insurance
- b. Travel ticket that ends period of Insurance
- c. All requisite claim documents required in the requisite Base benefits

13. EXTENSION FOR COVERAGE IN INDIA

Under this benefit, coverage for ONLY the below listed benefits shall be provided to the Insured Person while he returns to India during the Policy Period. Coverage shall be provided ONLY for the below mentioned benefits if the same are opted and specified in the Certificate of Insurance

- A. EMERGENCY MEDICAL EXPENSES - ACCIDENT & ILLNESS
- B. ROAD AMBULANCE
- C. POST HOSPITALIZATION EXPENSES
- D. RECUPERATION EXPENSES
- E. DENTAL EXPENSES
- F. HOSPITAL CASH - ACCIDENT & ILLNESS
- G. OUT PATIENT TREATMENT EXPENSES
- H. STUDY INTERRUPTION
- I. SPONSOR PROTECTION
- J. PERSONAL ACCIDENT
- K. PERSONAL ACCIDENT – COMMON CARRIER

A. Specific Conditions applicable to EXTENSION FOR COVERAGE IN INDIA

- a. This benefit is NOT applicable to Single Trip and Annual Multi Trip policies. It is ONLY available for Student Travel policies.
- b. Geographical scope of this benefit is restricted to India
- c. There is NO separate Sum Insured for this benefit. Any claim under this benefit shall reduce the Sum Insured of the requisite Base benefits.
- d. All specific conditions, specific exclusions, specific waiting periods, deductibles, co-payments, sub-limits applicable to the above mentioned benefits shall be applicable for claims under this benefit as well

B. Specific claim documents applicable to EXTENSION FOR COVERAGE IN INDIA

- a. Travel ticket to India within the Policy Period
- b. All requisite claim documents required in the requisite Base benefits

14. OVERSEAS ASSISTANCE SERVICES

The Company will provide the Insured Person with the below mentioned Assistance Services through an empanelled Assistance Company / Provider

- A. **Medical Assistance** - As soon as the Assistance Company is notified of a Medical Emergency resulting from Insured Person's Accident, the Assistance Company will contact the medical facility or location where the Insured Person is located and confer with the Medical Practitioner at that location to determine the best course of action to be taken. If possible and if appropriate, Insured Person's Medical Practitioner will be contacted to help arrive at a decision as to the best course of action to be taken. The Assistance Company will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending or securing the availability of services of a local Medical Practitioner and arranging Hospitalisation of the Insured Person where, in its discretion, deems such Hospitalisation is appropriate.
- B. **Medical Evacuation** - When, in the opinion of the Assistance Company's medical panel, it is judged medically appropriate to move the Insured Person to another location for treatment or return the Insured Person to the Insured Person's Usual Place of Residence, the Assistance Company will arrange the evacuation, utilizing the means best suited to do so, based on the Emergency Medical Evacuation of the seriousness of The Insured Person's condition, and these means may include air Ambulance, surface Ambulance regular airplane, rail, road or other appropriate means. All decisions as to the means of Transportation and final destination will be made by the Assistance Company.
- C. **Repatriation** - the Assistance Company agrees to make the necessary arrangements for the return of Insured Person's remains to the Insured Person's Usual Place of residence in the event of the Insured Person's death while this service agreement is in effect as to the Insured Person.
- D. **Legal Assistance** - If Insured Person is arrested or are in danger of being arrested as a result of any non-criminal action resulting from responsibilities attributed to, Assistance Company will, if required, provide the Insured Person with the name and address of an attorney who can represent him in any necessary legal matters. (applicable if the specific Add-on Cover has been opted for)
- E. **Lost / Stolen Luggage and Personal Effects or Lost passport Assistance** - the Assistance Company will assist the Insured Person who has lost the Insured Person's luggage or passport while traveling by contacting the appropriate authorities involved and providing directions for recovery. (applicable if the specific Add-on Cover has been opted for)
- F. **Lost Travel Document / Credit Card Assistance** - In the event of a lost travel document or credit card, the Assistance Company will assist Insured Person by providing directions on reporting the loss and requesting for replacement. (applicable if the specific Add-on Cover has been opted for)



- G. **Emergency Message Transmission Assistance** - the Assistance Company shall use its best efforts to transmit messages or medical information, upon the Insured Person's request and consent, to the Insured Person's friends, Immediate Family Member and/or Business associates.
- H. **Product & Claims Information Services** - the Assistance Company will provide information, in accordance with a protocol to be mutually agreed, on general Claims procedures and main product features to the Insured Person, when requested and if available. Should the Assistance Company not have the information available, the Assistance Company will direct the Insured Person to contact The Company directly.
- I. **Emergency Travel Services** - to assist the Insured Person by arranging for emergency travel tickets, replacements of travel tickets and arrangement of hotel accommodation when traveling outside Usual Place of Residence.
- J. **Emergency Cash Transfers and Advances** – The Assistance Company will arrange for cash payments to Insured Person through a variety of sources including credit cards, hotels, banks, consulates and Western Union. The Assistance Company provides this service to supplement the facilities of Insured Person 's Credit Cards. Credit Card transaction performed by the Assistance Company are subject to confirmed Credit. (applicable if the specific Add-on Cover has been opted for)

