

INDUSIND INBOUND TRAVEL (GROUP) - POLICY WORDING

SECTION-1 PREAMBLE

Conditions applicable to the **Master Policy Holder**:

The **Master Policy Holder** as mentioned in the Policy Schedule/**Certificate of Insurance** to this **Policy** has

- by way of requesting to IndusInd General Insurance Company Limited (hereinafter called "the **Company**") for issuance of the **Master Policy** under which this **Policy** has been issued, has disclosed all the relevant information required by the **Company** for deciding on the issuance of **Master Policy** and
- paid appropriate premium and has agreed to undertake to pay subsequent premiums, if any, by their due dates
- Agreed that all **Certificates** of Insurance, wherever issued are as per the terms and conditions as agreed upon in the **Master Policy**

Conditions applicable to the **Certificate Holder**:

The **Certificate Holder** mentioned so in the **Certificate of Insurance** to this **Policy** has:

- by way of submitting a Proposal or declaration, consent or any other document (either directly or through Master Policyholder), applied to IndusInd General Insurance Company Limited (hereinafter called "the **Company**") for this insurance **Policy**, and has disclosed all the relevant information required by the **Company** for deciding on the question of acceptance of this proposal and issuance of the **Policy**.
- paid appropriate premium and has agreed to undertake to pay subsequent premiums, if any, by their due dates and
- agreed and understood that the **Certificate of Insurance** will be governed by the terms and conditions of the **Master Policy**.

SECTION-2 OPERATIVE CLAUSE

The terms defined below have the meanings ascribed 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 and vice versa.

2.1 Standard Definitions

- 1) **Accident/ Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2) **Act** means the Insurance Act 1938.
- 3) **Anyone Illness** means Continuous period of **Illness** and includes relapse within 45 days from the date of last consultation with the **Hospital/Nursing Home** centre where treatment was taken.
- 4) **Authority** means the Insurance Regulatory and Development Authority of India established under sub section 1 of section 3 of the IRDA Act 1999.

- 5) **AYUSH Treatment** means the medical and / or **Hospitalization** treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- 6) **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.
- 7) **AYUSH Hospital** is a healthcare facility wherein medical/ surgical/para-surgical treatment and procedures and interventions are carried out by **AYUSH Medical Practitioner(s)** comprising of any of the following:
 - i. Central or State Government **AYUSH Hospital**; or
 - ii. Teaching **Hospital** attached to **AYUSH** colleges recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - iii. **AYUSH Hospital**, standalone or co-located with in-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 with all the following criterion:
 - a. Having at-least 05 in-patient beds;
 - b. Having qualified **AYUSH Medical Practitioner** in charge round the clock;
 - c. Having dedicated **AYUSH** therapy sections as required and/or has equipped operation theatre where surgical procedure are to be carried out;
 - d. Maintaining daily records of the patients and making them accessible to the insurance **Company's** authorized representative.
- 8) **Bank Rate** means bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- 9) **Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before

- the premium renewal date or within 30 days thereof.
- 10) **Cashless Facility** means a facility extended by the **Company** 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 network provider by the Company to the extent pre-authorization is approved.
 - 11) **Complainant** means a **Policyholder** or prospect or any beneficiary of an insurance policy who has filed a **Complaint** or **Grievance** against the **Company** or a **Distribution Channel**.
 - 12) **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a **Complainant** with insurer, Explanation: An inquiry or request would not fall within the definition of the "Complaint" or "Grievance".
 - 13) **Distribution Channels**, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, **Distribution Channels**, intermediaries, insurance intermediaries or other regulated entities.
 - 14) **Condition Precedent** means a **Policy** term or condition upon which the **Company's** liability under the policy is conditional upon.
 - 15) **Congenital Anomaly** means a condition which is present since birth and which is abnormal with reference to form, structure or position.
 - i. **Internal Congenital Anomaly**
Congenital Anomaly which is not in the visible and accessible parts of the body.
 - ii. **External Congenital Anomaly**
Congenital Anomaly which is in the visible and accessible parts of the body.
 - 16) **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 supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under.
 - i. has qualified nursing staff under its employment.
 - ii. has qualified **Medical Practitioner/s** in charge;
 - iii. has a fully equipped Operation theatre of its own, where surgical procedures are carried out;
 - iv. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
 - 17) **Day Care Treatment** means medical treatment, and/ or surgical procedure which is:
 - i. undertaken under general or local anesthesia in a **Hospital/** Day Care center in less than 24 hours because of technological advancement, and
 - ii. which would have otherwise required **Hospitalization** of more than 24 consecutive hours.
 - iii. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
 - 18) **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
 - 19) **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
 - 20) **Disclosure to information norm** means 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.
 - 21) **Distribution Channels** means persons and entities authorized by the Authority to involve in sale and service of insurance products. For the purpose of this **Policy**, it means the **Distribution Channels** who is an Intermediary of the **Company**.
 - 22) **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
 - i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - ii. the patient takes treatment at home on account of non-availability of room in a hospital.
 - 23) **Emergency / 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.
 - 24) **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.
 - 25) **Home Care Treatment** means treatment availed by the **Insured Person** at home which in normal course would require care and treatment at a **Hospital** but is actually taken at home provided that:
 - i. The **Medical Practitioner** advises the **Insured Person** to undergo treatment at home.
 - ii. There is a continuous active line of treatment with monitoring of the health status of a **Medical Practitioner** for each day through the duration of the home care treatment.
 - iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
 - 26) **Hospital** means any institution established for **In-Patient Care** and **Day Care Treatment of Illness** and / or **Injuries** and which has been registered as a **Hospital** with the local authorities, under the Clinical Establishments (Registration & Regulation) Act, 2010 or under enactments specified under the schedule of section 56(1) of the said Act or complies with all minimum criteria as under :
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places;
 - iii. has qualified **Medical Practitioner(s)** in charge round the clock;
 - iv. has a fully equipped Operation theatre of its own, where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these

accessible to the Insurance company's authorized personnel.

Hospital does not mean:

- A Convalescent, nursing, or rest home or facility, or a home for the aged; rejuvenation or health resort
 - A place mainly providing Custodial, Educational, or Rehabilitative Care; or
 - A facility mainly used for the treatment(s) of drug addicts or alcoholics.
- 27) **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 (**Day Care Treatment**).
- 28) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- i. **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
 - ii. **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
- 29) **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a **Medical Practitioner**.
- 30) **In-Patient Care/ In-Patient Treatment** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 31) **Intensive / Critical Care Unit (ICU/CCU)** means an identified section, ward or wing of a **Hospital** which is under the constant supervision of 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.
- 32) **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 intensivist charges.
- 33) **Maternity Expenses** means
 - i. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - ii. expenses towards lawful medical termination of pregnancy during the Policy Period.
- 34) **Medical Advice** means any consultation or advice from a **Medical Practitioner** including the issuance of any prescription or follow-up prescription.
- 35) **Medical Expenses** means those expenses that that an **Insured Person** has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a **Medical Practitioner**, as long as these are no more than would have been payable if the **Insured Person** had not been insured and no more than other **Hospitals** or doctors in the same locality would have charged for the same medical treatment.
- 36) **Medically Necessary Treatment** means any treatment, tests, medication or stay in **Hospital** or part of a stay in **Hospital** which
 - i. Is required for the medical management of the illness/injury suffered by the **Insured**.
 - ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - iii. Must have been prescribed by a **Medical Practitioner**;
 - iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 37) **Medical Practitioner/Physician** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
- Medical Practitioner** for Mental Illness shall be in accordance with The Mental Healthcare Act, 2017.
- The registered practitioner should not be the **Policyholder/Insured** or their close family member.
- 38) **Migration** means, the right accorded to health insurance Policyholders (including all 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.
- 39) **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
- 40) **Newborn baby** means baby born during the **Policy Period** and is aged 1day.
- 41) **Non-Network Provider/Hospital** means any **Hospital**, Day Care center or other provider that is not part of the **Network**.
- 42) **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 43) **OPD treatment** means the one in which the **Insured** visits a clinic / **Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The **Insured** is not admitted as a **Day Care** or **In-Patient**.
- 44) **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:
 - i. Such medical expenses are incurred for the same condition for which the **Insured Person's** hospitalization was required and
 - ii. The **In-patient hospitalization** claim for such **Hospitalization** is admissible by the **Company**
- 45) **Portability** means the right accorded to individual health insurance **Policyholders** (including all members under family cover), to transfer the credit gained for **pre-existing conditions** and time-bound exclusions

from one insurer to another insurer.

- 46) **Pre-existing Disease** means any condition, ailment, Injury or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 47) **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 **Company**
- 48) **Proposal Form** means a form to be filled in by the Prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
- Explanation: "Material Information" shall mean all important, essential and relevant information sought by the Company in the proposal form and other connected documents to enable him to take informed decision in the context of underwriting the risk
- 49) **Prospect** means any person who is potential customer of an insurer and is likely to enter into an insurance contract either directly with the insurer or through a **Distribution Channel**.
- 50) **Prospectus** means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products
- 51) **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 52) **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved
- 53) **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.
- 54) **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated medical expenses.
- 55) **Senior citizen** means any person who has completed sixty or more years of **Age** as on the date of commencement or renewal of the **Policy**.
- 56) **Surgery / Surgical Procedure / Surgical Operation** means manual and/or operative procedure(s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a **Hospital** or **Day Care centre** by a **Medical Practitioner**.

- 57) **Unproven/ Experimental Treatments** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2.1 Specific Definitions

- Age** means "Age as on last birthday" as determined on the date of first **Policy** issuance or at **Renewal**. In case of change in Age during the proposal stage then "Age" shall be determined on the date of **Proposal Form** submission would be considered for premium calculation.
- Air Travel** means travel by an Airline for the purpose of flying therein as a fare paying passenger by the **Insured Person** or Travelling Companion during the **Policy Period** for an Insured Trip.
- Airline** means a company in the business of air transportation for fare paying passengers with the applicable licenses and permit in place for the jurisdictions it operates in. Only Scheduled Airlines in the business of passenger transportation is considered as Airline for the purposes of this **Policy**. Scheduled Airline means the schedule of the flights undertaken as per preannounced and published schedules
- Ambulance** means a road vehicle, or an aircraft operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- Annexure** means document attached and marked as Annexure to this Policy.
- Certificate of Insurance** means the certificate issued to the **Certificate Holder /Insured** in line with the terms and conditions as agreed upon in the **Master Policy** attached to and forming part of this insurance contract mentioning details including but not limited to, details of the **Insured Persons**, coverage, sections and benefits applicable, the **Sum Insured**, the **Policy Period**, premium paid (including duties, taxes and levies thereon).
- Certificate Period End Date** means the Date and Time at which the coverage expires for Insured and as appearing in the **Certificate of Insurance**.
- Certificate Period Start Date** means the Date and Time at which the coverage starts for Insured and as appearing in the **Certificate of Insurance**. It must lie within the **Master Policy Period**.
- Child** means **Insured Person's** biological or legally adopted son or daughter, whose completed age is between 3 months to 25 years as on **Certificate Period Start Date**, and who is financially dependent on the **Insured Person** and does not have an independent source of income.
- Claim** means a demand made by the **Policyholder** or on his behalf, for payment of **Medical Expenses** under any other Benefit as covered under the **Policy**.
- Common Carrier** means any scheduled commercial Airline or ship or inland vessel operating under a license from the relevant authority for the transportation of passengers for hire. It shall exclude any carriers, aircrafts or vessels banned by India, the U.S.A. or the U.K. For an aircraft or vessel to be considered as Common Carrier, it should hold a current and valid "Airworthiness Certificate" or "Seaworthiness Certificate" respectively.
- Company** means IndusInd General Insurance Company Limited.
- Contents** means
 - In so far as it relates to household (Contents of Property insured), it shall mean the following equipment's not used for business purposes and owned by the Insured or his family or for which the

- Insured and/or his family is legally responsible for – Household Goods like the electronic equipment, household appliances, furniture, kitchen utensils, fixtures, fittings and interior decorations; personal effects such as clothes and other articles of personal nature likely to be worn used or carried but excluding money but including jewelry and Valuables . The term shall exclude cash and/or currency and/or cheques;
- ii. in so far as it relates to Checked-In Baggage, it shall mean and include any and all items other than Valuables contained in the Checked in Baggage.
 - iii. in so far as it relates to the rented vehicle, it shall mean and include any and all items belonging to and /or in the lawful custody of the Insured, being carried by him while travelling in the rented vehicle.
- 14) **Cosmetic Surgery/Treatment** means Surgery/ treatment which is primarily done for the enhancement of appearance through surgical and medical techniques. It concerns with maintaining normal appearance, restoring or enhancing it
 - 15) **Damage** means monetary sums payable by the **Insured Persons** pursuant to judgements or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured is not financially liable, or which is without legal recourse to the **Insured**, or any matter that may be deemed to be uninsurable under Indian Law.
 - 16) **Dependent** means financially dependent on the **Policyholder** and does not have independent source of income.
 - 17) **Emergency Assistance Service Provider** means any organization or institution appointed by the **Company** for providing services to the **Insured Person** for an insurable event under this **Policy** and as mentioned in the **Policy Schedule/Certificate of Insurance**.
 - 18) **Family** means as defined in the **Policy Schedule/ Certificate of Insurance**. For the purposes of this **Policy**, it shall include the **Policyholder** and anyone or more of the family members as mentioned below:
 - i. legally wedded spouse
 - ii. Parents and/or Parents- in law
 - iii. dependent children (i.e. biological or adopted) between the age of 1day to 25 years.
 - 19) **Group** means a **Group** formed with a minimum size of 25 persons with a commonality of purpose and is not formed with the main purpose of availing itself of insurance. There shall be a clearly evident relationship as specified by the Authority from time to time between the members of the group and the **Master Policyholder**.
 - 20) **Home Country** means the country other than the Republic of India which is
 - i. the **Insured's** country of permanent Residence or
 - ii. country of citizenship or
 - iii. country which is the physical location of the Insured's long-term employment or
 - iv. country which is the physical location of the Insured's long-term education
 - 21) **Inclement Weather** means a severe weather condition which results in a delay or cancellation of the scheduled arrival or departure of a **Common Carrier** in which the **Insured** is scheduled to undertake the Trip covered under this **Policy**.
 - 22) **India/Republic of India** means India or 'Union of India' as defined by the Constitution of India, including the territories of the constituent states and the Union territories.
 - 23) **Insurable Event** means an event, loss or damage for which the **Insured Person** is entitled to benefit/s as per the terms, conditions and clauses under this **Policy**.
 - 24) **Insured / Insured Person** means a person accepted by the **Company** to be **Insured** under this **Policy** and who meets and continues to meet all the eligibility requirements and whose name specifically appears under **Insured /Insured Person** in the **Policy Schedule/ Certificate of Insurance** and with respect to whom the premium has been received by the **Company**.
 - 25) **Insured Trip** means the Trip to **India** for which this insurance **Policy** has been bought, undertaken within **Policy Period** and which commences when the passenger boards the aircraft for onward overseas journey to **Republic of India** and terminates when he disembarks on return to **Home Country** or any country other than India or the **Certificate Period End Date** whichever is earlier
For the purpose of this **Policy**,
 - i. Plan A (Single Trip): **Insured Trip** shall consist only one **Trip** from **Home Country** to Republic of India including return travel to Home Country or any country other than **India**, during the **Policy Period**, the details of which are specified in the **Policy Schedule/Certificate of Insurance**.
 - ii. Plan B (Multi Trip): **Insured Trip** may consist of more than one Trip from **Home Country** to **Republic of India** , including return travel to **Home Country** or any country other than **India**. The **Insured Trip** under this **Policy** will terminate on the **Insured Person's** return to **Home Country** or any country other than **India**. The next **Insured Trip** will commence on his next journey to **Republic of India** within the **Policy Period**, the details of which are specified in the **Policy Schedule/Certificate of Insurance**.
 - 26) **International Driving License** shall mean International Driving License or International Driving Permit containing translations of a valid Driving License, which was issued by one of the three authorities mentioned below:
 - Regional Transport Office (RTO)
 - Western India Automobile Association
 - Through International Traffic Control Association(ITCA) website

The Driving License should have been issued in the **Home Country** or the country of which the **Insured Person** holds a passport or citizenship.
 - 27) **Kutchha Construction** means buildings having walls and/or roofs of wooden planks, thatched leaves, grass, bamboo, plastic, cloth, asphalt, canvas, tarpaulin or the like.
 - 28) **Life Threatening Medical Condition** means a medical condition suffered by the **Insured Person** which has any of the following characteristics (all the following characteristics shall be simultaneously met for being classified as a Life Threatening Medical Condition):
 - ii. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or
 - iii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or
 - iv. Critical care being provided, which involves highly complex decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology; or
 - v. Critical Care being provided in critical care areas such