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the Assistance Company shall act in a medical or legal capacity on behalf of the Insured Person only. The Company or Assistance Company assumes no responsibility for any Medical Advice or legal counsel given by the medical professional or attorney. Insured Person shall not have any recourse to the Company or Assistance Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom. The Insured Person is responsible for the cost of services arranged by the Assistance Company on behalf of Insured Person or a covered Immediate Family Member. The Assistance Company will access this Policy and/or other insurance Policy coverages, to which the Insured Person may be entitled, and/or the Insured Person's credit cards or other forms of financial guarantees provided by the Insured Person, in order to facilitate payment for such services. In case the Company or the Assistance Service Provider fails to provide any of the services as mentioned in this Policy or is unable to implement , in whole or in part due to Force Majeure , non-availability of Services, change in law, rule or regulations which effects the Services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which effects the services , then the Assistance Services' suspended, curtailed or limited performance shall not constitute of Breach of Contract and the Company or the Assistance Service Provider shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom

15. EMERGENCY CASH ASSISTANCE SERVICE

This is an assistance service provided by the Company through its service provider when the Insured Person requires emergency cash flow due to theft or burglary of luggage or physical money occurring during the Period of Insurance.

The Company/service provider shall co-ordinate with the Insured Person's relatives in India to provide emergency cash to the Insured Person or collect the amount & arrange for the transfers maximum up to 1000 USD.

A. Specific Conditions applicable to EMERGENCY CASH ASSISTANCE

- a. The Company's liability to arrange for cash shall not arise until the FIR registered with the local police authority is made available to us and verified/confirmed that the loss was due to theft/burglary of luggage/money.
- b. Administrative cost incurred if any for the transfer of funds shall be deducted from the collected amount.

B. Specific Exclusions applicable to EMERGENCY CASH ASSISTANCE

- a. A shortage or loss of funds due to currency fluctuation, errors omissions, exchange, loss or depreciation in value.
- b. Any loss not reported to the police authorities having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
- c. Any claim in respect of a loss of traveller's cheques not immediately reported to the local branches or agents of the issuing authority.
- d. Any reimbursement under Emergency Cash Assistance is excluded if the claim is put up after arrival of the Insured to India.

C. Specific Claim Documents applicable to EMERGENCY CASH ASSISTANCE

- a. Copy of FIR / police report obtained within 24 hours of theft

16. Policy Level – Any one Illness sub-limit

If this Optional cover is in force, then a policy level sublimit shall be applicable for the coverages as mentioned in certificate of insurance

Under this cover, sub-limit and/or restrictions shall be applicable to all Insured Persons aged 61 years or above under the Policy.

There is NO separate Sum Insured for this cover.



17. Policy Level – Any one Accident sub-limit

If this Optional cover is in force, then a policy level sublimit shall be applicable for the coverages as mentioned in certificate of insurance

Under this cover, sub-limit and/or restrictions shall be applicable to all Insured Persons aged 61 years or above under the Policy.

There is NO separate Sum Insured for this cover.

SECTION 3 - EXCLUSIONS

The Company shall not make payment for any claim or losses arising in respect of any Insured Person caused by any of the Standard and / or Specific Exclusions mentioned below, unless

- a. explicitly stated to the contrary in the Certificate of Insurance or
- b. explicitly stated to the contrary in the terms of the relevant section applicable to the said benefit/claim under this policy

I. STANDARD EXCLUSIONS

All the exclusions listed below shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

a. Investigation & Evaluation: Code Excl04

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

b. Rest Cure, rehabilitation and respite care: Code – Excl05:

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

c. Obesity/Weight control: Code – Excl06:

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

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The surgery/Procedure conducted should be supported by clinical protocols
- iii. The member has to be 18 years of age or older and
- iv. Body Mass Index (BMI)
 - A. greater than or equal to 40 or
 - B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - 1) Obesity-related cardiomyopathy
 - 2) Coronary heart disease
 - 3) Severe sleep apnoea
 - 4) Uncontrolled type2 diabetes

d. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

e. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a

direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

- f. **Breach of Law: Code – Excl10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- g. **Excluded Providers: Code – Excl11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations **or** following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.
- h. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code – Excl12.**
- i. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code – Excl13.**
- j. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed in writing by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. **Code – Excl14.**
- k. **Refractive Error: Code – Excl15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- l. **Unproven Treatments: Code – Excl16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- m. **Sterility and Infertility: Code – Excl17:** Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization.
- n. **Maternity: Code – Excl18**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