- as coronary care unit, intensive care unit, respiratory care unit, or the emergency department; and
- vi. is certified by the attending Medical Practitioner as a Life Threatening Medical Condition.
- 29) **Main Travel Ticket** means document, issued by a Scheduled Airline or a travel agency/Master Policyholder on behalf of a Scheduled Airline, which confirms that the **Insured** has been booked for and paid for to travel to or from **India** with Scheduled Airline for journey under the **Insured Trip**. For the purpose of this **Policy**, a ticket will be considered as **Main Travel Ticket**, only if
- such ticket from another country to **India** was booked and paid for before the start of the **Insured Trip**
 - For Plan A, return ticket from **India** to another country was also booked and paid for before the start of **Insured Trip** and for Plan B, such ticket from **India** to another country was booked and paid for at least 24 hours before the start of the travel out of **India**
- 30) **Market Value**, in the context of the **Sum Insured** of a property owned by the **Insured Person**, means the sum as on the Date of Loss required to purchase new items of the same kind and quality less an amount representing wear and tear, usage and depreciation at the time of loss.
- 31) **Medical Emergency** means occurrence of a Sickness, **Illness or Injury**, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that an individual could reasonably expect the absence of immediate medical attention to result in any or all of the below:
- placing the health of the person afflicted with such condition in serious jeopardy;
 - serious impairment to such person's bodily functions;
 - serious dysfunction of any bodily organ or part of such person; or
 - serious disfigurement of such person.
 - Additionally, a Medical Emergency will include visits where the only option for Medically Necessary Treatment is an emergency room.
- 32) **Natural Disaster or Natural Catastrophe** means flood, earthquake, tsunami, volcano eruption, storm, lightning, hurricane or epidemic due to communicable disease, bush fire/ forest fire which causes widespread disruption of normal civilian life.
- 33) **Necessary Personal Effects** means clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery, Valuables, mobile phones and any other electronic gadgets
- 34) **Master Policy Holder** means an entity, who facilitates selling and solicitation of this **Policy** and there is a clearly evident relationship between the entity and the **Insured Person** and has agreed on the coverage, premiums, terms and conditions. These pre-agreed terms and conditions form the **Master Policy** and shall be the basis of the coverage offered to the **Certificate Holder/ Insured**.
- 35) **Master Policy Period** means the period commencing from the **Master Policy Period Start Date** and ending on the **Master Policy Period End Date** and as specifically appearing in the **Master Policy** or the date of cancellation /termination of the **Master Policy**, whichever is earlier.
- 36) **Master Policy Period End Date** means the date and time on which the **Master Policy** expires, as specifically appearing in the **Master Policy**
- 37) **Master Policy Period Start Date** means the date and time on which the **Master Policy** commences, as specifically appearing in the **Master Policy**.
- 38) **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.
- 39) **Minor Child** shall mean child of the **Insured**, below the age of 18 years
- 40) **Nominee** means the person whose name specifically appears as such in the **Policy Schedule/Certificate of Insurance** and is the person to whom the proceeds under this **Policy**, if any, shall become payable in the event of the death of the **Policyholder**. Nominee for all other **Insured Person(s)** shall be the **Policyholder** himself.
- 41) **Plan** means a predefined set of Cover and Limits as mentioned in the **Policy Schedule/Certificate of Insurance**.
- 42) **Policy** means these Policy wordings, the **Certificate of Insurance** and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the **Insured Person**, what is excluded from the cover and the terms & conditions on which the **Policy** is issued to the **Insured Person**
- 43) **Policyholder** means the person who is the Proposer or Employee (in case of EE relationship) and whose name specifically appears in the **Policy Schedule or Certificate of Insurance** as such. The **Policyholder** can alternatively be called as **Certificate Holder**
- 44) **Policy Period** means a period beginning from the **Certificate Period Start Date**, as specified in **Certificate of Insurance**; and ending on the Certificate Period End Date as specified in the **Certificate of Insurance** or on the date of cancellation of the **Policy** or date of return to the **Home Country**, in case of curtailment or shortening of the **Insured Trip** whichever is earlier.
- 45) **Policy Schedule** means **Policy Schedule** issued to the **Master Policyholder** as per agreed terms and conditions, attached to and forming part of this insurance contract mentioning details including but not limited to, coverage, sections and benefits applicable, the **Sum Insured/ the Policy Period** offered, premium details
- 46) **Reasonable Additional Expenses** means any expenses for meals and lodging necessarily incurred by the **Insured Person** as the result of a hazard covered under this **Policy** but does not include meals and lodging provided by the Common Carrier or by any other party free of charge.
- 47) **Rehabilitation** means assisting an **Insured Person** who, following a medical condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.
- 48) **Strike** means stoppage of work affecting the Common Carrier in which the Insured is supposed to undertake the Insured Trip in India. The following are pre-conditions:
- announced, organized and sanctioned by a labour union and
 - which interferes with the normal departure and arrival of the Common Carrier (in which the Insured is supposed to travel) inclusive of work slowdowns,

lockouts and sit-outs

- 49) **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit
- 50) **Sum Insured** means the pre-defined limit specified in the Policy Schedule/**Certificate of Insurance**. **Sum Insured** represents the maximum, total and cumulative liability for any and all claims made under the **Policy**, in respect of that **Insured Person**.
- 51) **Telemedicine** means Medical consultation service availed via telecommunications and digital communication technologies by the Insured Person from a Medical Practitioner while taking treatment for the health condition that has resulted in an admissible Claim under a cover in this Policy. Such Telemedicine services shall be delivered in compliance with the Medical Council of India's 'Telemedicine Practice Guidelines' dated March 2020 or its subsequent amendments, if any.
- 52) **Theft** means whoever intending to take dishonestly any moveable property out of the possession of the Insured without Insured's consent, moves that property in order to such taking with the intention to permanently deprive the Insured of that property is said to commit theft
- 53) **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services
- 54) **Travel Agent** means the web aggregator, tour operator, or other entity from which the Insured purchases his/her Insurance Policy or travel arrangements, and includes all officers, employees, and affiliates of the Travel Agent, tour operator or other entity.
- 55) **Travelling Companion** means an individual or individuals travelling with the **Insured Person**, provided that, the Insured and such individual(s) are travelling to **India** and then out of **India** on the same dates in the same Common Carrier as the **Insured** and such individual(s) is/are also insured under this Policy. For the purpose of this definition, Travelling **Companion** means **Insured Person's** family member/ relative who is accompanying the **Insured Person** during the **Insured Trip**.
- 56) **Trip** means any holiday, pleasure, study or work related trip or journey made by **Insured** from **Home Country** to Republic of India and return back to Home Country or any country other than India; the purpose is not to obtain health care or treatment of any kind travel is primarily by Common Carrier provable by Main Travel Ticket(s) and only incidentally by private conveyance
- 57) **Unoccupied** means the Residence or property which is unoccupied or uninhabited by the Insured or the Immediate Family Members of the Insured, or any other person, and is devoid of human presence.
- 58) **Valuables** mean photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewellery, money in the form of cash, precious stones and metals, furs and articles made of precious stones and metals, models, coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles; deeds, ATM Cards, credit cards, charge cards, bonds, bills of exchange, bank treasury or promissory notes, cheques, money, securities or any other negotiable instrument

SECTION-3 SCOPE OF COVER

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to compensate the **Insured Person/Certificate holder** as per the covers and limits specified in the **Policy Schedule/Certificate of Insurance**.

This Section describes the Covers, Terms and Conditions, Exclusions applicable to the Benefits that are generically available under this product. However, the specific details of the Benefit available under the specific Policy of a given Insured is as per the Plan opted by the **Master Policy holder** during the Proposal stage.

3.1 MEDICAL COVERS

3.1.1 HOSPITALIZATION EXPENSES

In the event that the **Insured Person** has a **Medical Emergency**, whilst on the **Insured Trip** in **India**, and if such **Medical Emergency** shall, upon the written Medical Advice of a **Medical Practitioner/Physician**, require **Hospitalization** of the **Insured Person** within the **Policy Period**, for the **Medically Necessary Treatment**, then the **Company** shall indemnify the **Insured Person**, subject to terms, conditions, exclusions as mentioned in this **Policy**, for the amount of such **Medical Expenses**, which should be **Reasonable and Customary Charges**, and are incurred by or on behalf of such **Insured Person** towards:

3.1.1.1 In-Patient Treatment as defined under the Policy

3.1.1.2 Day Care Treatment as defined under this Policy

The **Deductible** in respect of this benefit will be applicable on each and every claim and shall be of an amount as specified in the **Policy Schedule/Certificate of Insurance**.

The **Company's** total liability in aggregate for all **Claims** paid under the **Policy** shall not exceed the **Sum Insured**.

Medical Expenses as mentioned under Benefit 3.1.1 includes the following:

- i. **Room Rent**
- ii. Nursing expense
- iii. Intensive care Unit (ICU) charges,
- iv. Medical Practitioner(s) fees,
- v. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances expenses,
- vi. Medicines, drugs and Consumables expenses
- vii. Diagnostic procedures expenses
- viii. The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure, unless specifically excluded.

Note (Applicable to Benefit 3.1.1 Hospitalization Expenses)

- i. The **Company** shall also pay the **Reasonable and Customary Medical Expenses** for items which are listed in 'Annexure A- List I as Optional Items' of this **Policy**.
- ii. Under Plan B, **Medical Expenses** toward **Medically Necessary Treatment** of an **Illness** or **Injury** which does not constitute a **Medical Emergency** shall also be covered up to the limits as specified in the **Certificate of Insurance**, so far as such **Medical Expenses** are **Reasonable and Customary Charges** incurred towards **Hospitalization** of the **Insured Person** in **India**, within the **Policy Period** and on the written advice of a **Medical Practitioner**.

3.1.2 Daily Allowance

If during the **Policy Period**, the **Insured Person** undergoes **In-Patient Treatment** for which the **Company** has accepted the **Insured Person's** Claim under **Benefit 3.1.1 or Benefit 3.1.4**, then the **Company** shall pay the **Insured Person** an amount equal to the Daily Cash amount specified in the **Certificate of Insurance** per day of **Hospitalization**, provided,

- i. the Daily Cash amount shall be payable for each continuous and completed 24 hours of such **Hospitalization**
- ii. the amount under this benefit shall be payable for a maximum of 5 days (as specified in **Policy Schedule/Certificate of Insurance**) in a **Policy Period**
- iii. Time Deductible: If the **Hospitalization** is for less than a continuous and consecutive period of xx hours (as specified in Policy Schedule/Certificate of Insurance), no amount shall be payable under this benefit. If the Hospitalization extends beyond a continuous and consecutive period of xx hours, the payment under this benefit shall be made from the first day of **Hospitalization** subject to the limits mentioned in the **Policy Schedule/Certificate of Insurance**.
- iv. Time Deductible shall be applicable on each and every In-Patient Treatment claim reported under the Policy.

3.1.3 Domiciliary Hospitalization

Under Plan B, the **Company** shall reimburse the **Insured Person** up to the limit specified in the **Policy Schedule/Certificate of Insurance**, for the Medical Expenses incurred for **Domiciliary Hospitalization** during the **Policy Period**, whilst on **Insured Trip** in India, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days, in which case the **Company** shall pay the **Reasonable and Customary Charges** for necessary medical treatment for the entire period.

The **Company** shall not be liable for payment of any **Claim** under this Benefit in relation to treatment of any of the following diseases:

- i. Asthma
- ii. Bronchitis
- iii. Chronic Nephritis and Chronic Nephritic Syndrome
- iv. Diarrhea and all types of Dysenteries including Gastro-enteritis
- v. Diabetes Mellitus and Insipidus
- vi. Epilepsy
- vii. Hypertension
- viii. Influenza, Cough and Cold
- ix. All Psychiatric or Psychosomatic Disorders
- x. Pyrexia of unknown origin for less than 10 days
- xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
- xii. Arthritis, Gout and Rheumatism

3.1.4 Modern Treatment

Under Plan B, the **Company** shall indemnify the **Insured Person** up to the limit specified in the **Policy Schedule/Certificate of Insurance**, for the **Medical Expenses** incurred during the **Policy Period**, whilst on **Insured Trip** in India, on **Inpatient Treatment** or **Day Care Treatment** or **Domiciliary Treatment** of below mentioned Modern Treatment Methods:

- i. Uterine Artery Embolization and HIFU

- ii. Balloon Sinuplasty
- iii. Deep Brain Stimulation
- iv. Oral Chemotherapy
- v. Immunotherapy-Monoclonal Antibody to be given as injection
- vi. Intra Vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchical Thermoplasty
- x. Vaporization of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM- (Intra Operative Neuro Monitoring)
- xii. Stem Cell therapy: including Hematopoietic stem cells for bone marrow transplant for hematological conditions

The claim under this benefit shall be subject to all other terms under Benefits 3.1.1, 3.1.3, 3.1.6 and 3.1.7

3.1.5 Home Care Treatment

Under Plan B, the **Company** shall reimburse the **Insured Person** for the **Medical Expenses**, incurred during the **Policy Period**, whilst on **Insured Trip** in India, towards **Home Care Treatment** of any of the listed treatments taken by the Insured Person, on the written advice of a **Medical Practitioner**, provided that:

- i. the services under this benefit shall be offered by registered homecare provider.
- ii. the period of treatment shall be considered as the continuous period for which health status of the **Insured Person** was monitored by a **Medical Practitioner**, supported by records of treatment and Daily Monitoring Chart duly signed by such **Medical Practitioner**.
- iii. No amount shall be payable towards **Medical Expenses** incurred outside the period of treatment.
- iv. the benefit can be availed for maximum 15 days, per **Insured Person**, during the **Policy Period**
- v. The following treatments or illnesses shall be covered under **Home Care Treatment**:
 - a. Chemotherapy excluding any supporting medication
 - b. Dialysis
 - c. Gastroenteritis: Severe Gastroenteritis with dehydration level $\geq 10\%$
 - d. Bronchopneumonia supported by radiological evidence
 - e. Lower Respiratory tract infection supported by radiological (X-ray) evidence
 - f. Non-alcoholic Pancreatitis
 - g. Dengue with platelet count less than 1 lakh and supported by positive Dengue Antigen report
 - h. Hepatitis supported by positive diagnosis through blood reports

3.1.6 Pre-Hospitalization

Under Plan B, the **Company** shall reimburse the **Insured Person** for the **Medical Expenses** incurred in the 30 days immediately before the **Insured Person** was **Hospitalized**, provided that:

- i. Such **Medical Expenses** are incurred in India
- ii. Such **Medical Expenses** are incurred in respect of the same condition for which the **Insured Person** has undergone **Hospitalization**, and
- iii. The **Company** has accepted the claim for these **Hospitalization** expenses under Benefit 3.1.1.

3.1.7 Post Hospitalization

The **Company** shall reimburse the **Insured Person** for the **Medical Expenses** incurred immediately after the **Insured Person** was discharged post **Hospitalization**, provided that:

- i. The maximum amount payable under this benefit shall be limited to xx days (as specified in the **Policy Schedule/Certificate of Insurance**) or until departure date, whichever is earlier.
- ii. Such costs are incurred in respect of the same condition for which the **Insured Person** has undergone **Hospitalization**, and
- iii. The **Company** has accepted the claim for these **Hospitalization** expenses under Benefit: 3.1.1

3.1.8 Road Ambulance

In case of a **Medical Emergency**, whilst on **Insured Trip** in India, the **Company** shall reimburse the **Insured Person** up to an amount specified in the **Policy Schedule/Certificate of Insurance**, per **Hospitalization**, for expenses incurred on availing **Road Ambulance** services offered by a **Hospital** or by an **Ambulance** service provider, provided that

- i. The **Company** has accepted the **Hospitalization** claim under Benefit 3.1.1 Hospitalization Expenses.
- ii. The coverage includes the cost of the transportation of the **Insured Person** to the nearest **Hospital**, or from one **Hospital** to another **Hospital** which is prepared to admit the **Insured Person** and provide the necessary medical services
- iii. Such Life-Threatening Medical Condition is certified by the **Medical Practitioner**
- iv. The transportation from one **Hospital** to another **Hospital** has been prescribed by a **Medical Practitioner** and is medically necessary.

3.1.9 Medical Emergency Evacuation and Air Ambulance

During the **Policy Period**, the **Company** shall reimburse the **Insured Person** up to an amount specified in the **Policy Schedule/ Certificate of Insurance**, the transportation cost (including Air Ambulance) for evacuating the **Insured Person** for **Medically Necessary Treatment** from the place of first occurrence of the **Illness or Injury** in **India** to the nearest **Hospital** in **India**, in case of a Medical Emergency which requires immediate and rapid transportation as prescribed by the **Medical Practitioner/Physician**, provided that

- i. The **Company** has accepted the claim under Benefit - **3.1.1 Hospitalization Expenses**.

3.1.10 Repatriation of Mortal Remains

In the event of the death of the **Insured Person** due to **Illness or Injury** during the **Policy Period** and whilst on **Insured Trip** in **India**, the **Company** shall pay or reimburse the cost of transporting the mortal remains of such persons back to the **Home Country** or, up to an equivalent amount, for a local burial or cremation in the **Republic of India** where the death occurred, subject to the maximum limit as specified in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions applicable to Benefit-3.1 Medical Covers

- i. The **Sum Insured** under Medical Covers is available on Individual basis for Individual Policies and on Floater basis for Family Floater policies.
- ii. **Deductible** amount (wherever applicable) specified in the **Policy Schedule/Certificate of Insurance** shall be applicable on each and every claim made under any of the benefits during the **Policy Period**.

- iii. The **Company's** total liability in aggregate for all Claims paid under the Policy shall not exceed the **limits** mentioned against each benefit.

3.2 Accidental Cover

3.2.1 Personal Accident

3.2.1.1 Accidental Death

The **Company** shall pay to the Nominee /Legal Heir/ Assignee, up to an amount specified in the **Policy Schedule/Certificate of Insurance**, on Death of the **Insured Person**, solely due to an Injury sustained in an **Accident** during the **Policy Period**, whilst on **Insured Trip**, provided that the **Insured Person's** death occurs within 365 continuous days of occurrence of such **injury**.

3.2.1.2 Permanent Total Disablement

The **Company** shall pay the **Insured Person** an amount specified in the **Policy Schedule/Certificate of Insurance**, if an **Insured Person** suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the **Policy Period**, whilst on **Insured Trip**, provided that the Permanent Total Disablement occurs within 365 continuous days of occurrence of such **injury**.

The total and irrecoverable loss of:

- a. Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot or
- b. Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot
- c. If such Injury shall as a direct consequence thereof, permanently, and totally, disables the **Insured Person** from engaging in any employment or occupation of any description whatsoever.

The disablement must be confirmed and intimated to the **Company** prior to the expiry of a period of 90 continuous days since occurrence of the disablement.

Note: For the purpose of Benefit 3.2.2.2 above, 'physical separation' of a hand means separation at or above the wrist and of the foot means at or above the ankle.

Specific Condition applicable to Benefit 3.2.1.1 and 3.2.1.2

- i. The **Sum Insured** is applicable cumulatively for both the two covers specified under 3.2.1.1 and 3.2.1.2 above. i.e, there is a single **Sum Insured** for both the two covers namely, Accidental Death, Permanent Total Disablement.
- ii. If the **Accident** occurs during the **Policy Period**, benefits covered under 3.2.1.1 and 3.2.1.2 above are payable, even if Death or Permanent Total Disablement or any combination thereof occurs after the completion of **Policy Period**, but within 12 months from the date of **Accident**.

3.2.1.3 Accidental Death – Common Carrier

The **Company** shall pay to the Nominee /Legal Heir/ Assignee, up to an amount specified in the **Policy Schedule/Certificate of Insurance**, on Death of the **Insured Person**, due to an **Injury** sustained in an **Accident**, where the **Accident** was caused while riding in or on, boarding or alighting from any Common Carrier as a fare-paying passenger (but not as a pilot, operator or member of the crew), whilst on an **Insured Trip**, provided that the **Insured Person's** death occurs within 365 days from the date of the **Accident**.

Disappearance: In case where the **Insured** cannot be located within 365 days after the forced landing, stranding, sinking, wrecking of the Common Carrier where the **Insured** was a fare-paying passenger (but not as a pilot, operator or member of the crew), the **Company** shall compensate the legal heir as per benefit for Accidental Death- Common Carrier.

Special Conditions applicable to **3.2.1.1 and 3.2.1.3**

- i. The Accidental Death Claim under the Section shall be payable either under Benefit 3.2.1.1 or 3.2.1.3
 - i. The **Policy** shall terminate for the **Insured Person** on payment of his/her death claim. In case the **Policy** covers other Family members on individual Sum Insured basis than the **Policy** shall continue for remaining **Insured Persons**.

Specific Exclusions applicable to Benefit 3.2.1 Personal Accident

The **Company** shall not be liable to make any payment under this benefit in respect of the following:

- i. Any **Injury** or physical condition Pre-Existing at the time of **Policy/Certificate Period Start Date**.
- ii. Any claim for Death, Disablement of **Insured Person**
 - a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide.
 - b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury/accident through under influence of intoxication;
 - c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.

[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]

- iii. Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.
- iv. No payment shall be made under Benefit-3.2.1.1, 3.2.1.2 and 3.2.1.3 for expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports listed under Benefit-3.6

3.2.2 Accidental Hospitalization Medical Expenses (Optional Cover under Section-3.2 Accidental Cover)

In the event that the **Insured Person** meets with an **Accident**, whilst on the **Insured Trip in India**, and if such **Injury** shall, upon the written Medical Advice of a **Medical Practitioner/Physician**, require **Hospitalization** of the **Insured Person** within the **Policy Period**, for the Medically Necessary Treatment, then the **Company** shall indemnify the **Insured Person**, subject to terms, conditions, exclusions as mentioned in this Policy, for the amount of such **Medical Expenses**, which should be **Reasonable and Customary** Charges, and are incurred by or on behalf of such **Insured Person** towards:

3.2.2.1 In-Patient Treatment as defined under the Policy

3.2.2.2 Day Care Treatment as defined under this Policy

Medical Expenses as mentioned under Benefit 3.1.1

Specific Conditions applicable to Benefit-3.2.2 Accidental Hospitalization Medical Expenses

- i. The **Company** shall also pay the **Reasonable and Customary Medical Expenses** for items which are listed in 'Annexure A- List I as Optional Items' of this **Policy**
- ii. The **Deductible** in respect of this benefit will be applicable on each and every claim and shall be of an amount as specified in the **Policy Schedule/Certificate of Insurance**.
- iii. If the **Company** accepts the Claim under this benefit then subject to terms and conditions of this **Policy**, the **Insured Person** shall also be eligible to claim under Benefit-3.1.2, 3.1.3, 3.1.7, 3.1.8, 3.1.9 and 3.1.10 for Accidental injury.

3.3 OPD Cover

The **Company** shall reimburse the **Reasonable and Customary** charges to **Insured Person** up to an amount specified in the **Policy Schedule/Certificate of Insurance** for the following, during the **Policy Period** whilst on **Insured Trip in India**.

- i. **OPD consultations:** Expenses toward Consultation from a **Medical Practitioner** on **Outpatient** basis. The expenses of such consultations will be reimbursable for the specialties directly associated with the presenting symptoms or with illness or injury suffered presently or in the past.
- ii. **Diagnostic Tests:** Cost for Diagnostic Tests prescribed by the consulting **Medical Practitioner**.
- iii. **Prescription drugs expenses:** Cost of prescription drugs prescribed by the consulting **Medical Practitioner**.
- iv. **OPD for Emergency Dental Treatment** and related Diagnostic Tests and prescription drugs
- v. **Surgical Treatments:** Minor Surgical procedure such as POP, suturing, dressings for accidents and animal bite related Outpatient procedures etc. carried out by a **Medical Practitioner**, which are supported with requisite diagnostic results (wherever applicable).

The benefit is subject to following:

- a. This benefit shall be available through Company's Network Providers (For details refer Company's website: www.indusindinsurance.com). The Company may admit a claim for OPD Cover through non-network provider on pre-authorization basis.
- b. **Condition Precedent:** The claim for Diagnostic Tests and Prescription drugs shall become payable only in relation to an OPD consultation which is payable.
- c. The Diagnostic Tests and Emergency Dental Treatment shall be covered after expiry of 30 days **Waiting Period** from the **Certificate Period Start Date**
- d. The expenses under this benefit are covered only for Allopathy Treatment.
- e. Dental Implants, CAD/CAM restorations and bone graft are not covered
- f. OPD Expenses for any Cosmetic/ routine preventive health check-ups / dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances shall not be covered.
- g. Deductible amount specified in the **Policy Schedule/Certificate of Insurance** shall be applicable on each and every claim made under this benefit during the **Policy Period**.

3.4 Itinerary Covers

3.4.1 Trip Cancellation

If an **Insured Trip to India**, is cancelled due to a covered reason (arise within 15 days prior to Certificate Start Date), the **Company** shall indemnify the **Insured Person** for the forfeited, non-refundable prepaid payments for travel and accommodation, made prior to the start of the originally Scheduled **Insured Trip to India**, up to the **Sum Insured** specified in the **Policy Schedule/Certificate of Insurance**.

Option-1 Trip Cancellation Due to following reasons

- i. Unforeseen death of the **Insured** or **Travelling Companion**
- ii. Unforeseen death of **Insured Person's** immediate family member
- iii. The **Insured Person(s)** or **Travelling Companion** or Immediate Family Member being hospitalized for a **Medical Emergency** for a minimum of 3 days within 15 days prior to the **Certificate Period Start Date** whichever is earlier, provided that the **Insured Person(s)** shall be certified by the Physician as medically unfit to undertake the planned trip covered under the scope of this **Policy**. The Injury or illness shall not be arising out of any Pre- Existing disease.

Specific Exclusions applicable to Option-1 Trip Cancellation

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:

- i. Aircraft-caused delays, including an announced, organized sanctioned union labour strike that affects public transportation, unless the commencement of the period of insurance is prior to a date when the strike is foreseeable. A strike is foreseeable on such date as when the labour union members vote to approve a strike, and such information becomes available to general public.
- ii. Travel arrangements cancelled or changed by an airline, cruise line, or tour operator.
- iii. Changes in plans by the **Insured Person(s)**, an Immediate Family Member or Travelling Companion for any reason other than listed in this benefit.
- iv. Adverse change in financial circumstances of the **Insured Person(s)**, any Immediate Family Member, or a Travelling Companion.
- v. Any business or contractual obligations of the **Insured Person(s)**, any Immediate Family Member, or a **Travelling Companion**,
- vi. Default by the person, agency, or tour operator/**Master Policyholder** from whom the **Insured Person(s)** bought this Policy and/or made travel arrangements.
- vii. Any government regulation or prohibition.
- viii. An event or circumstance, which occurs prior to the **Certificate Period Start Date**, except where specifically listed as covered under this benefit.
- ix. On account of a felonious assault, where the Insured / Insured Person, any Family Member of the Insured / Insured Person, the Travelling Companion or Travelling Companion's Family Member has been a principal or accessory in the assault committed.
- x. Any exclusion mentioned under Section-4 of this **Policy**.

Option-2 Trip Cancellation for Any Reason

If an **Insured Trip to India**, is cancelled due to any reason not otherwise excluded, then the Company will reimburse the **Insured Person** for the forfeited, non-refundable prepaid payments for travel and accommodation, made prior to the start of the originally Scheduled **Insured Trip to India**, up to the limit specified in the **Policy Schedule/Certificate of Insurance** provided,

- i. this insurance coverage is purchased for the full cost of all non-refundable prepaid **Insured Trip** arrangements
- ii. **Policyholder/Insured Person** cancels the **Insured Trip** no less than xx hours (as specified in the **Policy Schedule/Certificate of Insurance**) prior to the Scheduled start of the **Insured Trip to India**.
- iii. **Deductible** specified under **Policy Schedule/Certificate of Insurance** shall be applicable on each and every claim made under this benefit.

3.4.2 Trip Delay

The **Company** shall indemnify the **Insured Person** towards the Reasonable Expenses, up to the limit specified in the **Policy Schedule/Certificate of Insurance**, if the **Insured's Trip** is delayed for more than three (3) consecutive hours and the **Insured Person** is unable or prevented from leaving for or from India as a result of a cancellation or delay of his/her Trip for one of the following Unforeseen events.

- i. Delay of Common Carrier on a **Main Travel Ticket** as defined under this **Policy**.
- ii. The **Insured's** or **Travelling Companion's** lost or stolen passports, travel documents or money, which necessarily prevents the **Insured** from travelling using his/her **Main Travel Ticket** at the originally Scheduled time.
- iii. Due to **Inclement Weather** in India or Home Country or next destination country which has prevented from continuing with the scheduled trip.

Specific Conditions applicable to Benefit 3.4.2 Trip Delay

- i. Incurred expenses must be supported by receipts.
- ii. The benefit will not be payable against any reimbursement, compensation, free goods or services provided by the Common Carrier or any other entity.
- iii. This benefit is payable only once per trip per **Insured**. If the **Insured** incurs more than one delay in the same Trip the **Company** will pay the **Insured** for the delay with the largest benefit up to the maximum limit shown in the Policy Schedule/Certificate of Insurance.
- iv. The Deductible in respect of this benefit shall be applicable on each and every claim made and shall be of an amount as specified in the **Policy Schedule/Certificate of Insurance**.

3.4.3 Trip Interruption

Trip interruption can refer to:

- **Curtailment or Shortening of the original Insured Trip** for which the **Policy** was bought, such that the **Insured Person(s)** is (are) forced to return to **Home Country** earlier than specified in the **Main Travel Ticket**, due to reasons mentioned below. The **Company** shall pay the travel expenses for the lowest economy flight ticket from **India** to **Home Country** incurred by **Insured Person(s)** for such Curtailment.
- **Alteration or Change in Itinerary of the original**

Insured Trip for which the **Policy** was bought, such that the **Insured Person(s)** is (are) forced to change (modify route or destination, or extend the travel date) their confirmed and pre-paid stay and travel in India as specified in the **Main Travel Ticket(s)**, due to reasons mentioned below. The **Company** shall reimburse the travel expenses for the lowest economy flight ticket to the next planned **country** or **Home Country** as per **Main Travel Ticket**, and Reasonable additional Expenses incurred by **Insured Person(s)** for such Alteration.

- i. Due to unforeseen death of Immediate Family Member or **Travelling Companion**. Insured can only claim Curtailment under this reason, Alteration shall not be payable.
- ii. Due to **Natural Disaster** in the **India** which has prevented from continuing with the scheduled trip
- iii. Due to **Inclement Weather** in India or Home Country or next destination country which has prevented from continuing with the scheduled trip.
- iv. The booked accommodation in **India** by the **Insured Person** for purposes of stay during the **Insured Trip** being made uninhabitable by fire, flood, vandalism, burglary, or natural disaster.
- v. If the **Insured Person(s)** is unable to continue the **Insured Trip** due to illness / injury of self or **Travelling Companion** prior to the departure date, which necessitated Hospitalization for minimum of 24 hours, for which a claim is payable under Benefit 3.1.1 Hospitalization Expenses, provided that **Injury** or **Illness** must be so disabling and certified by the Physician as to reasonably cause a trip to be interrupted.
- vi. Where the **Insured** was victim of any crime during the **Insured Trip** in India, causing or threatening grievous physical injury and necessitating curtailment of the trip.
- vii. Where Insured elects to curtail the **Insured Trip** following Hijack of Common Carrier and where the **Company** has necessarily approved a claim under Benefit 3.4.4.Hijack Distress Allowance
- viii. Where the **Insured** is under quarantine as required by a Public decree by announcement/order by the Government of India;
- ix. Where a Common Carrier has refused travel on booked ticket as the **Insured** has contracted a contagious disease, the **Company** shall pay reasonable accommodation charges, subject to Sum Insured, until such time that the **Insured** is eligible to travel back to **Home Country**. The disease must be certified by the attending **Medical Practitioner**, and a communication of refusal to this effect received from the Common Carrier shall be submitted for claim approval.
- x. Where bankruptcy of Common Carrier or Hotel has occurred, causing cancellation of confirmed and pre-paid tickets or accommodation where the provider is unable to provide any alternate booking or compensation for such cancellation.

Specific Exclusions applicable to Benefit 3.4.3 Trip Interruption

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:

- i. Aircraft-caused delays, including an announced, organized sanctioned union labour strike that affects public transportation, unless the commencement of the period of insurance is prior to a date when the strike is foreseeable. A strike is foreseeable on the date the labour union members vote to approve a strike.
- ii. Travel arrangements cancelled or changed by an airline, cruise line, or tour operator.
- iii. Changes in plans by the **Insured Person(s)**, an Immediate Family Member or **Travelling Companion** for any reason.
- iv. Adverse change in financial circumstances of the **Insured Person(s)**, any Family Member, or a **Travelling Companion**.
- v. Any business or contractual obligations of the **Insured Person(s)**, any Family Member, or a **Travelling Companion**.
- vi. Default by the person, agency, tour operator or **Master Policyholder** from whom the **Insured Person(s)** bought this Policy and/or made travel arrangements.
- vii. Any government regulation or prohibition.
- viii. An event or circumstance, which occurs prior to the commencement of the period of insurance.
- ix. On account of a felonious assault, where the Insured, any Family Member of the **Insured**, the **Travelling Companion** or **Travelling Companion's** Family Member has been a principal or accessory in the assault committed.
- x. Any exclusion mentioned under Section-4 of this **Policy**.

Specific Conditions applicable to Benefit 3.4.3 Trip Interruption

- i. However, the benefit payable will not exceed the cost of economy airfare less any refunds (including cancellation refund from Main Travel Ticket) paid or payable and taken by the most direct route. This coverage is effective if the incident occurs during the **Policy Period** mentioned in the **Policy Schedule/ Certificate of Insurance** and only in case, where the **Insured** were unaware of any circumstances that could lead to disruption, Curtailment or Alteration of **Insured Trip** at the time of purchasing this insurance Policy.
- ii. In the event that a Trip Delay and Trip Interruption are both caused together, the higher of the two benefits shall become payable.
- iii. The total amount paid under this benefit will be subject to the **Sum Insured** mentioned for the benefit in the **Policy Schedule/ Certificate of Insurance**.
- iv. The Deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the **Policy Schedule/Certificate of Insurance**.

3.4.4 Hijack Distress Allowance

The **Company** shall make an allowance to the **Insured Person**, in the event of Hijack of a Common Carrier in which the **Insured Person** is travelling on the **Insured Trip** during the **Policy Period**, of the amount as specified in the **Policy Schedule/Certificate of Insurance**.

The **Deductible** specified in the **Policy Schedule/ Certificate of Insurance** shall be applicable on each and every claim made under this benefit.

Specific Exclusion applicable Benefit 3.4.4 Hijack Distress Allowance

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:

- i. The first twelve (12) hours of the Hijacking.
- ii. Any incident where the **Insured Person** is suspected to be either the principal or an accessory in the Hijacking.
- iii. Any Claim as a consequence of a change in the regular routes of travel / journey of the Common Carrier due to traffic, weather, fuel shortage, and technical snag or security reasons.
- iv. Any exclusion mentioned under Section-4 of this **Policy**.

3.4.5 Missed Connections

While on the **Insured Trip**, the **Insured** misses a connecting flight departure resulting from cancellation or delay of 3 or more hours of a **Main Travel Ticket**, caused by the Common Carrier delay, the **Company** will indemnify the **Insured** for the following, up to the maximum Limit shown in the **Policy Schedule/Certificate of Insurance**:

- i. Reasonable Additional Expenses not provided by the Common Carrier
- ii. Non-refundable, unused portion of the prepaid expenses as long as the expense is supported by a proof of purchase and is not reimbursable by another source

Specific Conditions applicable to Benefit 3.4.5 Missed Connections

- i. The Common Carrier must certify the delay of the regularly scheduled airline flight corresponding to the **Main Travel Ticket**.
- ii. In the event that a Trip Delay and Missed Connection are both caused together, the higher of the two benefits shall become payable.

3.4.6 Total Loss of Checked in Baggage

The **Company** shall indemnify the **Insured Person** for the total loss of checked-in baggage on an **Insured Trip**. All halts and via destinations included in this **Main Travel Ticket** will be covered under this benefit. The compensation will be subject to **Deductible** (applicable on each and every claim) and limited to the **Sum Insured** as specified in the **Policy Schedule/Certificate of Insurance**.

Specific Exclusions applicable to Section 3.4.6 Total Loss of Checked-in Baggage

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:

- i. Valuables and money in physical form like cash or cheque, all kinds of securities and tickets/passes/booking-receipts or any other item not declared to, and agreed to by, the **Company**.
- ii. Loss of hand luggage, or any baggage or property which was not checked-in at the time of loss.
- iii. Loss of any checked-in property unless a Property Irregularity Report or other report usually issued by common carriers in the event of loss of checked-in baggage has been procured and submitted to the **Company**.
- iv. Any partial loss of the items contained within the checked-in baggage.
- v. Items contained within the checked-in baggage,

which are valued in excess of Rs 7500 without appropriate proof of ownership.

- vi. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- vii. Loss due to complete/partial damage of the checked-in baggage.
- viii. Loss of hand luggage, or any baggage or property while not in custody of the common carrier.
- ix. Losses arising during travel to or from destinations which were not declared by the customer at the time of buying the **policy**.
- x. Losses arising as a consequence of loss of Baggage. Such consequential loss includes but is not limited to losses arising from loss of data and documents
- xi. Any exclusion mentioned under Section-4 of this **Policy**

Specific Conditions applicable to Benefit 3.4.6 Total Loss of Checked-in Baggage

- i. The **Company** will compensate the **Insured Person** for the market value of checked-in baggage in the event of total and complete loss of such checked-in baggage caused by a common carrier up to the limits as specified in the Policy Schedule/Certificate of Insurance subject to the following:
 - Maximum amount payable per unit of checked-in baggage shall be 50%, and that payable per article contained in each bag shall be 10% of the applicable Sum Insured.
 - A combined maximum limit of 10% of the **Sum Insured** applies for the following: jewellery, watches, articles consisting, in whole or in part, of silver, gold or platinum, furs, articles trimmed with or made mostly of fur.
 - Loss of a Pair/Set: Pair or set of articles is treated as one article (example: set of earrings).
 - Insured must provide all reports, documents and other details concerning the loss to the Emergency Assistance Service Provider.
- ii. In an event where the lost Checked-In Baggage is subsequently delivered to the Insured, the **Insured** shall refund in full the sum paid by the **Company** hereunder, provided that, the **Company** shall separately consider the Insured's eligibility for recovery of claim under the Benefit 3.4.7 Delay Of Checked-In Baggage.
- iii. In the event of loss of baggage whilst in the custody of an airline, a Property Irregularity Report (PIR) must be obtained from the airline immediately upon discovery of the loss which must be submitted to the **Company**/TPA/Emergency Service Provider.
- iv. Total loss of a unit of baggage shall be compensated. For this purpose, a unit of baggage shall mean the entire bag as checked-in with the Common Carrier, for which the baggage receipt was given by the Common Carrier. However, where baggage is recovered, but there is partial destruction or damage of baggage; or missing of contents from baggage, this is not covered under the Policy.
- v. Benefit payable will be in excess of any amount paid or payable by the Common Carrier responsible for the loss.
- vi. Benefits payable will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place. The **Company** will be liable only for the excess of the amount of loss,

over the amount of such other insurance, and any applicable Deductible.