II. SPECIFIC EXCLUSIONS

In addition to the Standard Exclusions, the Company shall also not make payment for any claim in respect of any Insured Person caused by any of the following unless explicitly stated to the contrary in the Certificate of Insurance

- a. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.
- b. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.
- c. Any Insured Person's participation or involvement in naval, military or air force operation.
- d. Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition").
- e. Congenital external diseases, defects or anomalies.
- f. Stem cell harvesting.
- g. 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.
- h. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
- i. Vaccination including inoculation and immunisations (except post animal bite treatment and Vaccination expenses for the new born baby incurred within one year of Birth)
- j. 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.
- k. The provision or fitting of hearing aids, spectacles or contact lenses.
- l. 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.
- m. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless specifically mentioned to be covered under any benefit of this Policy.
- n. 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.
- o. The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss caused by or contributed to or arising from: Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or Asbestosis or any related Illness or Disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or products thereof
- p. We shall NOT be liable to pay any claim that arises if
 - i. an authorized government body of the Republic of India has imposed travel restrictions to a certain country and yet the Insured Person has travelled to such country after the imposition of such restrictions



- ii. an authorized government body of a certain country has imposed restriction on travel by an Indian citizen to such country and yet the Insured Person has travelled to such country after the imposition of such restrictions
- q. Claims arising out of pre-existing disease
- r. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Certificate of Insurance 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.
- s. Dental treatment: Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident
- t. Any act of 'Terrorism' unless explicitly covered under any benefit of this policy.
- u. Specific Exclusions listed under a benefit (if any)
- v. Cost of any non-emergency treatment or surgery including exploratory tests which are not directly related to what the concerned Insured person originally went to hospital for
- w. Any form of treatment that the treating doctor thinks can reasonably wait until the concerned Insured person returns home
- x. Any claim where trip was specifically planned for the purpose of availing treatment of an existing medical condition (Medical tourism)
- y. Claims wherein the Insured Person is travelling against the advice of a Doctor or is receiving or on a waiting list for specified medical treatment.
- z. Claims owing to involvement of Insured Person in Hazardous Activities OR Adventure sports as defined under Specific definitions section
- aa. Claims for medical expenses wherein the Insured Person has taken treatment at home or any place that is NOT a Hospital.
- bb. Claims pertaining to pre and post hospitalization medical expenses unless specifically mentioned to be covered under any benefit of this Policy.

SECTION 4 - GENERAL TERMS AND CLAUSES

The Company shall not make payment for any claim in respect of any Insured Person caused by any of the following unless explicitly stated to the contrary in the Certificate of Insurance

I. STANDARD GENERAL TERMS AND CLAUSES

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 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.

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

- iii. 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.
- iv. 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.
- v. 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.

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:

- a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the 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

- i. Single Trip policy: Certificate of Insurance pertaining to a Single Trip policy is non-renewable.
- ii. Annual Multi Trip Policy:
 - a) Certificate of Insurance pertaining to a Annual Multi Trip Policy will automatically terminate at the end of the Policy Period unless renewed.
 - b) In respect of all applications for renewal received by Us before the end of the Policy Period, we will ordinarily offer renewal terms unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the renewal of the Policy poses a moral hazard. We shall be entitled to call for and receive any information or documentation before agreeing to renew the Policy, and in renewing We are not bound to renew for all Insured Persons
- iii. Student Travel policy: Certificate of Insurance pertaining to a Student Travel policy is non-renewable.

h. Cancellation

- A. 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.
- B. No refunds of premium shall be made in respect of Cancellation of any Single Trip and/or Annual Multi Trip Policy and/or Student Travel Policies 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) Pro-rata refunds of premium shall be made if policy is cancelled post commencement of Period of Insurance for the unexpired Policy Period

II. Cancellation for Annual Multi Trip Policies

The Policyholder may cancel his/her Annual Multi Trip Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period

III. Cancellation for Student Travel Policies

The Policyholder may cancel his/her Student Travel Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period

i. Possibility of Revision of terms of the Policy including the Premium Rates (only applicable to Annual Multi Trip policies)

The Company 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 (only applicable to Annual Multi Trip policies)

- 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 Certificate of Insurance/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.

m. Redressal of Grievance

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

II. SPECIFIC TERMS AND CLAUSES

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 for a Single Trip policy

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

- i. There has been no claim in the Policy until receipt of request for extension.
- ii. We receive a written request for extension of the Policy at least 72 hours prior to policy period expiration
- iii. We receive an affirmative good health declaration of the Insured Person.
- iv. The applicable premium for extension is paid before the Policy Period expiry date
- 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. Extension of Policy Period for a Student Travel policy

We may extend a Student Travel Policy only once during the Policy Period, provided that:

- i. There has been no claim in the Policy until receipt of request for extension.
- ii. We receive a written request for extension of the Policy at least 72 hours prior to policy period expiration
- iii. We receive an affirmative good health declaration of the Insured Person.