3.4.7 Delay of Checked in Baggage

The **Company** shall pay a fixed amount (stated in the **Policy Schedule/Certificate of Insurance**) to the **Insured** for the expense of Necessary Personal Effects incurred during the **Insured Trip** to India, if the **Insured's** Checked-in Baggage is delayed or misdirected by a Common Carrier for more than the **Time Deductible** shown on the **Policy Schedule/Certificate of Insurance** from the time the **Insured** arrives in India, as stated on his/her **Main Travel Ticket**.

Specific Exclusions applicable to Benefit 3.4.7 Delay of Checked-in Baggage

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:

- i. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.

Specific Conditions applicable to Benefit 3.4.7 Delay of Checked-in Baggage

- i. The **Company** will pay for Necessary Personal Effects in the event of the **Insured Person** suffering delay of his/her checked-in baggage in the course of the **Insured Trip** in India, provided that:
 - The **Insured** is a fare-paying passenger on a Common Carrier. The journey for which claim is made, is to the travel destinations specified in the Main Travel Ticket of the **Insured Trip**.
 - The delay of checked-in baggage is more than 12 hours from the actual arrival time of the common carrier at the destination and relates to delivery of baggage that has been checked in by the common carrier.
 - The fixed amount under this benefit will be payable only after completion of every 12 hours of delay of checked- in baggage, maximum upto 48 hours,
 - Insured Person provides the Company with written proof from the Common Carrier certifying the delay or misdirection of checked-in baggage.
 - Insured Person provides the Company with the receipts for the necessary emergency purchases of toiletries, medication and clothing that he/she needed to buy.
- ii. The deductible specified in the Certificate of Insurance shall be applicable on each and every claim made under this benefit.
- iii. In the event that claim(s) is submitted for total loss of checked-in baggage as well as temporary delay of checked-in baggage, the higher of the claim(s) shall be payable by the Company in respect of the same item(s) of checked-in baggage during any one **Policy Period**.
- iv. In the event that the **Company** makes any payment under this benefit, it is a condition that such payment shall be net of any compensation received from the common carrier by the Insured Person, or on behalf of the **Insured Person**. In case such compensation is received post payment of claim by the **Company**, the **Company** shall have right to recover such compensation up to the amount of the claim already paid.
- v. Benefits payable will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and

collectible insurance in place. The **Company** will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable **Deductible**

3.4.8 Bounced Bookings of Airlines and Hotel

The **Company** shall reimburse the actual additional expenses/ cost incurred by the **Insured** up to the **Sum Insured** specified in the **Policy Schedule/Certificate of Insurance** for alternative flight arrangements or for alternative accommodation in India in the event of the confirmed **Main Travel Ticket to India**, bouncing at the sole instance of the Common Carrier or bouncing of the confirmed accommodation booking at place of stay in India being part of the **Insured Trip** solely at the instance of the accommodation provider where such bouncing or cancellation is due to overbooking, and involuntary on part of the **Policyholder**.

Provided that the **Company's** liability shall be in relation to the travel covered by such confirmed and pre-paid booking and in relation to accommodation in the same place of stay and also provided that the **Company's** liability to such additional expenses shall be in relation to the same class of travel and same category of accommodation as the case may be covered by the original confirmed and pre-paid bookings.

The payment under this benefit will not exceed the **Sum Insured** as specified in the **Policy Schedule/Certificate of Insurance**. The **Deductible** specified in the **Policy Schedule/Certificate of Insurance** shall be applicable on each and every claim made under this benefit.

Specific Exclusions applicable to Benefit 3.4.8 Bounced Booking of Airline and Hotel

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:

- i. If the **Insured** shall fail to adhere to the rules of the Common Carrier or the accommodation provider in connection with reconfirmation of the booking before the date of travel or occupation as the case may be.
- ii. In connection with any waitlisted travel booking or accommodation booking irrespective of whether such bookings have been promised to be confirmed later.
- iii. If the confirmed accommodation shall be a personal arrangement free of charge.
- iv. Where the alternative arrangements for either the travel or the accommodation is provided by the Common Carrier or the accommodation provider as the case may be within 6 hours from the time of departure of the travel covered by the bounced booking or the time commencement of stay covered by the earlier confirmed accommodation booking.
- v. Any air tickets / hotel bookings which are allotted to Airline staff / hotel staff or under any special travel industry employee scheme.
- vi. No Payment under this benefit shall be made after the arrival of Insured Person in India.

Specific Conditions applicable to Benefit 3.4.8 Bounced Booking of Airline and Hotel

- i. It is a condition precedent to admission of liability by the **Company** under this cover that the **Insured** shall take all steps to fix the primary responsibility for the bouncing of bookings both with the Common Carrier and/ or with the accommodation provider and try to recover from them the consequential

loss incurred by the **Insured** by way of additional expenses for alternative travel arrangement or alternative accommodation arrangement. Details of the steps taken by the **Insured** shall be furnished to the **Company**.

- ii. Any recovery towards additional expenses incurred for alternative travel or accommodation arrangement effected from the Common Carrier or accommodation provider as the case may be, if any, effected from the concerned agencies after settlement of the claim under the policy shall be remitted to the **Company** to the extent of the amount of claim admitted and paid by the **Company** to the **Insured**.

3.4.9 Up-gradation to Business Class

The **Company** will compensate the **Insured** the reasonable expenses incurred in respect of the Insured's Up-gradation to a business class air ticket, by the most direct route from the place of **Hospitalization** of the **Insured** in India to the **Insured's Home Country**, if such upgrade from economy class is necessitated by **Medical Emergency** suffered by the **Insured** during the **Insured Trip** in India.

Specific Conditions applicable to Benefit 3.4.9 Up-gradation to Business

- i. The **Company** must have accepted the claim under Benefit 3.1.1.1-InPatient Treatment and the **Insured** must have hospitalized for **Medical Emergency** for a minimum period of 5 continuous and consecutive days.
- ii. Up-gradation of **Main Travel Ticket** is necessitated by this medical condition and recommended by the attending Medical Practitioner or Physician.
- iii. The **Insured's** return air travel to **Home Country** commences not later than 20 days from the discharge of insured from **Hospital**.
- iv. If the **Insured's Main Travel Ticket** can be up-graded from economy class to business class, the company's maximum liability under this benefit shall be limited to the difference in cost between the economy class **Main Travel Ticket** and business class air ticket; and
- v. If the **Insured's** economy class Main Travel Ticket cannot be up-graded then the **Company's** maximum liability under this benefit shall be limited to the cost of cancellation and the difference between the cost of the new business class ticket and the refund amount received from the cancelled economy class **Main Travel Ticket**.
- vi. The **Company** shall not be liable to make any payment under this benefit if the **Insured** was originally booked the **Main Travel Ticket** on a business class.
- vii. Where **Company** has approved a **Claim** under any other cover of this **Policy**, for compensation of the same transportation, **Insured** shall not be eligible to Claim again under this cover.
- viii. The compensation under this benefit shall be limited to the amount as specified in the **Policy Schedule/Certificate of Insurance**.

3.4.10 Lounge Access

While on the **Insured Trip**, the **Insured** experiences an international flight departure delay of 2 (two) or more hours on a **Main Travel Ticket**, where such delay is caused by the **Common Carrier**, the **Company** shall arrange for Lounge Access at the airport.

Specific Conditions applicable to Benefit 3.4.10 Lounge Access

- i. Lounge is a facility available at the airport, for providing comfortable waiting experience.

- ii. Lounge Access shall mean entry into a Lounge, and access to complimentary benefits offered by the particular Lounge at the time of such entry.

The **Company** is not liable to provide access to any Lounge falls under the following special categories:

- First Class, Frequent Flier or Business Class Lounge belonging to airline
- Membership-only Lounge
- Any other special access Lounge
 - a. The **Company** shall not be liable to compensate the **Insured** for any additional paid services or items availed at the Lounge.
 - b. The **Company** shall not be liable to compensate the **Insured** with any amount or service in case where Lounge is not available at the airport, or where access to Lounge is denied due to Lounge being full.
 - c. The **Company** shall not be responsible for providing to the **Insured** any additional amount or service where the insured is unable to utilize the provided Lounge Access services.
 - d. Details of how to avail the service shall be updated on the **Company's** website from time to time.

3.5 Value Added and Assistance Covers

3.5.1 Compassionate Visit

In the event the **Insured Person** is hospitalized for more than seven continuous and consecutive days, and his/her medical condition forbids repatriation, and no adult Immediate Family Member or adult Travelling **Companion** is present, the **Company**, after obtaining confirmation of need for assistance of a **Companion** from the attending **Medical Practitioner /Physician** and the Emergency Assistance Service Provider, will provide:

- i. A round trip economy class air ticket, or first-class railway ticket, to allow one Immediate Family Member, during the entire **Policy Period**, to be at his /her aid for the duration of stay in the **Hospital**;
- ii. Expenses towards accommodation of the immediate family member during such compassionate visit.

Specific Conditions applicable to Benefit 3.5.1 Compassionate Visit

- i. The **Company** has accepted the claim under benefit **3.1.1.1 In -Patient Treatment** of this **Policy**.
- ii. The **Company's** liability for round trip ticket and the expenses related to this benefit shall in no case exceed the **Sum Insured** as specified in the **Policy Schedule/Certificate of Insurance**.

3.5.2 Return of Minor Child

The **Company** shall reimburse up to an amount specified in the **Policy Schedule/Certificate of Insurance**, the cost of the economy class air ticket incurred for sending the **Insured's** unattended **Minor Child** back to **Home Country**, in the event of the death of the **Insured Person** during the **Insured Trip** in India; or where the **Insured** is Hospitalized during the **Insured Trip** in India due to **Medical Emergency** where such Hospitalisation shall, in the opinion of the attending **Medical Practitioner**, extend beyond a period of 5 days.

Specific Conditions applicable to Benefit 3.5.2 Return of Minor Child

- i. This benefit shall not be payable as long as the child is able to receive supervision and care from at least one adult **Travelling Companion**.

- ii. It is a condition precedent to the Company's liability hereunder that the need for the return of Minor Child is also approved by the Company or Assistance Service Provider.
- iii. The **Company** shall not be liable for any payment under this benefit if the Hospitalization occurs within 5 days prior to the completion of **Insured Trip** in India.

3.5.3 Loss of Passport

In the event that the passport belonging to the **Insured Person** is lost during the **Insured Trip** in India, the **Company** will reimburse the **Insured Person**, up to an amount specified in the **Policy Schedule/Certificate of Insurance**, the actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport. The payment under this benefit is subject to **Deductible** (applicable on each and every claim) specified in the **Policy Schedule/Certificate of Insurance**.

Specific Exclusions applicable to Benefit 3.5.3 Loss of Passport

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:

- i. Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
- ii. Loss of the passport due to theft unless it has been reported to the police within 24 hours of the **Insured Person** becoming aware of the theft and a written police report being obtained in that regard.
- iii. Loss of the passport due to it being left unattended or forgotten by the **Insured Person** in a public place or public transport, hotel or apartment.
- iv. Loss or theft of the passport from a private place or from a private vehicle, unless it was located in a locked hotel room, apartment or locked vehicle, and forcible and violent entry was used to gain access to it.
- v. Any exclusion mentioned in the Section-4 of this Policy.

3.5.4 Loss of International Driving License

In the event that the International Driving License belonging to the **Insured Person** is lost during the **Insured Trip** in India, the **Company** will reimburse the **Insured Person**, the actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate International Driving License.

Specific Exclusions applicable to Benefit 3.5.4 Loss of International Driving License

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:

- i. Loss of the International Driving License due to delay or confiscation or detention by the customs, police or public authorities.
- ii. Loss of the International Driving License due to theft unless it has been reported to the police within 24 hours of the **Insured Person** becoming aware of the theft and a written police report being obtained in that regard.
- iii. Loss of the International Driving License due to it being left unattended or forgotten by the **Insured Person** in a public place or public transport, hotel or apartment.

- iv. Loss or theft of the International Driving License from a private place or from a private vehicle, unless it was located in a locked hotel room, apartment or locked vehicle, and forcible and violent entry was used to gain access to it.
- v. Loss of International Driving License that was past expiry date or validity period, or was due to expire within 10 days from and including the date of loss of such License.
- vi. Loss of International Driving License that was issued by an authority other than the three authorities mentioned in Section-2.2 Specific Definition, sub point(29)
- vii. Loss of International Driving License for which the **Insured Person** is not eligible for replacement and is required to make a fresh application for a new International Driving License.
- viii. Any exclusion mentioned in the Section-4 of this **Policy**.

3.5.5 Loss of Portable Equipment

The **Company** shall reimburse the **Insured Person** up to an amount specified in the **Policy Schedule/Certificate of Insurance**, if any of the below listed Portable equipment belonging to **Insured Person** is lost as a result of theft, burglary, robbery, mugging or dacoity, during the **Policy Period**, whilst on **Insured Trip** in India. The payment under this benefit is subject to **Deductible** (applicable on each and every claim) specified in the **Policy Schedule/Certificate of Insurance**.

List of Portable Equipment

- Laptop
- Mobile Phone
- Tablet
- Smart Watch
- Camera

Specific Exclusion applicable to Benefit-3.5.5 Loss of Portable Equipment

The **Company** shall not be liable to make any payment under this benefit in respect of the following:

- i. Any loss not reported to the police within 24 hours of the occurrence of the incident and a written report being obtained for the same.
- ii. Loss of the Equipment if left unattended or forgotten by the **Insured Person** in a public place or public transport, hotel or apartment.
- iii. Theft from any vehicle except vehicle of fully enclosed saloon type having at the time all the doors, windows and other openings securely locked and properly fastened.
- iv. Loss of Equipment not kept in the personal custody of the **Insured**.
- v. Any loss due to Accidental external means.
- vi. Any loss at airport or by common carrier or while in checked-in baggage
- vii. Any reimbursement under this benefit is excluded if the claim is put up after exit of the **Insured** from the Republic of India.
- viii. Any exclusion mentioned Section-4 of this **Policy**.

3.5.6 Emergency Assistance Services

The **Insured Person** is entitled for following assistance services, in the event of **Emergency** incurs during the **Policy Period** whilst on **Insured Trip** in India.

- i. **Insured Person** can avail such services by contacting

Assistance Service Provider, details for which is specified on the **Policy Schedule/Certificate of Insurance. Cash Assistance:** If as a result of theft, burglary, robbery, mugging, dacoity, fraud Illness or Injury the Insured Person requires Emergency cash including Money transfer charges(if any), **Assistance Service Provider** will advise the Insured representative on how to obtain additional funds.

- ii. **Transmission of Urgent Messages: Assistance Service Provider** will transmit urgent (personal) messages on behalf of or to an **Insured Person** in the event of travel delay, **Illness** or **Injury**
- iii. **Translator Assistance: The Assistance Service Provider** will serve as a central point for translation and communication for **Insured** during Emergencies.
- iv. **Consular Referral:** Wherever possible **Assistance Service Provider** will provide an **Insured Person** with the details of the representative of the relevant consulate, government agencies that can help Insured with travel Emergencies
- v. **Emergency Travel and Accommodation Arrangements:** Wherever possible **Assistance Service Provider** will provide an **Insured Person** all reasonable, possible and practical assistance in arranging emergency alternative transportation and accommodation.
- vi. **Lost Passport Assistance:** If an **Insured Person** lose his/her passport, the **Assistance Service Provider** will help them make alternative arrangements.
- vii. **Legal Assistance:** If the **Insured Person** is arrested or is in danger of being arrested as a result of any non-criminal action resulting from responsibilities attributed by Insured, the **Assistance Service Provider** will provide the Insured with the name of an attorney who can represent **Insured** in any necessary legal matters

Note:

- i. It is entirely for the **Insured Person** to decide whether to obtain these Services and also to decide the use (if any) to which these Services is to be put for
- ii. In case the Services are availed, the **Insured Person** will be required to provide the details as sought by the **Assistance Service Provider** in order to establish authenticity and validity prior to availing such services.
- iii. The onus of providing adequate proof of emergency in such case lies with the Insured.
- iv. The **Company** assumes no responsibility for any advice or legal counsel given by the professional or attorney arranged by the **Assistance Service Provider**.

3.5.7 Personal Liability

The **Company** will indemnify the **Insured Person** in the event the **Insured Person** becomes legally liable to a third party under the law applicable in the jurisdiction of India, for an incident which results in death, injury or damage to the health of such third party or damage to his/her properties, but not exceeding the **Sum Insured** as specified in the **Policy Schedule/Certificate of Insurance** and provided the incident occurs during the **Policy Period** and whilst being on an **Insured Trip** in India.

Please note that the **Sum Insured** mentioned against this Benefit in the **Policy Schedule** is:

- Maximum amount that the **Company** is liable under this **Policy** per **Policy Period**
- Also, the Maximum amount that the **Company** is

liable under this per occurrence or event of **Claim**

Specific Exclusions applicable to Benefit 3.5.7 Personal Liability

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured Person for:

- i. Any Claim arising from Insured Person's contractual liability or through promises made by the **Insured Person**.
- ii. Any Claim of personal liability of the **Insured Person** towards his/her Family, relations and Travelling Companions, whether personal or official.
- iii. Any Claim resulting from transmission of an **Illness** or disease by the **Insured Person**.
- iv. Any Claim arising towards a third party within the jurisdiction outside the Republic of India.
- v. Any Claim or Damage resulting from professional activities or Business involving 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 or Professional Services. 'Business' here means trade, profession or Occupation of the Insured Person.
- vi. Any Claim for liability arising, directly or indirectly, from or due to:
 - The possession of animals, birds, reptiles, insects, etc. and by products like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
 - The ownership or possession of vehicles, aircrafts, water crafts, or activities of the Insured Person involving parachuting, hand-gliding, hot air ballooning or use of firearms.
- vii. Any Claim for liability arising, directly or indirectly, from or due to any willful, malicious or unlawful act.
- viii. Any Claim for liability arising, directly or indirectly, from or due to any supply of goods or services on the part of the **Insured Person**.
- ix. Any Claim for liability arising, directly or indirectly, from or due to any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- x. Any Claim arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft
- xi. Any Claim 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 the Federal Food and Drug Agency or equivalent or similar organization
- xii. Any exclusion mentioned in the Section-4 of this Policy.