- iv. The applicable premium for extension is paid before the Policy Period expiry date
- v. The total Policy Period (original policy period + extended policy period) must not exceed 5 years

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.

e. Change of Geographical Scope of this policy

We may change the Geographical Scope of any Single Trip or Annual Multi Trip Policy only once during the Policy Period, provided that:

- i. We receive a written request for change of Geographical Scope of the Policy
- ii. The applicable premium is paid before the Policy Period expiry date
- iii. The Insured Person has not reported or made a claim in this policy before we receive a request for change of geographical scope of the Policy.
- iv. The Insured Person has not already entered any part of the proposed changed Geographical Scope

Applicable Premium for change of Geographical Scope = [Premium of Original Policy Period for Proposed Geographical Scope] – [Original Premium Paid]

We are under no obligation to change the Geographical Scope of this Policy on the same terms whether as to premium or otherwise.

f. Change of Geographical Scope as well as Extension of Policy Period

We may change the Geographical Scope and extend the Policy Period of any Single Trip Policy only once during the Period of Insurance, provided that:

- i. All conditions given under change of Geographical Scope of this policy & Extension of Policy Period of this Policy are met

Applicable Premium in case of Extension of the Policy Period as well as change in Geographical Scope =

[Premium of Total Policy Period for Proposed Geographical Scope] – [Original Premium Paid]

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

g. Enhancement of Sum Insured

This policy has a provision for enhancing Sum Insured for Annual Multi Trip Policies. Sum Insured enhancement for such policies shall be only at renewals & will be subject to underwriting. There is no provision for enhancing the Sum Insured for Single Trip policies.

h. 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

i. 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.

j. Policy Excess/Deductible

This Policy has a policy excess/deductible as mentioned in the Certificate of Insurance which the Insured Person will have to self-pay and this amount cannot be claimed. Policy excess will be applicable for each and every claim. This implies for any claim the policy excess has to be borne by the Insured Person. This applies for all benefits with policy excess stated in Certificate of Insurance.

k. Basis of Claims Payment

- i. Reimbursement of all claims will be made on the currency value as on the date of loss.
- ii. Cashless claim will be paid to overseas facility in the prevalent currency of the said country on the date of payment & in case of payment through Assistance Service Providers on the date of invoice raised to us
- iii. For the purpose of reimbursement claim payments for all currencies shall be converted in to USD (as policy Sum Insured are in USD) and later to INR (as reimbursement payment will be in INR only).

l. 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.

m. 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

n. Grace Period

There is No Grace period applicable to this Policy.

o. 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 / Assistance Service Provider 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 24hour Helpline Centre and quote Policy Holders' Name, Policy Number, Insurance Company, Passport Number when seeking assistance within 24 Hours. - 022-61582020 (Chargeable)

Contacts for Medical & Non-medical emergency and Claim intimation

Contact Details	
Global Toll Free No (Excluding USA)	+800 08290829 (accessible from locations outside India only prefix country code) Please add the respective country's code before dialing the toll-free number. Example: Dial 01180008290829 since USA country code is 011
Toll Free No for USA	+18557569989 USA customer can directly dial this number from USA
Claim service Land line	+91-120- 6740895 (Chargeable)
Fax	+ 91 - 120 - 6691600
Email	travelclaims@hdfcergo.com

Claim can be registered/document submission through Soft Copies on: travelclaims@hdfcergo.com

For cashless

Member to intimate claims on medical.services@allianz.com / call on the above mentioned numbers which will land on HDFCERGO customer service and will be routed to Allianz.

V. 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	<ol style="list-style-type: none"> 1. Claim Form (to be filled and signed by Insured Person) 2. NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death claim) Claimant Indian Bank account details 3. Aadhaar card & PAN card Copies is as per the IRDAI guidelines 4. Receipts of Invoices and Bills provided in support of Claim amount 5. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India
Claim Documents specific to a Benefit	<ol style="list-style-type: none"> 1. As specified under Specific Claim Documents section of the respective benefit 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. Reimbursement of all claims (except claims under Emergency Cash Assistance) will be made by the Service Provider in Indian Rupees on the Insured's return back to India, at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed. Claims under Emergency Cash Assistance shall be settled/ arranged directly with the Insured, whilst abroad, by the Service Provider. The Insured shall immediately and in any event not later than 30 days after his return to India, notify the Service Provider and obtain a Claim Form for completion and return to the Service Provider along with supporting invoices and any other documentation or information that might be required or requested by the Service Provider.
- f. Documents which are common to interlinked claims may not be insisted again with respect to the same claims

VI. Condonation of delay

The Company may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the Insured Person.



VII. Contact Us

Claim Intimation	<i>Claim Service No.</i>	+91-120-6740895(Chargeable)
	<i>Contact us</i>	+80008290829 (Add country code before the number while dialling. Example: Dial 01180008290829 since USA country code is 011)
	<i>Email</i>	travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62, Noida – 0120 398 8360	

ANNEXURE A

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES		
S.No	Office Details	Jurisdiction of Office (Union Territory, District)
1	<p>AHMEDABAD</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	<p>BENGALURU</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27- N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	Karnataka.
3	<p>BHOPAL</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202: Email : bimalokpal.bhopal@cioins.co.in</p>	Madhya Pradesh, Chhattisgarh.
4	<p>BHUBANESWAR</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455</p>	Odisha.