Specific Conditions applicable to Benefit 3.5.7 Personal Liability

- i. The **Company** shall be responsible for contesting suits filed in a Court of Law of India, claims against the **Insured Person** and providing indemnity for damages, which the **Insured Person** has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the **Company** or under a judicial decision rendered by a Court of law.
- ii. If there is a legal action in process against the

Insured Person over a **Personal Liability** issue, the **Company** may conduct the legal action, including appointment of legal counsel, at the **Company's** expense in the name of the **Insured Person** at the **Company's** sole discretion.

- iii. The **Company** will have the right, but in no case the obligation, to take over and conduct in the name of the **Insured Person** the defence of any **Claim** and will have full discretion in the conduct of any proceedings and in the settlement of any **Claim** and having taken over the defence of any **Claim**, the **Company** may relinquish the same.
- iv. In the event the **Company**, in its sole discretion, chooses to exercise its right in pursuance of this condition, no action taken by the **Company** in the exercise of such right will serve to modify or expand in any manner, what the **Company's** liability or obligations under this **Policy** would have otherwise had it not exercised its rights under this Special Conditions.
- v. Insured shall not 'settle' or 'offer settlement' or 'compromise' on the liability without the consent and written consent of the **Company**.

3.5.8 Fire Cover (Home Contents) (in India)

The Company shall pay to the Insured Person compensation for any Loss, Destruction or Damage sustained by the Insured, if the property(contents) which is within the Insured Person's Residence, while such premises is unoccupied, is, in whole or part, destroyed or damaged during the Policy Period by any of the perils, events, reasons or causes specified hereunder:

- a. Fire: Excluding Loss, Destruction or Damage caused to the property insured by:
 - Its own fermentation, natural heating or spontaneous combustion.
 - Its undergoing any heating or drying process.
 - Burning of property by order of any Public Authority.
- b. Lightning
- c. Explosion/ Implosion: Excluding Loss, Destruction or Damage:
 - To boilers (other than domestic boilers), economizers or other vessels, machinery or apparatus (in which steam is generated) or their contents resulting from their own explosion/ implosion.
 - Caused by centrifugal forces.
- d. Aircraft Damage: Loss, Destruction or Damage caused by Aircraft, other aerial or space devices and articles dropped therefrom, excluding Loss, Destruction or Damage caused by pressure waves.
- e. Riot, Strike and Malicious Damage: Loss of, or visible physical Damage or Destruction by external violent means, directly caused to the property insured. This excludes Loss, Destruction or Damage caused by
 - Total or partial cessation of work, or the retardation, interruption or cessation of any process or operations or omissions of any kind
 - Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
 - Permanent or temporary dispossession of any building or plant or unit of machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or

prevention of access to the same.

- Burglary, housebreaking, theft, larceny or any such attempt or any omission of any kind by any person (whether or not such act is committed in the course of a disturbance of public peace) in any malicious act.

Onus of proof: If the Company alleges that the loss/ damage is not caused by any malicious act, the burden of proving the contrary shall be upon the insured.

Terrorism Damage Exclusion Warranty

This Policy excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this exclusion, 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 organisation(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 exclusion also includes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to the above.

- f. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation
- g. Impact Damage: Loss of, or visible physical Destruction or Damage caused to the property due to impact by any Rail/ Road vehicle or animal by direct contact not belonging to or owned by
 - The Insured or any occupier of the premises or
 - Their employees while acting in the course of their employment
- h. Subsidence and Landslide including Rock slide: Loss, Destruction or Damage directly caused by Subsidence of part of the site on which the property stands or Land slide/ Rock slide excluding:
 - The normal cracking, settlement or bedding down of new structures
 - The settlement or movement of made up ground
 - Coastal or river erosion
 - Defective design or workmanship or use of defective materials
 - Demolition, construction, structural alterations or repair of any property of ground works or excavations.
- i. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes
- j. Missile Testing operations
- k. Leakage from Automatic Sprinkler Installations: Excluding Loss, Destruction or Damage caused by
 - Repairs or alterations to the buildings or premises.
 - Repairs, Removal or Extension of the Sprinkler Installation.
 - Defects in construction known to the Insured.

- i. Bush Fire: Excluding loss destruction or damage caused by Forest Fire. Provided that the liability of the Company shall in no case exceed:
- in respect of each item, the limit specified in the Policy Schedule to be Insured thereon or
 - in the whole the total Sum Insured specified in the Policy Schedule
- m. Earthquake (Fire and Shock): Loss, Destruction or Damage (including loss or damage by fire) to the property insured under this Policy, occasioned by or through or in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or Landslide / Rockslide resulting there from

Onus of proof: In the event of the Insured making any claim for loss or damage under this policy he must (if so required by the Company) prove that the loss or damage was occasioned by or through or in consequence of earthquake

Specific Exclusions applicable to Benefit 3.5.8 Fire Cover for Contents (Home in India)

This Policy does not cover

- Loss, Destruction or Damage caused to the property by pollution or contamination excluding:
 - Pollution or contamination which itself results from a peril covered under this benefit.
 - Any peril which would otherwise be covered under this benefit, where such peril itself results from pollution or contamination.
- Loss, Destruction or Damage to bullion or unset precious stones, any curios or works of art for an amount exceeding Rs. 10000/-, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper Money, cheques, books of accounts or other business books, computer systems records, explosives unless otherwise expressly stated in the policy.
- Loss, Destruction or Damage to the stocks in Cold Storage premises caused by change of temperature.
- Loss, Destruction or Damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self heating or leakage of electricity from whatever cause (lightning included) provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so set up.
- Expenses necessarily incurred on
 - Architects, Surveyors and Consulting Engineer's Fees and
 - Debris Removal by the Insured following a Loss, Destruction or Damage to the property by a peril insured under this benefit, in excess of 3% and 1% of the claim amount respectively.
- Loss of earnings, loss by delay, legal liability, loss of market or other consequential or indirect Loss, Destruction or Damage of any kind or description whatsoever.
- Loss, Destruction or Damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.
- Loss by theft during or after the occurrence of any insured peril, except as provided under Riot, Strike

and Malicious Damage cover.

- Loss, Destruction or Damage to property if removed to any building or place other than in which it is herein stated to be Insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days.
- Loss, Destruction or Damage in connection to a building of Kutcha Construction.
- Loss, Destruction or Damage in connection to a building or residence that is under construction or under renovation.
- Loss, Destruction or Damage that occurs when the Insured Person's Residence has been unoccupied for at least 90 days immediately preceding the date of loss.
- Any exclusion mentioned in Section-4 of this Policy.

Specific Conditions applicable to Benefit 3.5.8 Fire Cover for Contents

- For the purpose of this benefit, Insured Person's Residence shall mean the Residential Address in which **Insured Person** is temporarily staying whilst on covered **Insured Trip** in India. An accommodation shall be deemed to be the **Insured Person's Residence**, if it is contracted in **Insured Person's/ Sponsor's** name and only when the **Insured Person** has booked such accommodation for a minimum period of 30 days by way of monetary compensation paid by himself/herself or a sponsor, and which is primarily for the **Insured Person's** use. Accommodation owned or rented by **Insured Person's** relative or friend or acquaintance and which is primarily for their use shall not be termed as the **Insured Person's** Residence
- The compensation under this benefit shall be calculated basis the **market value (after depreciation) at the time of loss**, of the property lost or damaged (in part or full), or the cost of reinstating such property to the state immediately before occurrence of the loss, whichever is lower.

The Company may at its discretion, choose to:

- Repair, replace or reinstate contents of such property or any part thereof, as payment under this benefit.
- iii. This Benefit shall be voidable in event of misrepresentation, mis-description or nondisclosure of any material information.
- iv. All insurances under this Benefit shall cease on expiry of seven days from the date of fall or displacement of any building or part thereof or of the whole or any part of any range of buildings or of any structure of which such building forms part. Provided such a fall or displacement is not caused by insured perils, Loss, Destruction or Damage by which is covered by this Benefit or would be covered if such building, range of buildings or structure were insured under this Benefit. Notwithstanding the above, the Company subject to an express notice being given as soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.
- v. Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the Insured, before the occurrence of any Loss, Destruction or Damage, obtains the sanction of the Company signified by endorsement

upon the Benefit by or on behalf of the Company:-

- If the trade or manufacture carried on be altered, or if the nature of the occupation of or other circumstances affecting the building Insured or containing the Insured property be changed in such a way as to increase the risk of Loss, Destruction or Damage by insured perils.
 - If the interest in the property passes from the Insured otherwise than by a Will or
 - operation of law.
- vi. This insurance does not cover any Loss, Destruction or Damage to property which, at the time of the occurrence of such Loss, Destruction or Damage, is insured by or would, but for the existence of this Policy, be insured by any marine policy or policies except in respect of any excess beyond the amount which would have been payable under the marine policy or policies had this insurance not been effected.
- vii. On the occurrence of any Loss, Destruction or Damage the Insured shall forthwith give notice thereof to the Company and shall within 15 days after the Loss, Destruction or Damage, or such further time as the Company may in writing allow in that behalf, deliver to the Company
- A claim in writing for the Loss, Destruction or Damage containing as particular an account as may be reasonably practicable of all the several articles or items or property damaged or destroyed, and of the amount of the Loss, Destruction or Damage thereto respectively, having regard to their value at the time of the Loss, Destruction or Damage not including profit of any kind.
 - Particulars of all other insurances, if any the Insured shall also at all times at his own expense produce, procure and give to the Company all such further particulars, plans, specification books, vouchers, invoices, duplicates or copies thereof, documents, investigation reports (internal/ external), proofs and information with respect to the claim and the origin and cause of the loss and the circumstances under which the Loss, Destruction or Damage occurred, and any matter touching the liability or the amount of the liability of the Company as may be reasonably required by or on behalf of the Company together with a declaration on oath or in other legal form of the truth of the claim and of any matters connected therewith. No claim under this Benefit shall be payable unless the terms of this condition have been complied with.
- viii. On the occurrence of Loss, Destruction or Damage to any of the Property by this Policy, the Company may
- Enter and take and keep possession of the building or premises where the Loss, Destruction or Damage has happened.
 - Take possession of or require to be delivered to it any property of the Insured in the building or on the premises at the time of the Loss, Destruction or Damage.
 - Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same.
 - Sell any such property or dispose off the same for account of whom it may concern.

The powers conferred by this condition shall be exercisable by the Company at any time until notice in writing is given by the Insured that he makes no claim under the policy, or if any claim is made, until such claim is finally determined or withdrawn, and the Company shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this policy in answer to any claim.

If the Insured or any person on his behalf shall not comply with the requirements of the

Company or shall hinder or obstruct the Company, in the exercise of its powers hereunder, all benefits under this Benefit shall be forfeited. The Insured shall not in any case be entitled to abandon any property to the Company whether taken possession of by the Company or not.

- ix. If the Company at its option, reinstate or replace the property damaged or destroyed, or any part hereof, instead of paying the amount of the Loss, Destruction or Damage, or join with any other Company or Insurer(s) in so doing, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such Loss, Destruction or Damage nor more than the Sum Insured by the Company thereon. If the Company so elect to reinstate or replace any property the Insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may require, and no acts done, or caused to be done, by the Company with a view to reinstate or replace shall be deemed an election by the Company to reinstate or replace.

If in any case the Company shall be unable to reinstate or repair the property hereby Insured, because of any municipal or other regulations in force affecting the alignment of streets or the construction of buildings or otherwise, the Company shall, in every such case, only be liable to pay such Sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.

- x. If the property hereby Insured shall at the breaking out of any fire or at the commencement of any destruction of or damage to the property by any other peril, hereby Insured against be collectively of greater value than the Sum Insured thereon, then the Company shall be responsible for compensating the Insured up to the Sum Insured specified under this Policy.
- xi. If at the time of occurrence of any Loss, Destruction or Damage to any property hereby Insured there be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons covering the same property, this Company shall not be liable to pay or contribute more than its rateable proportion of such Loss, Destruction or Damage.
- xii. Every notice and other communication to the Company required by these conditions must be written or printed.
- xiii. At all times during the period of insurance of this policy the insurance cover will be maintained to the full extent of the respective Sum Insured in consideration of which upon the settlement of any

loss under this Policy, pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss shall be payable by the Insured to the Company.

The additional premium referred above shall be deducted from the net claim amount payable under the Benefit. This continuous cover to the full extent will be available notwithstanding any previous loss for which the Company may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss. The intention of this condition is to ensure continuity of the cover to the Insured subject only to the right of the Company for deduction from the claim amount, when settled, of pro-rata premium to be calculated from the date of loss till expiry of the Policy.

Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss in case the Insured immediately on occurrence of the loss exercises his option not to reinstate the Sum Insured as above.

xiv. The company's total liability in aggregate for all Claims paid under this benefit shall not exceed the Sum Insured for the benefit as mentioned in the Policy Schedule/Certificate of Insurance.

3.6 Adventure Sports

The **Company** shall pay the **Insured Person**, compensation under Benefits 3.1.1, 3.1.2, 3.1.6, 3.1.7, 3.1.8, 3.1.9 and 3.1.10 mentioned under this **Policy**, for any **Injury** sustained by the **Insured Person** during the **Policy Period**, whilst on **Insured Trip** in India, as a result of the **Insured's** participation in the below Adventure Sports (including for the purpose of pilgrimage), provided that the claim meets all other terms and conditions mentioned under these benefits.

- i. Zip Lining
- ii. Bungee Jumping
- iii. Parasailing
- iv. Water Scooter rides
- v. Speed Boat rides (not as a operator)
- vi. Rafting
- vii. Scuba Diving
- viii. Snorkelling
- ix. Trekking
- x. Biking including Cycling and Motor Biking
- xi. Hot Air Ballooning (Tethered)
- xii. All Terrain Vehicle tours
- xiii. Personal Light Electric Vehicle (Segway/PLEV) tours
- xiv. River Canoeing/Kayaking

Specific Exclusions applicable to Benefit 3.6. Adventure Sports

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:

- i. **Certain Medical Condition or Treatments:** Whilst being under any medication or treatment which slows down response and alertness or makes the insured person unfit for participating in such sports
- ii. **Against medical or expert advice:** Participation against Medical Advice or against the advice of the professional instructor or any representative of the Adventure Sport Centre or Organizer.
- iii. **Against Instruction:** Insured Person going against instructions, guidelines or rules of participation

issued by the Adventure Sport Centre or Organizer

- iv. **Professional participation:** Any participation in a semiprofessional or professional capacity
- v. **Non listed Adventure Sports:** Participation in any other Adventure Sports not listed under this Benefit
- vi. **Pre Existing Injury:** If the Insured is suffering from a Pre Existing Injury that limits their participation in the selected Adventure Sports
- vii. **Age Limits:** Insured aged above 55 year or if the Insured is less than 14 years of age,
- viii. **Weather Conditions:** If there is a public weather advice or prevailing weather conditions which are not suitable for undertaking participation in such activities.
- ix. **Participation within 2 weeks of Hospitalization:** Participation in any Adventure Sports within 2 weeks or before the end of recouping period as per the advice by the attending Physician, whichever is maximum.
- x. **Swimming:** Participation in any water-based Adventure Sports without knowledge of swimming by the Insured.
- xi. **Unguided Participation or Untrained Guides:** Participation in any Adventure Sports which is undertaken without direct supervision of a professionally trained guide for that specific Adventure Sports.
- xii. **Uncertified Centres / Organizers:** Participation in any Adventure Sports which is undertaken at a Centre or under an Organizer who do not have required certifications as per the rules of the prevailing Jurisdiction.
- xiii. **Purpose of the Trip:** If the purpose of Insured Trip in India is to undertake Adventure Sports activity or obtain training for Adventure Sports activity, or more than 50% of Policy Period is spent undertaking the Adventure Sports activity.
- xiv. **Night time Participation:** Participation in the Adventure Sports after sunset in that particular city of India.
- xv. Any exclusion mentioned under Section-4 of this **Policy**.

Special Conditions applicable to Benefit 3.6 Adventure Sports

The **Company** shall make any payment under this benefit on adherence of below conditions:

Sr. No.	Activity	Conditions
1.	Zip Lining	<ol style="list-style-type: none"> 1. The participants must wear helmet and prescribed Personal Protection Equipment consisting of rock-climbing sit harness, Additional Chest Harness with two point attachment to the safety systems confirming to the Union International de Alpine Association (UIAA) or EN/Conformité Européenne (CE) standards or ISI 2. Only zip liners with arrival Speed lesser than 50 KpH or 31 miles per hour are covered under this Policy 3. Only zip line courses having lesser than 20% of the course distance over a water body like river, lake is covered under this Policy.

		4. The course should be designed and operated in confirmation to European Standards EN15567 -1: 2015			
2.	Bungee Jumping	1. Bungee Jumping operations are carried out in conformation to the AS/NZS 5848:2000 guidelines or its equivalent, if any, issued by government in the city Jurisdiction. 2. Participation during night times (after local sunset) or low visibility conditions are not covered.		6.	Rafting 1. Helmet and Lifejackets must be worn by the participants at all times during the rafting activity. 2. Rafting activity should be only on area falling under Grade I and Grade II of International Scale of River Difficulty, also known as White Water Scale 3. The guide must be certified in First Aid / Cardiopulmonary resuscitation (CPR) techniques from appropriate recognised organisation and must be certified as a White Water Rescue Technician from appropriate institutes.
3.	Parasailing	1. Parasailing wing and Harness must have been certified by reputed organisation like the APCUL (Association des Constructeurs de Parapente Ultra Legers), DHV (Deutscher Hangegleiter Verband), CEN (European Committee for Standardization) or any certification recognised by FAI (Fédération Aéronautique Internationale). 2. Parasail drivers / instructors to be certified in Power Boat Handling from recognised organisation like the Royal Yachting Association or its equivalent and in First Aid / Cardiopulmonary resuscitation (CPR) techniques from appropriate recognised organisation 3. Participation during night times (after local sunset) or low visibility conditions are not covered.		7.	Scuba Diving 1. The Dive Master and the Diving Instructor must be holding requisite qualification from international associations like the PADI, NAUI, CMAS etc 2. Equipment used should be certified by appropriate agencies and of high quality 3. Diving more than 20 metres or within 24 hours before a flight journey are not covered
4.	Water Scooter rides or Personal Watercraft	1. The instructors to be certified in Power Boat Handling from recognised organisation like the Royal Yachting Association or its equivalent and in First Aid / Cardiopulmonary resuscitation (CPR) techniques from appropriate recognised organisation 2. Equipment was to be certified by reputed institutions like the APCUL (Association des Constructeurs de Parapente Ultra Legers), DHV (Deutscher Hangegleiter Verband), CEN (European Committee for Standardization) or any certification recognised by FAI (Fédération Aéronautique Internationale). 3. Participation during night times (after local sunset) or low visibility conditions are not covered.		8.	Snorkelling 1. The activity to be undertaken under guidance of experienced and qualified guides / supervisors only. No solo activity is covered.
5.	Speed Boat rides (not as a operator)	1. The instructors to meet the applicable Maritime Standards to operate the type of vessel and the limits they operate in. 2. The vessel is also to meet the appropriate Maritime Standards as applicable. The Crew Ratios must also be complied with the applicable Maritime Standards. 3. No rides beyond the coastal waters of the destination Jurisdiction would be covered.		9.	Trekking 1. If mountainous terrain is included, maximum altitude that is covered under this Policy is 5500 metres above the mean sea level. Any climb above 3500 meters of altitude without proper acclimatisation is not covered. 2. No skiing, rock climbing or pot holing is covered under trekking. Steep paths requiring ropes and chains or similar mountaineering equipments are not covered. 3. Trekking to be undertaken as a part of group and under supervision of a guide qualified to do so under regulations as applicable under the Destination jurisdiction. The guide must be certified in First Aid/ Cardiopulmonary resuscitation (CPR) techniques from appropriate recognised organisation.
				10.	Cycling 1. Off road, mountain biking above 3500 metres and professional / semi professional racing / rallies is not covered. 2. Cycling to be undertaken as a part of group and under supervision of a guide qualified to do so under regulations as applicable under the Destination jurisdiction. The guide must be certified in First Aid/ Cardiopulmonary resuscitation (CPR) techniques from appropriate recognised organisation. Minimum group size is 7.

		<ol style="list-style-type: none"> Maximum distance to be covered per day is 60 Kilometres from the previous starting point. No cycling after the local sunset is covered. Helmets and the other prescribed safety equipment's of quality recognised by international agencies like the ISI to be used by the Cyclists.
11.	Motor biking	<ol style="list-style-type: none"> Off road, mountain biking above 3500 metres and professional / semi professional racing / rallies is not covered. Biking expeditions to be undertaken as a part of group and under supervision of a guide qualified to do so under regulations as applicable under the Destination jurisdiction. The guide must be certified in First Aid/ Cardiopulmonary resuscitation (CPR) techniques from appropriate recognised organisation. Minimum group size is 7. Maximum distance to be covered per day is 240 Kilometres from the starting point. Helmets and the other prescribed safety equipment's of quality recognised by international agencies like the ISI to be used by the Motorcyclists. The expedition to be supported by an accompanying logistic truck with first aid, supplies and spares to be accompanying the group at all times. Having a driving licence applicable for Jurisdiction, Route and Type of vehicle to be used is compulsory. Knowledge of operating bikes used for the expedition is compulsory. Motor bikes used must be suitable and fit for the route planned. A local motor insurance and permits to conduct the expedition in the selected route (if any) is compulsorily arranged prior to the trip.
12.	Hot Air Ballooning	<ol style="list-style-type: none"> The Balloon to be operated by a person having Hot Air Balloon Licences issued by respective Civil Aviation Authority or its equivalents as applicable to the destination city jurisdiction. The minimum experience required is 5 years. The hot air Balloon used for the expedition should have certified as "Airworthy" by respective Civil Aviation Authority. Only tethered hot air ballooning is covered under the Policy.

13.	All Terrain Vehicle tours	<ol style="list-style-type: none"> The guide overseeing the operations should have been certified on driving training course either from the European ATV safety institute or the All Terrain Safety Institute. The participants must be wearing prescribed protective equipments of recommended quality such as (not limited to) helmets, face shields, goggles, protective gloves and footwear and clothing as recommended for the operation of the ATV or quad bikes. The participants must have driving experience of motorbikes or cars for at least 3 years.
14.	Personal Light Electric Vehicle (Segway/ PLEV) tours	<ol style="list-style-type: none"> The equipment used is of a recognised make like the Segway and is properly maintained as per the requirement laid by the manufacturer. Rides in slopes, loose stones, and mountainous terrain are not covered. The participants must be wearing prescribed protective equipments of recommended quality such as (not limited to) helmets, footwear and clothing as recommended for the operation of the PLEV.

3.7 Maternity Cover

Under Plan B, the **Company** will indemnify towards the **Maternity Expenses** of female **Insured Person**, incurred on **Inpatient Treatment**, whilst on **Insured Trip** in India provided:

- This benefit is available only to female members between the age group of 18 years to 45 years.
- A waiting period of 9 months is applicable for admissibility/payment of any **Claim** relating to Normal delivery or Caesarean section or abdominal operation for extra uterine pregnancy.
- Limit for Normal delivery is limited to Rs 35000 and for Caesarean is Rs 50000
- The benefit also covers expenses related to medically recommended lawful termination of pregnancy but only in life threatening situation under the advice of **Medical Practitioner**
- The payment under this cover is limited to maximum two deliveries or termination for the female **Insured Person** covered under this **Policy** or any renewal thereafter. Those female Insured persons who are already having two or more children will not be eligible for this benefit.

3.8 Reduction in Pre-Existing Disease Waiting Period

Under Plan B, the **Company** shall reduce the 36 months **Waiting Period** for **Pre-Existing Diseases** as mentioned in Clause 4.11, to xx months, as specified in the **Policy Schedule/Certificate of Insurance**. Such reduction, if allowed, shall be expressly mentioned in the **Policy Schedule/Certificate of Insurance**.

3.9 Change in Room Rent Limits

Under Plan B, the **Policyholder** shall be allowed to opt the Room Rent category (as specified in the Annexure-I Coverage Summary) for Hospitalizations allowable under Section 3 of this **Policy**, if so, requested by the

Policyholder and explicitly accepted by the **Company**. The agreed Room Rent category shall be expressly mentioned in the **Policy Schedule/Certificate of Insurance**.

24 months waiting period:

Organ / Organ System	Illness /Diagnosis (irrespective of treatment being medical or surgical)	Surgeries / Surgical Procedure (irrespective of any Illness / diagnosis)
Ear, Nose, Throat (ENT)	<ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis 	<ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for nasal septum deviation • Surgery for turbinate hypertrophy • Nasal concha resection • Nasal polypectomy
Gynaecological	<ul style="list-style-type: none"> • Cysts, polyps, including breast lumps • Polycystic ovarian diseases • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed uterus 	<ul style="list-style-type: none"> • Hysterectomy unless necessitated by malignancy
Orthopaedic	<ul style="list-style-type: none"> • Non-infective arthritis • Gout and rheumatism • Osteoporosis • Ligament, tendon and meniscal tear • Prolapsed intervertebral disk 	<ul style="list-style-type: none"> • Joint replacement surgery
Gastrointestinal	<ul style="list-style-type: none"> • Cholelithiasis • Cholecystitis • Pancreatitis • Fissure/ fistula in anus, haemorrhoids, pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), ulcer and erosion of stomach and duodenum • Cirrhosis (however alcoholic cirrhosis is permanently excluded) • Perineal and perianal abscess • Rectal prolapse 	<ul style="list-style-type: none"> • Cholecystectomy • Surgery of hernia

SECTION-4 EXCLUSIONS

The Company shall not be liable to make any payment under the Policy, in respect of any expenses incurred in connection with or in respect of the following: Loss, destruction or damage directly caused by storm, cyclone, typhoon, tempest, hurricane, tornado, flood or inundation.

4.1. Waiting Period

The following Waiting Period shall be applicable to Plan B medical treatment other than for Medical Emergency.

4.1.1. Pre-Existing Diseases (Code- Excl 01)

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

4.1.2. Specific Waiting Period (Code- Excl 02)

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

Urogenital	<ul style="list-style-type: none"> Calculus diseases of urogenital system including kidney, ureter, bladder stones Benign hyperplasia of prostate Varicocele 	<ul style="list-style-type: none"> Surgery on prostate unless necessitated by malignancy Surgery for hydrocele/rectocele
Eye	<ul style="list-style-type: none"> Cataract Retinal detachment Glaucoma 	<ul style="list-style-type: none"> Surgery for correction of eye sight due to refractive error above dioptre 7.5 (-6/+6 dioptre if Optional Benefit-3.7.10 Smart Covers has been opted under the Policy)
Others	<ul style="list-style-type: none"> Congenital internal disease 	<ul style="list-style-type: none"> Surgery of varicose veins and varicose ulcers
General (Applicable to all organ systems/ organs whether or not described above)	<ul style="list-style-type: none"> Benign tumors of non-infectious etiology Such as cysts, nodules, polyps, lumps or growth. 	<ul style="list-style-type: none"> Nil

4.1.3. First Thirty Days Waiting Period (Code- Excl03)

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

4.1.4. 9 Months Maternity Waiting Period

Under Plan B, Optional Benefit-3.2.7 Maternity Cover shall become available only after the expiry of 9 months from the **Certificate Period Start Date**.

4.2. Standard Exclusions

4.2.1. Investigation & Evaluation (Code: Excl04)

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

4.2.2. 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:

- 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.

- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

4.2.3. Obesity/ Weight Control (Code: Excl06):

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

- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI);
 - greater than or equal to 40 or
 - 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:
 - Obesity-related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type2 Diabetes

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

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

4.2.5. Cosmetic or Plastic Surgery (Code: Excl 08):

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

4.2.6. Hazardous or Adventure sports (Code: Excl 09):

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

This exclusion shall not be applicable if the Insured Person has opted Benefit – 3.2.6 Adventure Sports under this Policy.

4.2.7. Breach of law (Code: Excl 10):

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

4.2.8. Excluded Providers (Code: Excl 11):

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer 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. (For updated and detailed list of Excluded Providers refer website-www.indusindinsurance.com)

4.2.9. Substance Abuse and Alcohol (Code: Excl12):

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

4.2.10. Wellness and Rejuvenation (Code: Excl13):

Treatments received in health spas, 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.

4.2.11. Dietary Supplements & Substances (Code: Excl14):

Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of hospitalization claim or day care procedure.

4.2.12. Refractive Error (Code: Excl 15):

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.

4.2.13. Unproven Treatments-Code (Code: Excl 16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

4.2.14. 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

4.2.15. Maternity Expenses (Code - Excl 18)

- 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**.
- iii. This exclusion shall not be applicable if the **Insured Person** has opted Benefit – 3.2.7 Maternity Cover under Plan B of this Policy.

4.3. Specific Exclusions

4.3.1. Artificial Life support equipment's:

Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.

4.3.2. Charges other than Reasonable & Customary Charges:

Any Medical Expenses which are not Reasonable and Customary Charges

4.3.3. Claim Occurrence Date:

Any Claim relating to events occurring before the commencement of the Policy (i.e. before the Certificate Period Start Date) or otherwise outside of the Policy Period

4.3.4. Complementary and Alternative Medicine (CAM):

CAM includes, but is not limited to the below areas of medicine:

- i. Traditional alternative medicine: like Acupuncture, Ayurveda, Homeopathy, Naturopathy, Chinese or Oriental medicine, Herbal medicine
- ii. Manual manipulation: like Chiropractic and osteopathic

medicine, Massage, Body movement therapies, Tai chi, Yoga

iii. Energy therapies: like Electromagnetic therapy, Magnetic Field Therapy, Reiki, Qigong, Therapeutic ("Healing") Touch

iv. Mind and Sensory healing: like Meditation, Biofeedback, Hypnosis, Art, dance and music, Visualization and guided imagery

4.3.5. Consequential Losses and Legal Liabilities:

Any Consequential Loss or any Legal Liability arising due to the any of the reasons covered under Section 3 Scope of Coverage: is excluded under this Policy.

4.3.6. Crew Members and Training to operate Aircraft:

Operating or learning to operate any aircraft, or performing duties as a crew member of any aircraft or Scheduled Airlines

4.3.7. Deductible:

Any amount lesser than the Deductible as specified in the Policy Schedule

4.3.8. Dental Treatments:

Dental Treatments of any kind, unless requiring Hospitalisation due to accident, except to the extent covered under Benefit-3.2.1 OPD Cover subject to the conditions contained therein

4.3.9. Documentation charges:

Any charges incurred to procure any medical certificate, treatment/illness related documents pertaining to any period of Hospitalization/illness.

4.3.10. Driving Motorised Vehicles without Driving Licence:

Losses arising from Accidents as a driver on motorized vehicles unless at the time of the Accident the Insured is in possession of a current full international driving licence and while riding a two wheeler is wearing a safety crash helmet.

4.3.11. External Congenital Anomaly:

Treatment of External Congenital Anomaly.

4.3.12. Manual and Hazardous work:

Losses arising directly or indirectly from manual work or hazardous occupation, self-exposure to needless peril (except in an attempt to save human life), or if engaging in any criminal or illegal act.

4.3.13. Nuclear Attack:

Nuclear, Chemical or Biological attack/ weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this Clause:

- a. Nuclear attack/ weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
- b. Chemical attack/ 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.
- c. Biological attack/ weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including

genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

4.3.14. Pre-Existing Diseases and related Complications:

Any Claim relating to any Pre-existing Disease or complications thereof.

4.3.15. Prosthetic and other devices:

Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia.

4.3.16. Races and Rallies:

Any claim arising out of participation of the Insured in riding or driving in race or rallies

4.3.17. Sanctions Clause:

Any Claim or benefit hereunder to the extent that the provision of such cover, payment of such Claim, or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom or United States of America.

4.3.18. Self-injury:

Any intentional self-inflicted Injury, suicide or attempted suicide.

4.3.19. Sleep Apnea:

Any treatment related to sleep apnea, general debility and convalescence.

4.3.20. Strike, Protest and similar events:

Any loss directly or indirectly arising out of or directly or indirectly connected with or traceable to an actual or attempted felony, protest (peaceful or otherwise), riot, strike, crime, misdemeanor or civil commotion

4.3.21. Terrorism:

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

This exclusion also includes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to the above.

4.3.22. Travelling for Medical Treatment only:

To avail Medical treatment the sole reason or one of the reasons for temporary stay in India.

4.3.23. Treatment that could be delayed:

Treatment which could reasonably be delayed until the Insured/Insured Person's return to the Home Country. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner/Physician and the Emergency Assistance Service Provider/TPA.

4.3.24. Travel Purpose and Health conditions of the Insured:

Any claim if the Insured Person under the following conditions:

- i. Has undertaken the Insured Trip in India against the advice of a Physician or Medical Practitioner.
- ii. Is presently undergoing or waiting to receive, specified medical treatments as per the advice of a Physician or Medical Practitioner.

The nature of such treatments is such that either:

- it would normally prevent the Insured from undertaking the Insured Trip ; or
 - it is reasonably foreseeable as requiring continued or emergency treatment during the Insured Trip
- iii. Has received terminal prognosis for a Medical Condition before undertaking the Insured Trip.
 - iv. Is travelling to take part in a naval, military or air force operation.

4.3.25. Treatment outside Discipline:

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

4.3.26. Outpatient Treatment:

Treatment which has been done on an outpatient basis without any associated Hospitalization. This exclusion shall not be applicable if Insured Person has opted Benefit-3.2.1 OPD Cover under the Policy.

4.3.27. Overseas Treatment:

Treatment received outside India.

4.3.28. War (whether declared or not)

And war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

4.4. Permanent Exclusions

A permanent exclusion will be applied on **Pre-Existing** medical or physical condition or treatment of an Insured Person, if such exclusion is accepted by the Proposer and specifically mentioned in the Policy Schedule. This option, as per Company's underwriting policy, will be used for such condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this **Policy** to such **Insured Person**. The list of such diseases/ conditions or treatments are enclosed as an Annexure-F

SECTION-5 GENERAL TERMS AND CLAUSES

5.1. Standard General Terms and Clauses

5.1.1. 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.

(Explanation: "Material facts" for the purpose of this policy shall mean 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).

5.1.2. Condition Precedent to Admission of Liability

The terms and conditions of the **Policy** must be fulfilled by the **Insured Person** for the Company to make any payment for claim(s) arising under the **Policy**.

5.1.3. 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 maybe, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

5.1.4. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

5.1.5. Multiple Policies

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

5.1.6. Fraud

If any claim made by the **Insured Person**, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the **Insured Person** or anyone acting on his/her behalf to obtain any benefit under this **Policy**, all benefits under this **Policy** and the premium paid shall be forfeited.

Any amount already paid against claims made under

this **Policy** but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "**fraud**" means any of the following acts committed by the insured person or by his agent or the **Hospital/doctor/** any other party acting on behalf of the **Insured Person**, with intent to deceive the insurer or to induce the insurer to issue an Insurance Policy:

- i. the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
- ii. the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;
- iii. any other act fitted to deceive; and
- iv. any such act or omission as the law specially declares to be fraudulent.

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

5.1.7. Cancellation

- i. The **Master Policyholder** may cancel this **Master Policy** by giving 15days'written notice to the **Company** and there would be no refund of premium on such cancellation request.
- ii. No Premium shall be refunded in case of early termination or cancellation of the Certificate of Insurance after the commencement of the Insured Trip. However, cancellations are permitted prior to the commencement of the **Insured Trip** subject to a cancellation fees of Rs.100/-.
- iii. 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.

5.1.8. Renewal of Policy (Applicable to Plan B)

- i. The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
- ii. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iv. Request for renewal along with the requisite premium shall be received by the Company before the end of the **Policy Period**
- v. No loading shall apply on renewals based on individual claims experience.

5.1.9. Withdrawal of Policy

- 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 health 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

5.1.10. Possibility of Revision of Terms of the Policy Including the Premium Rates

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

5.1.11. Free Look Period

The Free Look Period shall be available only for Plan B, and shall be applicable on new individual policies and not on renewals or at the time of porting/migrating the policy.

The Insured Person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

5.1.12. Nomination

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

5.1.13. Redressal of Grievance

In case of any grievance the Insured Person may contact the Company through

Website: www.indusindinsurance.com

Telephone No.: 022 4890 3009 (paid)

Dedicated Senior Citizen helpline: 022-33834185 (paid line)

E-mail: services@indusindinsurance.com

Fax: +91 22 3303 4662 Courier: Any branch office, the correspondence address, during normal business hours.

Write to us at: IndusInd General Insurance, (Correspondence Only) Correspondence Unit, Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Takoganj, Indore (M.P) - 452001. Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If **Insured Person** is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:

Grievance Redressal Officer

The Grievance Cell, IndusInd General Insurance Co. Limited

No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad – 500 081

Grievance Redressal officer email ID: grievances@indusindinsurance.com

(For updated details of grievance officer, kindly refer the link.