	Email: bimalokpal.bhubaneswar@cioins.co.in	
5	<p>CHANDIGARH</p> <p>Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6	<p>CHENNAI</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
7	<p>DELHI</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
8	<p>GUWAHATI</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	<p>HYDERABAD</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.</p>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

	<p>Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	
10	<p>JAIPUR</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	Rajasthan.
11	<p>KOCHI</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	<p>KOLKATA</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	West Bengal, Sikkim, Andaman & Nicobar Islands.
13	<p>LUCKNOW</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

14	<p>MUMBAI</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
15	<p>NOIDA</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	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	<p>PATNA</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	Bihar, Jharkhand.
17	<p>PUNE</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region.
18	<p>THANE</p> <p>Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasanttrao Naik Mahamarg, Thane (West) Thane - 400604 Email: bimalokpal.thane@cioins.co.in</p>	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 I - Items for which Coverage is not available in the Policy (Non-Medical Expenses)

Sr. No.	Item	Sr. No.	Item
1	Baby Food	35	Oxygen Cylinder (For Usage outside Hospital)
2	Baby Utilities Charges	36	Spacer
3	Beauty Services	37	Spirometre
4	Belts/ Braces	38	Nebulizer Kit
5	Buds	39	Steam Inhaler
6	Cold Pack/Hot Pack	40	Armsling
7	Carry Bags	41	Thermometer
8	Email / Internet Charges	42	Cervical Collar
9	Food Charges (Other Than Patient's Diet Provided By Hospital)	43	Splint
10	Leggings	44	Diabetic Foot Wear
11	Laundry Charges	45	Knee Braces (Long/ Short/ Hinged)
12	Mineral Water	46	Knee Immobilizer/Shoulder Immobilizer
13	Sanitary Pad	47	Lumbo Sacral Belt
14	Telephone Charges	48	Nimbus Bed Or Water Or Air Bed Charges
15	Guest Services	49	Ambulance Collar
16	Crepe Bandage	50	Ambulance Equipment
17	Diaper of any Type	51	Abdominal Binder
18	Eyelet Collar	52	Private Nurses Charges- Special Nursing Charges
19	Slings	53	Sugar Free Tablets
20	Blood Grouping and Cross Matching Of Donors Samples	54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
21	Service Charges Where Nursing Charge also Charged	55	ECG Electrodes
22	Television Charges	56	Gloves
23	Surcharges	57	Nebulisation Kit
24	Attendant Charges	58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, etc.]
25	Extra Diet of Patient (Other Than That Which Forms Part of Bed Charge)	59	Kidney Tray
26	Birth Certificate	60	Mask
27	Certificate Charges	61	Ounce Glass
28	Courier Charges	62	Oxygen Mask
29	Conveyance Charges	63	Pelvic Traction Belt
30	Medical Certificate	64	Pan Can
31	Medical Records	65	Trolley Cover
32	Photocopies Charges	66	Urometer, Urine Jug
33	Mortuary Charges	67	Ambulance
34	Walking Aids Charges	68	Vasofix Safety

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

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



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

Sr. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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



ANNEXURE C

Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
1	Emergency Medical Expenses - Accident & Illness	
1a	In - patient hospitalization	Cashless or Reimbursement
1b	Room Rent	Cashless or Reimbursement
2	Maternity	Cashless or Reimbursement
3	Hospital Cash - Accident & Illness	Benefit only
4	Dental Expenses	Reimbursement only
5	Recuperation Expenses	Reimbursement only
6	Emergency Medical Evacuation	Cashless or Reimbursement
7	Personal Accident (PA)	
7a	Accidental Death	Benefit only
7b	Permanent Disablement - Accident	Benefit only
8	Personal Accident - Common Carrier	
8A	Accidental Death - Common Carrier	Benefit only
8B	Permanent Disablement - Accident - Common Carrier	Benefit only
9	Repatriation of mortal remains	Reimbursement only
10	Funeral Expenses	Reimbursement only
11	Delay of checked-in Baggage (Indemnity)	Reimbursement only
12	Delay of checked-in Baggage (Benefit)	Benefit only



Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
13	Loss of Checked-in Baggage (Benefit)	Benefit only
14	Flight Delay	Reimbursement only
15	Flight Cancellation	Reimbursement only
16	Missed Flight Connection	Reimbursement only
17	Flight rescheduling and alternate booking	Reimbursement only
18	Trip Delay	Reimbursement only
19	Trip Cancellation	Reimbursement only
20	Trip Curtailment	Reimbursement only
21	Bounced Booking - Hotel	Reimbursement only
22	Bounced Booking - Airline	Reimbursement only
23	Theft of Baggage and its Contents	Reimbursement only
24	Theft of Electronic Gadget	Reimbursement only
25	Theft of Mobile phone	Reimbursement only
26	Fraudulent transactions on payment cards	Reimbursement only
27	Loss of Passport	Reimbursement only
28	Loss of International driving license	Reimbursement only
29	Visa Rejection	Reimbursement only
30	Hijack Distress Allowance	Benefit only
31	Emergency Hotel Accommodation for Insured Person	Reimbursement only
32	Emergency Travel Expenses for Immediate Family member	Reimbursement only



Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
33	Emergency Accommodation Expenses for Immediate Family member	Reimbursement only
34	Emergency Travel Expenses for Insured Person's minor Children	Reimbursement only
35	Personal Liability	Reimbursement only
36	Bail Bond	Service
37	Study interruption	Reimbursement only
38	Sponsor protection	Reimbursement only
39	Back at home cover	
39a	Burglary Cover for Home Contents	Reimbursement only
39b	Home Insurance - Building & Content	Reimbursement only
39c	Pet Care	Reimbursement only
40	Rental motor damages	Reimbursement only
41	Replacement of staff	Reimbursement only
42	Golfer's hole in one	Benefit
43	Loss Of Checked-In Baggage (Indemnity)	Reimbursement only
44	Hijack Distress Allowance (Per-Day)	Benefit
45	Mugging	Indemnity
46	Overseas Travel Service Supplier Insolvency	Indemnity
47	Theft of Identity document	Indemnity
48	Legal Expenses	Indemnity
49	Legal Petition expenses	Indemnity



Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
50	Sports Equipment cover	Indemnity
51	Political risk and catastrophic evacuation	Indemnity
52	Custodial Care	Benefit
53	Pre-Existing Disease cover in life threatening medical condition	Indemnity
54	Unused Excursions	Indemnity
55	Missed Port Departure	Indemnity
56	Cruise Interruption	Indemnity
57	Cruise Package	Indemnity
58	Gadget Cover	Indemnity
59	Maternity Complications (per day)	Benefit
60	Maternity Complications (Indemnity)	Indemnity
61	Maternity Complications (Lumpsum basis)	Benefit
62	Child Care Allowance	Benefit
63	Child Care Accommodation	Benefit
64	Daily Allowance in case of isolation	Benefit
65	Missed Carrier (Indemnity)	Indemnity
66	Visa Cost cover	Indemnity
67	Emergency resumption of trip	Indemnity
68	Emergency Accommodation coverage	Indemnity
69	Identity Theft	Indemnity
70	Jewellery Insurance	Indemnity



Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
71	Home Care daily allowance	Benefit
72	Upgrade to Business class	Indemnity
73	Lifestyle Support	Indemnity
74	Travel with Pet cover	Indemnity
75	Trip Cancellation due to disturbance and inconvenience	Indemnity
76	Common Carrier Cancellation due to disturbance and inconvenience	Indemnity
77	Loss of personal belongings	Indemnity
78	Cruise Cancellation cover	Indemnity
79	Reconstructive Surgery (Benefit)	Benefit
80	Reconstructive Surgery (Indemnity)	Indemnity
81	Trauma Counselling	Indemnity
82	Medical Scans	Indemnity
83	Broken Bones	Benefit
84	Burns	Benefit
85	Modification of residence / vehicle	Indemnity
86	Child Education Benefit	Benefit
87	Comatose	Benefit
88	Assault	Benefit
89	Kidnap Distress	Benefit
90	Event Cancellation	Reimbursement
91	Missed Shore cover	Benefit



Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
92	Pet Care due to trip delay	Indemnity
93	Common Carrier Delay at Arrival (Fixed Benefit)	Benefit
94	Common Carrier Delay at Arrival (Per-Hour Benefit)	Benefit
95	Common Carrier Delay at Departure (Fixed Benefit)	Benefit
96	Common Carrier Delay at Departure (Per-Hour Benefit)	Benefit
97	Trip Delay (Common Carrier)	Indemnity
98	Common Carrier Cancellation	Reimbursement
99	Trip Inconvenience Package	Reimbursement
100	Bounced Booking - Common Carrier	Reimbursement
101	Delay of Checked in baggage - common carrier (Indemnity)	Reimbursement
102	Delay of Checked in baggage - common carrier (Per-Hour Basis)	Benefit
103	Loss of checked in baggage - common carrier (indemnity)	Reimbursement
104	Loss of checked in baggage - common carrier (benefit)	Benefit
105	Missed Connection - Common Carrier (Indemnity)	Reimbursement
106	Common carrier rescheduling and alternate booking	Reimbursement



Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
107	Maternity Cash (Per-Day)	Benefit



Sr. No.	Name of Coverage	Claim payout basis
Optional Covers		
1	Automatic Extension	Not Applicable
2	Road Ambulance	Cashless or Reimbursement
3	Medical Repatriation	Cashless or Reimbursement
4	Post hospitalization Expenses	Reimbursement only
5	Out Patient Treatment expenses	Reimbursement only
6	Extension of Pre Existing Disease (PED) coverage	As per base benefit
7	Restriction of Coverage for Senior Citizen	As per base benefit
8	Removal of restriction to only flights	As per base benefit
9	Extension of Coverage for adventure sport activities	As per base benefit
10	Extension of Coverage for Suicide	As per base benefit
11	Extension of coverage for terrorism	As per base benefit
12	Home to Home cover	As per base benefit
13	Extension for Coverage in India	As per base benefit
14	Overseas assistance services	Service
15	Emergency Cash Assistance Service	Service
16	Policy Level – Any one Illness sub-limit	As per base benefit
17	Policy Level – Any one Accident sub-limit	As per base benefit



ANNEXURE D

List of Hazardous Activities / Adventure Sports

Name of Hazardous Activity / Adventure Sports	Level
Abseiling (rappelling, rapping, rap jumping, deepelling, abbing); see also Climbing, and Mountaineering	2
Acrobatics	1
Aerial safari	2
Aerobics	1
Air guitar	1
Alpine ski touring (see Skiing)	1
American football (Gridiron)	1
Angling (see Fishing)	1
Athletics	1
Australian Rules Football (AFL)	1
Backpacking (2,000 up to 4,500 meters)	1
Backpacking (4,500 up to 6,000 meters)	2
Backpacking (Above 6,000 meters)	4
Badminton	1
Ballooning (See Hot air ballooning)	1
Banana boat rides	1
Baseball	1
Basketball	1



Biking (see Cycling, Mountain biking or Snow biking)	1
Black water rafting (cave tubing) (grades 1-5)	3
Boating (see Speed boating, Sailing)	1
Bobsled/Bobsleigh	3
Bouldering (see Rock climbing)	1
Bowling (lawn, ten-pin, nine-pin, candlepin, duckpin and five-pin bowling, bowls, petanque & boules)	1
Boxing (gym or outdoor training)	2
Bungee/bungy jumping	1
Bushwalking (2,000 up to 4,500 meters)	1
Bushwalking (4,500 up to 6,000 meters)	2
Bushwalking (Above 6,000 meters)	4
Camel riding/trekking	2
Camping up to 4,500 meters (see also Hiking and Mountaineering)	1
Camping 4,500 up to 6,000 meters (see also Hiking and Mountaineering)	2
Camping above 6,000 meters (see also Hiking and Mountaineering)	4
Canoeing (inland/coastal waters, grades 1-3 only)	1
Canyon swing	1
Canyoning	2
Capoeira dancing (see Dance)	1
Cave diving / Cavern diving	2
Caving (sightseeing/tourist attraction)	1
Cheerleading	1
Clay pigeon shooting	1
Climbing (see Rock climbing or Ice climbing)	1



Cricket	1
Croquet	1
Curling	1
Cycling (2000 to 4,500 meters – all styles including touring and organised tours)	1
Cycling (4,500 up to 6,000 meters – all styles including touring and organised tours)	2
Dance (ballet, ballroom, capoeira, salsa, interpretive dance)	1
Darts	1
Dirt boarding	1
Diving (see Scuba diving, High diving, Cave diving, Free diving)	1
Dodge ball	1
Dogsledding (on recognised trails)	1
Dragon boating (inland or coastal waters only)	1
Dune buggy	2
Elephant riding/trekking	2
Equestrian activities (see Horse Riding)	1
Fell running/walking (see Hiking)	1
Fencing	1
Fishing	2
Fitness training	1
Floorball	1
Fly by wire	1
Flying (as a fare paying passenger in a licensed scheduled or chartered aircraft or helicopter)	1
Flying (as a passenger of a private light aircraft)	1



Football (Soccer) including 5 a side	1
Free diving (up to 50 meters)	3
Frisbee	1
Glacier walking/ice walking	2
Gliding	2
Go karting	2
Golf	1
Gym training (aerobics, spinning, Zumba, body pump, weight training, crosstraining, crossfit) (See also Boxing and Martial arts)	1
Gymnastics	1
Handball	1
Hang gliding	3
High diving up to 10 meters	1
Hiking 2,000 metres up to 4,500 metres (scrambling, hillwalking) on recognised routes	1
Hiking 4,500 up to 6,000 metres (scrambling) on recognised routes	2
Hiking above 6,000 metres (scrambling) on recognised routes	4
Hockey	1
Horse riding (leisure/social, non- competitive equestrian, dressage, showjumping, eventing)	1
Hot air ballooning (ballooning)	2
Hunting (excluding big game hunting and hunting in India)	1
Hydrofoiling (see Water skiing)	1
Ice climbing (see Rock climbing and Mountaineering)	1
Ice hockey	1
Ice skating (indoor or outdoor) on a commercially managed rink	1