<https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx>

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.

The contact details of the Insurance Ombudsman offices have been provided as Annexure-B

Grievance may also be lodged at IRDAI Integrated Grievance Management System <https://igms.irdai.gov.in/>

5.2. Specific Terms and Clauses

5.2.1. Currency of Payment

The Payment for Premium and **Claim** shall be made in Indian Rupees. It is Condition Precedent that any reimbursement of Claim amount will be carried out in Claimant's Indian Bank account only.

5.2.2. Extension of the Policy Period

The maximum number of travel days under a Single Trip that may be insured, under the Policy, shall be 182 days under Plan A and 365 days under Plan B. Provided that the Policy may be extended only once during the Insured Trip on the request of the Policyholder and at the sole discretion of the Company, by collecting additional premium. Provided further that for an Insured Person being up to the age of 70 years, the maximum period for Insured Trip (including any extension provided) shall not exceed 365 days in total. The request for such extension must be received by the Company before the expiry of the original Policy Period.

Note- Extension of the **Policy Period** is automatic for a period not exceeding 7 days and without extra charge, if necessitated by delay or Cancellation of the Common Carrier due to issues that are beyond the control of the **Insured Person**.

5.2.3. Pre-Conditions for Extension

Extension of the Policy during the Trip Duration shall be done only once at the sole discretion of the Company. The Insured Person shall submit a declaration letter clearly mentioning the claims filed during the original Policy Period and also that he / she is unaware of any existing health condition which could result in a claim during the extension period.

The extension of any Policy is at the sole discretion of the Company, and the Company is not liable to offer any reason to the Insured Person if the Policy is not extended.

5.2.4. No extension for Policy with Claims

A Policy may not be extended if a Claim is already filed by the Insured / Insured Person. If the Insured Person fails, either knowingly or unknowingly, to declare the Claims filed or the Claims that are to be filed under the original Policy, then any extension of the Policy if granted shall be deemed to be invalid ab-initio. No refund of premium will be given in case of extensions is so invalidated. The Company will also not be liable to pay any Claim filed

under the extended Policy.

5.2.5. Operation of Deductible

Deductible will be charged for each separate incident reported for Claims payment, even though the Claim may be registered under the same Benefit more than once.

5.2.6. Reinstatement of Sum Insured

In case a claim is made and accepted under Benefit 3.1.1 Hospitalization Expenses for **Injury** caused due to an **Accident**, then the **Company** at its discretion may offer an additional **Sum Insured** equal to the original **Sum Insured** under Benefit-3.1.1 Hospitalization Expenses for **In-Patient Treatment** by charging additional premium.

- i. The additional **Sum Insured** will be to extent of claim amount.
- ii. The premium towards additional **Sum Insured** will be deducted from the claim amount
- iii. The additional **Sum Insured** provided shall be utilized only for In-Patient claims under Benefit-3.1.1 of the **Policy**. For additional **Sum Insured** to be made available under this benefit, it is a pre-condition that a claim must have been accepted by the **Company** under Benefit 3.1.1 for Injury caused due to **Accident**.
- iv. The additional **Sum Insured** shall be utilized only after the original **Sum Insured** has been completely exhausted.
- v. The total amount payable under Benefit 3.1.1 Hospitalization Expenses the **Policy** shall not exceed the sum of the Sum Insured and the additional Sum Insured so provided by the Company.
- vi. The additional **Sum Insured** can be provided only once during a **Policy Period**.

5.2.7. Material Change

The **Policyholder/Insured Person** shall immediately notify the **Company** in writing of any material change in the risk at his own expense and the **Company** may adjust the scope of cover and/or premium, if necessary, accordingly.

5.2.8. Records to be maintained

The **Policyholder/ Insured Person** shall keep an accurate record containing all relevant medical records until final adjustment (if any) and resolution of all **Claims** under this **Policy** and shall allow the **Company** or its representative(s) to inspect such records. The Policyholder/ Insured Person shall furnish such information as the **Company** may require under this **Policy**.

5.2.9. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the **Policyholder/ Insured Person** which is in possession of the **Company** and not specifically informed by the **Policyholder / Insured Person** shall not be held to bind or prejudicially affect the **Company** notwithstanding subsequent acceptance of any premium.

5.2.10. Policy Disputes

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

5.2.11. Territorial Limit

Where legally permissible by the law of this **Policy** and the jurisdiction in which the payment is to be made and

subject to all the terms and conditions of this **Policy**, this **Policy** shall apply to any **Claims** made in India, unless otherwise stated in the **Certificate of Insurance**.

5.2.12. Jurisdiction

The **Policy** is subject to the exclusive jurisdiction of the Courts of India.

5.2.13. Limitation Period

In no case whatsoever the **Company** shall be liable for any **Claim** under this **Policy**, if the requirement of Clause 6.1 above are not complied with, unless the **Claim** is the subject of pending action; it being expressly agreed and declared that if the **Company** shall disclaim liability for any **Claim** hereunder and such **Claim** shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the **Claim** shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

5.2.14. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the **Company**, which approval shall be evidenced by a written endorsement signed and stamped by the **Company**. However, change or alteration with respect to increase/ decrease of the **Sum Insured** shall be permissible only at the time of renewal of the Policy subject to underwriting decision of the **Company**.

5.2.15. Endorsements

All endorsements are subject to acceptance by the Company.

5.2.16. Communication

Any communication meant for the **Company** must be in writing (by physical or digital mode) and be delivered to its address shown in the **Policy Schedule**. Any communication meant for the **Policyholder** will be sent by the **Company** to his last known address or the address as shown in the **Policy Schedule**.

All notifications and declarations for the **Company** must be in writing and sent to the address specified in the **Policy Schedule**. Agents are not authorized to receive notices and declarations on the **Company's** behalf.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

5.2.17. Overriding effect of Policy Schedule

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

SECTION-6 OTHER TERMS AND CONDITION

6.1. Claims Intimation, Assessment and Management

The fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, including complying with the following steps, shall be the condition precedent to the admissibility of the Claim.

Upon the discovery or happening of any Illness / Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admissibility of the Claim, the Policyholder/ Insured Person shall undertake the following:

6.1.1. Claims Intimation

In the event of any Disease or **Illness/ Injury** or occurrence of any other contingency which has resulted in a **Claim** or may result in a **Claim** covered under the **Policy**, the **Policyholder/ Insured Person**, must notify the **TPA/Company** either at the call center or in writing immediately, in the event of:

- i. Planned Hospitalization (applicable to Plan B), the **Policyholder /Insured Person** will intimate such admission at least 48 hours prior to the planned date of admission.
- ii. **Emergency Hospitalization**, the **Policyholder /Insured Person** will intimate such admission within 24 hours of such admission.

The following details are to be provided to the **TPA/ Company** at the time of intimation of Claim:

- a. Policy Number
 - b. Name of the Policyholder
 - c. Name of the Insured Person in whose relation the Claim is being lodged.
 - d. Nature of Illness / Injury
 - e. Name and address of the attending **Medical Practitioner** and **Hospital**
 - f. Date of Admission to **Hospital** or proposed date of admission to **Hospital** for Planned Hospitalization
 - g. Any other information as requested by the Company.
- iii. **Emergency Assistance:** In case emergency assistance is required as per Benefit-3.2.5. 6, the Insured Person shall immediately contact the Help Line of the Emergency Assistance Service Provider stating the details of his / her Policy along passport number.
 - iv. In case of Hijacking, the fact of the incident having occurred should be confirmed by police authorities. The police report should contain details such as the passport number of the Insured Person, the period of hijack, etc. In rare cases, the Company may consider other supporting documents such as a report issued by the airlines, newspaper reports, TV and other media coverage with regard to the particular hijacking incident.

6.1.2. Claims Procedure

i. **Cashless:**

Cashless facility is available only at a **Network Hospital** and shall be available for Benefits-3.1.1 (Hospitalization Expenses) and 3.1.4 (Modern Treatment), unless specified otherwise. The **Insured Person** can avail **Cashless** facility at the time of admission into any **Network Hospital**, by presenting the health card as provided by the **TPA/Company** with this **Policy**, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / any other identity proof as approved by the **Company**).

To avail **Cashless** facility, the following procedure must be followed by the **Policyholder/ Insured Person**:

- a. Pre-authorization: Prior to **Hospitalization**, the **Policyholder/ Insured Person** must call the call center of the **TPA/Company** and request authorization by way of submission of a completed Pre-authorization form at least 48 hours before a planned **Hospitalization** and in case of an Emergency situation, within 24 hours of **Hospitalization**.
- b. The **TPA/Company** will process the **Policyholder's/ Insured Person's** request for authorization after having obtained accurate and complete information for the Illness/ Injury for which **Cashless** facility for **Hospitalization** is sought by the **Policyholder/ Insured Person** and the **Company** will confirm such **Cashless** authorization / rejection in writing or by

other means.

- c. If the procedure above is followed and the **Policyholder's/ Insured Person's** request for **Cashless** facility is authorized, the **Policyholder/ Insured Person** will not be required to pay for the **Hospitalization Expenses** which are covered under this **Policy** and fall within the Company's liability (within the authorized limit). Original bills and evidence of treatment in respect of the same shall be left with the **Network Hospital**.
- d. The **Company/TPA** (On behalf of **Company**) reserves the right to review each Claim for **Hospitalization Expenses** and coverage will be determined according to the terms and conditions of this **Policy**. The **Policyholder/ Insured Person** shall, in any event, be required to settle all other expenses, co-payment and / or deductibles (if applicable), directly with the **Hospital**.
- e. Cashless facility for **Hospitalization Expenses** shall be limited exclusively to **Medical Expenses** incurred for treatment undertaken in a **Network Hospital** for Illness or Injury which are covered under the **Policy**.
- f. There can be instances where the **TPA/Company** may deny **Cashless** facility for **Hospitalization** due to insufficient **Sum Insured** or insufficient information to determine admissibility in which case the **Policyholder/ Insured Person** may be required to pay for the treatment and submit the Claim for reimbursement to the **TPA/Company** which will be considered subject to the Policy Terms & Conditions.
- g. The **Policyholder/ Insured Person** shall be required to submit the documents as mentioned in Clause 6.1.4: Claim Documents, with the Network Hospital.

Note: Under **Cashless** facility, the **TPA/Company** may authorize upon the **Policyholder's / Insured Person's** request for direct settlement of admissible **Claim** as per agreed charges & terms and conditions between Network Hospital and the **TPA/Company**. In such cases, the **TPA/Company** will directly settle all eligible amounts as per the Policy Terms & Conditions with the **Network Hospital** to the extent the **Claim** is covered under the **Policy**.

The **Company**, at its sole discretion, reserves the right to modify, add or restrict any Network Hospital for **Cashless** services available under the **Policy**. Before availing the Cashless service, the **Policyholder / Insured Person** is required to check the applicable list of **Network Hospital** on the Company's website.

ii. **Re-imbusement:**

In case of any **Claim** under the Benefits (except claims under Emergency Assistance Services and where **Cashless facility** is availed) , the list of documents as mentioned in Clause 6.1.4: Claim Documents shall be provided by the **Policyholder/Insured Person**, immediately but not later than 30 days from the date of incident/loss.

Reimbursement of all claims will be made by the **Emergency Assistance Service Provider / the Company** in Indian Rupees at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed.

In case of claim under home burglary insurance, the loss shall be reported to the Police and intimated to the Company and the Company shall appoint an independent surveyor to assess the loss.

6.1.3. Responsibility of Policyholder/ Insured Person

- i. Forthwith intimate / file / submit a **Claim** in accordance with Clause 6.1 of this **Policy**.

- ii. Claims for Benefits must be submitted to the **Company/TPA/Emergency Assistance Service Provider** not later than one month after the completion of the treatment or transportation home, or in the event of Death, after transportation of the Mortal Remains/ Burial
- iii. Insured Person shall provide to the Emergency Assistance Service Provider on demand any information that is required to determine the occurrence of the insurable event or the Company's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Insured Trip
- iv. If so requested by the **Company/TPA/Emergency Assistance Service Provider**, the **Insured Person** will have to submit himself for a medical examination by the **Company's** nominated Medical Practitioner

as often as it considers reasonable and necessary. The cost of such examination will be borne by the **Company**.

- v. **Emergency Assistance Service Provider/TPA** is authorized by the Insured /Insured Person to take all measures that are suitable for loss prevention and claim minimization which includes the Insured Person's transportation back to the Home Country.
- vi. The **Company** shall be released from any obligation to pay benefits under this Policy, if any, of the aforementioned obligations are breached by the Insured Person.

6.1.4. Claim Documents

The **Policyholder / Insured Person** shall submit to the **TPA/Company/ Network Hospital** (as applicable) the following documents for or in support of the Claim:

Benefit No.	Covers	List of Claim Documents
Benefit-3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 3.1.6 3.1.7 3.1.8	Medical Expenses Hospitalization Expenses: In-Patient Treatment Day Care Treatment Daily Allowance Domiciliary Hospitalization Modern Treatment Pre and Post Hospitalization Road Ambulance	<ul style="list-style-type: none"> i. Duly completed and signed Claim Form, in original ii. Medical Practitioner's referral letter advising Hospitalization iii. Medical Practitioner's prescription advising drugs / diagnostic tests / consultation iv. Original bills, receipts and discharge card from the Hospital / Medical Practitioner v. Original bills from pharmacy / chemists vi. Original pathological / diagnostic test reports and payment receipts vii. Indoor case papers viii. Ambulance receipt and bill ix. First Information Report/ Final Police Report, if applicable x. Post mortem report, if available xi. Copy of Air tickets and boarding passes for the sector travelled. xiii. Copy of passport, visa with entry stamp to India.
3.1.9	Medical Emergency Evacuation	<ul style="list-style-type: none"> i. Duly completed and signed Claim Form, in original ii. Complete set of Medical reports (Presenting complain, Diagnosis, Treatment given, Discharge condition etc.) and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation; iii. For reimbursement of extra expenses of transportation of Insured Person to the Home Country, a medical statement from a registered Physician indicating the cause of illness and the necessity of transportation needs to be submitted. Medical statements from spouses/ relatives will not be accepted. iv. Documentary proof for all expenses incurred towards the Medical Evacuation (detailed bifurcation of the charges) v. Copy of passport with visa entry stamp to India vi. Covering letter detailing circumstances vii. Cancelled cheque of the insured / nominee
3.1.10	Repatriation of Mortal Remains	<ul style="list-style-type: none"> i. Claim Form dully filled and signed by nominee. ii. Death certificate and a physician's statement (death summary) giving the cause of death(Medical statements from spouses/ relatives will not be accepted.) iii. Copy of the postmortem certificate, if conducted; iv. Clearance from the Home Country Consulate. (Also providing details of the place, date, time, and the circumstances and cause of death;) v. In case of Accidental Death, Police reports and post mortem report. vi. Documentary proof for expenses incurred towards disposal of the mortal remains including the name of the airlines, burial details, expenses incurred, other incidental cost with bifurcation of expenses.

		<ul style="list-style-type: none"> vii. In case of transportation of the body of the deceased to the Home Country, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased. viii. Quotation or estimate of repatriation cost ix. Copy of passport with visa entry stamp to India x. Invoices (Itemized) and money receipts in original for the amount claimed. xi. Copy of Cancelled Passport xii. Covering letter detailing circumstances xiii. Cancelled cheque of the insured / nominee
3.2	Accidental Cover	
3.2.1	OPD Cover	<ul style="list-style-type: none"> i. Duly completed and signed Claim Form, in original ii. All consultation bills and prescriptions of Medical Practitioner iii. Diagnostic test bills along with copy of reports iv. Medicine bills along with Medical Practitioner Prescription v. Copy of passport with visa entry stamp to India
3.1.4	Accidental Death Cover and Accidental Death-Common Carrier	<ul style="list-style-type: none"> i. Duly completed and signed Claim Form, in original ii. Death certificate(In case of Death Claim) iii. Post mortem report if available and applicable iv. First Information Report/ Final Police Report, if applicable v. Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier at the time of the Accident vi. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased. vii. Covering letter vi. vii. Any other document as required by the Company to assess the Claim
3.2.1.2	Permanent Total Disablement	<ul style="list-style-type: none"> i. Duly completed and signed Claim Form, in original ii. Disability Certificate iii. Police report in original if the accident shall have taken in the public place or premises iv. Detailed Sequence of events v. Medical records giving the details of accident, nature of injury(in case of hospital visit) vi. Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier at the time of the Accident. vii. Covering letter detailing circumstances
3.2.2	Accidental Hospitalization Medical Expenses	<ul style="list-style-type: none"> i. Duly completed and signed Claim Form, in original ii. Medical Practitioner's referral letter advising Hospitalization iii. Medical Practitioner's prescription advising drugs / diagnostic tests / consultation iv. Original bills, receipts and discharge card from the Hospital / Medical Practitioner v. Original bills from pharmacy / chemists vi. Original pathological / diagnostic test reports and payment receipts vii. Indoor case papers viii. Ambulance receipt and bill ix. First Information Report/ Final Police Report, if applicable x. Post mortem report, if available xi. Copy of Air tickets and boarding passes for the sector travelled. xii. Copy of passport, visa with entry stamp to India
3.3	OPD Cover	<ul style="list-style-type: none"> i. Duly completed and signed Claim Form, in original ii. All consultation bills and prescriptions of Medical Practitioner iii. Diagnostic test bills along with copy of reports iv. Medicine bills along with Medical Practitioner Prescription v. Copy of passport with visa entry stamp to India

3.4.1 and 3.4.3	Trip Cancellation & Interruption	<ul style="list-style-type: none"> i. Duly signed claim form ii. Death certificate or hospitalization of Insured person or of spouse, parents & children. (if applicable) iii. Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. Along with detailed treatment record (if applicable) iv. Letter from the airlines clearly mentioning the reason of cancellation and interruption of flight (if applicable) v. Copy of complete schedule itinerary for all the sectors vi. Copy of new itinerary in case trip got reschedule along with boarding passes vii. Copy of Passport with visa entry stamp viii. Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance company providing reimbursement to Insured for the loss ix. All original bills and receipts for expenses which got forfeited, nonrefundable in nature. All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges due to interruption of schedule flight x. In case of illness, injury or death of a travelling companion, the original tickets of the Insured and the travelling companion indicating travel to the same destination on the same dates. It should contain the Passport number of the Insured and period. xi. Copy of the economy class air ticket issued by the Common Carrier indicating the cost the ticket. xii. In case of illness, injury or death of a travelling companion, the original tickets of the Insured and the travelling companion indicating travel to the same destination on the same dates. It should contain the Passport number of the Insured and period. i. All original bills / receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted
3.4.2	Trip Delay	<ul style="list-style-type: none"> i. Duly filled and signed claim form ii. Medical reports and doctors' statement or police report confirming the incident causing the trip delay. In case the delay is owing to illness, injury or death of a travelling companion or Immediate Family Member or To the Insured iii. The original tickets of the Insured and the travelling companion indicating travel to the same destination on the same dates. It should contain the Passport number of the Insured and period. iv. Original bills and receipts towards reasonable additional expenses during the delay i.e. meals and lodging Copy of passport/visa with entry stamp. v. Letter from the airline clearly stating the period of delay. vi. Copy of FIR if delay is arising out of the Insured's or Travelling Companion's lost or stolen passports, travel documents or money vii. Copy of boarding pass for the schedule trip and actual trip viii. Covering Letter with sequence of events
3.4.4	Hijack Distress Allowance	<ul style="list-style-type: none"> i. Dully filled and signed claim form ii. A police report confirming the incident. It should contain the passport number of the insured and period of hijacking iii. Copy of letter /any official communication from airlines confirming the Hijack/Official News Article confirming the Hijack from reliable news source. iv. Copy of passport/visa with entry and exit stamp v. Copy of the air ticket and boarding pass vi. Covering letter detailing circumstances
3.4.5	Missed Connections	<ul style="list-style-type: none"> i. Duly signed claim form ii. Copy of complete schedule itinerary for all the sectors iii. Copy of new itinerary in case trip got reschedule along with boarding passes. iv. Copy of Passport with visa entry stamp.