Ice walking (see Glacier walking)	1
In.-line skating (see Roller skating or Roller blading)	1
Jet boating (inland/coastal waters only)	3
Jet skiing (inland/coastal waters only)	3
Kayaking (inland/coastal waters, grades 1- 3 only)	1
Kite boarding (on land or water)	2
Kite buggy	1
Kite flying	1
Kite surfing	1
Kite wing (land, water)	1
Korfball	1
Lacrosse	1
Land surfing	1
Martial arts training	3
Martial arts training (non-contact)	1
Moped riding/Scooter biking	1
Motor racing experience (passenger only)	1
Motor biking	1
Motor biking pillion passenger (see Motor biking)	1
Mountain biking (up to 4,500 meters — all styles including touring andorganised tours)	1
Mountain biking (4,500 up to 6,000 meters — all styles including touring andorganised tours)	2
Mountaineering up to 6,000 meters (with ropes, picks or specialist climbingequipment)	3



Mountaineering above 6,000 meters (with ropes, picks or specialist climbingequipment)	4
Netball	1
Obstacle course/assault course/trim trail (see Outdoor endurance)	1
Orienteering	1
Outdoor endurance	1
Outrigger canoeing (inland or coastal waters only)	1
Outward Bound	1
Paint balling/airsoft	2
Parachuting	2
Paragliding/parapenting	3
Parasailing/Parascending	3
Quad biking (ATV up to 700 cc)	1
Racquetball	1
Rambling (See Hiking)	1
Rap jumping	3
Rifle rango/sports shooting	2
Myer boarding/hydro speeding (grades 1-3)	2
Rock climbing (bouldering)	1
Rock climbing (indoor)	2
Rock climbing (outdoor traditional/sport climbing/bolted/aid climbing/freeclimbing): see also Mountaineering	3
Roller hockey	1
Roller skating	1
Rollerblading	1



Rounders	1
Rowing/sculling (inland/coastal waters)	1
Rugby (League/Union)	1
Running/jogging (up to marathon distance)	1
Safari tours	1
Sail boarding (see Wind surfing)	1
Sailing	1
Sandboarding/sand skiing	1
Scuba diving (up to 50 meters)	2
Sculling (see Rowing)	1
Sea Kayaking/ Sea Canoeing (see Kayaking)	1
Segway tours	1
Shark cage diving (see Scuba diving)	1
Skateboarding (ramp, half pipe, skate park, street)	1
Skiing / snowboarding (on piste, off piste, heli-skiing, heli-boarding)	2
Skydiving (solo)	3
Sledding/Tobogganing/Snow Sledges/ Snow Sleighs (on snow)	2
Sleigh rides	1
Snooker	1
Snorkelling	1
Snow biking (on piste or off piste within resort boundaries)	3
Snow kiting	3
Snow rafting	3
Snowmobiling	2
Soccer	1



Softball	1
Speed boating (inland/coastal waters only)	1
Spelunking (see Caving)	1
Squash/racquetball	1
Stand up paddle surfing/paddle boarding	1
Stilt walking	1
Stoolball	1
Surf boat rowing	1
Surfing	1
Swimming	1
Swimming with whales/whale sharks (inside or outside coastal waters)	1
Table tennis	1
Tandem skydiving	2
Tchoukball	1
Ten pin bowling (see Bowling)	1
Tennis	1
Theme parks / fairgrounds	1
Tough Mudder (see Outdoor endurance)	1
Trail bike riding (see Motor biking)	1
Tramping (see Hiking)	1
Trekking (see Hiking)	1
Tubing on rivers (see also Black water rafting)	2
Tubing on snow	3
Ultimate Frisbee	1
Via Ferrata	2



Volleyball	1
Wake skating (see Water skiing)	1
Wakeboarding (see Water skiing)	1
Walking (see Hiking)	1
War games/military simulation (see Paint balling/airsoft OR Rifle range/sportsshooting)	1
Water skiing/wakeboarding	1
Weight training (see Gym training)	1
White water kayaking/canoeing (see Kayaking/Canoeing)	1
White water rafting (grades 1-5)	3
Windsurfing (inland or coastal waters only)	1
Working - Non-manual work	1
Working - manual work	1
Yachting (see Sailing)	1
Yoga (class, alone/home practice)	1
Yoga (teaching)	1
Zip line (Flying Fox)	1
Zorbing	2
Swimming (man-made swimming pool)	1
Aqua zorbing (man-made swimming pool)	1
Land zorbing (200 FT)	1
Underwater walk	1
Artificial rock climbing	1
Buggy Ride	1
Swoop Swing(100 Ft)	1



Dirt Biking	1
Gyro	1
Rodeo-Bull ride	1
Bubble Soccer	1
Rocket Ejector	1
Hard ball Net cricket	1
Foosball	1
Ski racing	2
Piloting aircraft	3
Power lifting	4
River boarding	2
River bugging	2