		<ul style="list-style-type: none"> v. Confirmation from the airline, mentioning the scheduled arrival time and the actual arrival time. The reason for delay in the flight also needs to be mentioned. vi. Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance company providing reimbursement to you for the loss vii. All original bills and receipts for expenses which got forfeited, nonrefundable in nature. viii. Covering letter detailing circumstances
3.4.6	Total Loss of Checked-In Baggage	<ul style="list-style-type: none"> i. Duly filled and completed claim form ii. Air tickets along with boarding pass iii. Copy of passport with entry stamps iv. Copy of baggage tag's v. Property Irregularity Report issued by the common carrier mentioning the number of baggage's checked-in. vi. Original Certificate from airline authorities stating that baggage has been lost along with compensation details vii. Adequate proof of ownership of items contained within checked-in baggage viii. Covering letter detailing circumstances
3.4.7	Delay of Checked-In Baggage	<ul style="list-style-type: none"> i. Duly filled and completed claim form ii. Copy of passport, visa with entry stamp iii. Air tickets and boarding pass iv. Property Irregularity Report issued by the common carrier. v. Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage. vi. Original bills towards toiletries, medication and clothing during the delay period vii. Letter/communication clearly stating the compensation details offered by the Airlines/Third Party viii. Covering letter detailing circumstances
3.4.8	Bounced Booking of Airline and Hotel	<ul style="list-style-type: none"> i. Duly filled and completed claim form ii. Declaration from the Insured specifying the compliance of rules laid down by the Common Carrier or accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation iii. A confirmation from the Common Carrier of the bounced booking solely at their instance and responsibility. iv. Insured shall lodge his/ her claim on the Common Carrier and/ or the accommodation provider as the case may be for the additional charges that he/ she might have incurred for which he/ she has lodged a claim on this Company and in case of any recovery from the concerned agencies, shall return such recovery to the Company to extent of amount paid hereunder
3.4.9	Up-gradation to Business Class	<ul style="list-style-type: none"> i. Duly filled and completed claim form ii. Complete set of medical records including Discharge Summary & Travel recommendation from the treating doctor mentioning the reason for upgrade to business class. iii. A Copy of scheduled Travel itinerary & actual itinerary along with the difference of additional expenses incurred towards upgrade to business class.
3.5	Value Added and Assistance Service	
3.5.1	Compassionate Visit	<ul style="list-style-type: none"> i. Claim Form duly filled in and signed ii. Travel Details: Air Ticket and Boarding passes or copy of passport with visa entry and exit stamp iii. Medical record of the patient, Discharge Summary, Presenting complain, diagnosis, treatment given, etc. iv. Certificate from the Treating Medical Officer mentioning the need for a companion (If no adult member from the family is available) v. Paid receipts in original for expenses incurred towards air tickets and stay of the insured/Immediate Family Member

		<ul style="list-style-type: none"> vi. Depending upon the peculiarity of the case, additional documents/ information's will be asked for vii. Covering letter detailing circumstances
3.5.3	Loss of Passport	<ul style="list-style-type: none"> i. Duly filled and completed claim form ii. A Police Report obtained within 24 hours of the Insured Person becoming aware of the theft needs to be submitted iii. Bills/receipts of expenses incurred in obtaining a fresh/duplicate passport and other related expenses iv. Copy of new passport and previous passport (if available). v. Copy of Duplicate Passport or Emergency certificate. vi. Air Ticket, Boarding passes and copy of passport with visa entry stamp Covering letter detailing circumstances
3.5.4	Loss of International Driving License	<ul style="list-style-type: none"> i. Claim Form duly filled in and signed ii. Copy of new International Driving License iii. Copy of previous International Driving License if available iv. Copy of new tickets v. Proof of complaint to local police
3.5.5	Loss of Portable Equipment	<ul style="list-style-type: none"> i. Claim Form duly filled in and signed ii. Original purchase bill of Portable Equipment iii. A Police Report obtained within 24 hours of the Insured Person becoming aware of the theft needs to be submitted iv. Air Ticket, Boarding passes and copy of passport with visa entry stamp Covering letter detailing circumstances
3.5.6	Emergency Cash Assistance	<ul style="list-style-type: none"> i. Claim Form duly filled in and signed ii. Copy of policy Certificate iii. Police report that indicates the incident happened within the Policy Period iv. Name and Contact number of insured relative in Home Country to co-ordinate for emergency cash advance assistance. v. PAN Card details of relative who is assisting with emergency Cash
3.5.7	Personal Liability	<ul style="list-style-type: none"> i. Claim Form duly filled in and signed ii. Original Air Ticket/Boarding passes or copy of passport with visa entry stamp iii. FIR/Police Report iv. Letter mentioning Sequence of the events leading to Personal Liability v. Proof of judicial decision (Award) rendered by a Court vi. Depending upon the peculiarity of the case, additional documents/ information's will be asked for vii. Covering letter detailing circumstances
3.5.8	Fire Cover (Home Contents) in India	<ul style="list-style-type: none"> i. Claim Form duly filled in and signed ii. Copy of policy Certificate iii. Original Air Ticket/Boarding passes or copy of passport with visa entry stamp iv. Fire Department report/Police report. v. Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase vi. Newspaper cutting/Media report - Depending upon the peculiarity of the case, additional documents/information's will be asked for vii. Covering letter detailing circumstances viii. Cancelled cheque of the insured / nominee <ul style="list-style-type: none"> i. Panchnama
3.6	Adventure Sports	<ul style="list-style-type: none"> i. Claim Form duly filled in and signed ii. Age Proof iii. Medical reports and discharge summary issued by the hospital or prescriptions and medical records from the Medical Practitioner furnishing the name of the insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis. iv. Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred

		v. Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization Details of the adventure sport undertaken along with bills/receipts, medical certification declaring good health (where required), proof of required minimum training, and contact details of the service provider/guide/centre/organizer with whom adventure sport was undertaken.
3.7	Maternity Cover	i. Same documents as mentioned in Benefit-3.1 Medical Covers ii. Medical Practitioner's written recommendation in case of medical termination of pregnancy
3.8	Reduction in Pre-Existing Waiting Period	i. Same documents as mentioned in Benefit-3.1 Medical Covers
3.9	Change in Room Rent Limits	i. Same documents as mentioned in Benefit-3.1 Medical Covers
Note-Cancelled cheque copy of Insured/Nominee is required against all the claims. The Company may call for any other documents as required by the Company to assess the Claim.		

When original bills, receipts, prescriptions, reports and other documents are given to any other insurer or to the reimbursement provider, verified photocopies attested by such other insurer/reimbursement provider along with an original certificate of the extent of payment received from them needs to be submitted.

Note:

- i. **Claim** once paid under one Benefit cannot be paid again under any other Benefit.
- ii. All invoices / bills should be in Insured Person's name.

6.1.5. Proportionate Deductions (Applicable to Section 3.1.1 and 3.2.2)

Subject to the other **Terms and Conditions** of this **Policy**, the associate **Medical Expenses** (and the **Room Rent**) incurred by the **Insured Person** pertaining to a **Hospitalization** shall be proportionately reduced in deriving at the payable amount of the corresponding **Claim**, in the event of (as the case maybe):

- i. The **Insured Person** chooses a higher room category than the category that is eligible as per the terms and conditions of the **Policy**. In this case, higher room category means a room category in which the room rent expenses charged by the Hospital is more expensive than the eligible room category as per the terms and conditions of the **Policy**.
- ii. The **Insured Person** chooses a room category in which the room rent charges are more than the applicable **Sum Insured** sub-limit (in percentage or Rupee terms) on the room rent as per the **Policy** terms and conditions.

In the above, associate Medical Expense, means all admissible invoice break ups (or bill heads) of the Hospitalization Medical Expenses as mentioned in Benefit-3.1.1 Hospitalization Expenses barring the below mentioned expense break ups:

- a. Cost of Pharmacy and Consumables
- b. Cost of Implants and Medical Devices
- c. Cost of Diagnostics

The proportional reduction will be done in a manner consistent with the below table:

Sr. No.		Header	Explanation
I		Actual Room Rent	Room Rent (Including items to be subsumed under Room Rent as defined under Annexure A)
II		Eligible Room Rent Limit	Room Rent allowed as per policy is Single Private A.C Room
A		Actual Medical Bills Incurred	As per submitted documents
	(-)	Any expense not covered under Policy Benefits	
B	=	Covered Medical Expenses	
	(-)	Cost of Pharmacy and consumables, implants and medical devices and diagnostics	
D	=	Covered Medical Expenses which shall be subject to Proportionate Deduction	
	(*)	(Eligible Room Rent Limit)/(Actual Room Rent)	
E	=	Claim after Proportionate Deduction	If Actual Room Rent is within eligibility, then no deduction to be applied [E=D]
	(+)	cost of Pharmacy and consumables, implants and medical devices and diagnostics	
F	=	Assessed Claim amount	
	(-)	Deduction for Co-pay	
G	=	Ground up claim amount	
	(-)	Deductions for Policy Deductibles and Limits	
H	=	Payable claim amount	

Proportionate Deduction is subject to the following:

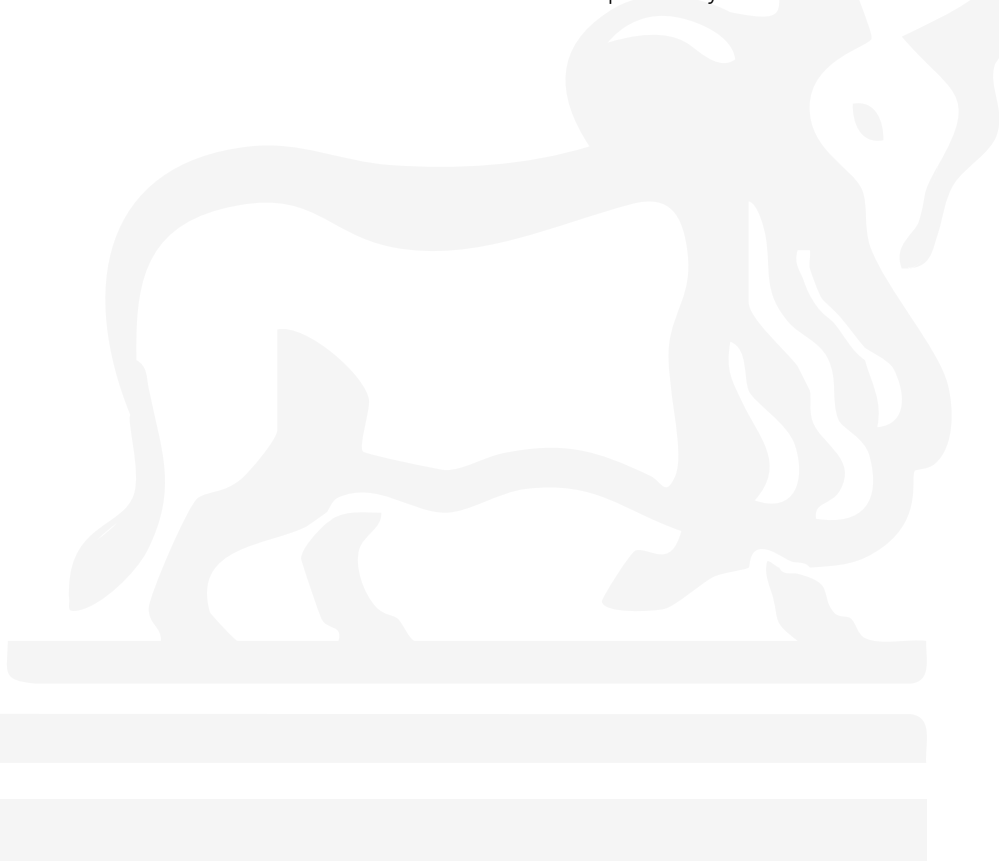
- i. Apart from the **associate Medical Expenses**, no other expenses will be proportionately reduced
- ii. If the given **Hospital** do not follow differential billing or if there are items in the claim for which the **Hospital** do not follow differential billing, the **Insurer** shall not be proportionately reducing the **Claims**. This shall be applied in case of admissions in Government Hospitals and the **Network Hospitals** of the **Insurer**.
- iii. **ICU** charges shall not be proportionately reduced in all cases.

6.1.6. Payment Terms

- i. The Company shall settle the claim within 30 days from the date of receipt of last necessary document. However, where the circumstances of a claim warrant an investigation in Company's opinion it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- ii. The payments under this **Policy** shall be made in

Indian Rupees within India

- iii. The **claims** payable under all benefits are limited to **Sum Insured** subject to applicable **Deductible**, mentioned under this **Policy Schedule/Certificate of Insurance**.
- iv. The **Sum Insured** of the **Insured Person** shall be reduced by the amount payable / paid under the Benefit(s) and the balance shall be available as the **Sum Insured** for the **unexpired Policy Period**.
- v. For **Cashless Claims**, the payment shall be made to the **Network Hospital** whose discharge would be complete and final.
- vi. For the **Reimbursement Claims**, the **Company** will pay the **Policyholder/Insured Person**. In the event of death of the Policyholder, the **Company** will pay the nominee (as named in the **Policy Schedule/Certificate of Insurance**) and in case of no nominee at its discretion to any adult Insured Person in the Policy whose discharge shall be treated as full and final discharge of its liability under the Policy.
- vii. The Company will only be liable to pay for such Benefits for which the **Policyholder/ Insured Person** has specifically claimed in the Claim Form.



ANNEXURE-I COVERAGE SUMMARY

Plans	There are 2 Plans under the product Plan A: Single Trip only Plan B: Multi Trip or Long Period Trip
Trip Duration	Plan A: Maximum upto: 182 days Plan B: Maximum upto 365 days
Sum Insured (in INR)	10 lacs, 25lacs,50lacs,75lacs,100lacs,150 lacs
Room Category	Single Private A.C Room

Benefit No.	Cover Name	Perils Covered	Limits for Plan A	Limits for Plan B	Deductible	Basis of Payment	
3.1	Medical Covers						
3.1.1	Hospitalization Expenses Emergency Hospitalization Expenses • In-Patient Treatment • Day Care Treatment	Illness and Accident	Up to 100% of S.I for IPD and Day Care for	Up to 100% of S.I for IPD and Day Care	0/ 5000/ 10000/ 20000/ 50000	Indemnity	
	Non-Emergency Hospitalization Cover • Inpatient Treatment • Day Care Treatment						Not Applicable
3.1.2	Daily Allowance		1000 per day, max upto 5 days	1000 per day, max upto 5 days	24/48/72hours		Benefit
3.1.3	Domiciliary Hospitalization		Not Applicable	Within the Sum Insured	Same as applicable for Hospitalization Expenses		Indemnity
3.1.4	Modern Treatment		Not Applicable	Within the Sum Insured			Indemnity
3.1.5	Home Care Treatment		Not Applicable	Within the Sum Insured			Indemnity
3.1.6	Pre Hospitalization		Not Applicable	30/60days	-		Indemnity
3.1.7	Post Hospitalization		15/30 days or until departure (whichever is earlier)	60/90 days or until departure (whichever is earlier)	-		Indemnity
3.1.8	Transportation (Road Ambulance)		Actuals, within S.I	Actuals, within S.I	-		Indemnity
3.1.9	Medical Emergency Evacuation and Air Ambulance		Actuals, within S.I	Actuals, within S.I	-		Indemnity
3.1.10	Repatriation of Mortal Remains	Actuals, within S.I	Actuals, within S.I	-	Indemnity		
3.2	Accidental Cover						
3.2.1	Personal Accident						
3.2.1.1	Accidental Death	Accident	10 lakhs/ 25 lakhs/ 50 lakhs,	10 lakhs/ 25 lakhs/ 50 lakhs/	-	Benefit	
3.2.1.2	Permanent Total Disability		75 lakhs/ 1 crore/ 1.5 crores	75 lakhs/ 1 crore/ 1.5 crores			
3.2.1.3	Accidental Death – Common Carrier						

3.2.2	Accidental Hospitalization Medical Expenses (Optional Cover)	Accident	Up to PA S.I	Not Applicable	0/ 5000/ 10000/ 20000/ 50000	Indemnity
3.3	OPD Cover	Illness and Accident	25000, within S.I, sub-limit on OPD Emergency Dental Treatment-10000	50000, within S.I, sub limit on OPD Emergency Dental Treatment-10000	0, 1000, 2000, 5000	Indemnity
3.4	Itinerary Cover					
3.4.1	Trip Cancellation • Option-1 Due to listed Perils • Option-2 Cancellation for any reason	Option-1 Medical emergency or death Option-2 Any reason	20000/ 50000/ 100000/ 150000/ 200000/ 300000	20000/ 50000/ 100000/ 150000/ 200000/ 300000	Option-1 Nil Option-2 10000 with cut off time clause of 6/ 12/ 24/ 48hours	Indemnity
3.4.2, 3.4.3, 3.4.4	Trip Delay	Delay of Common Carrier, Lost or Stolen passports	5000 per day (7 days max)	5000per day (7 days max)	3 hours	Benefit
	Trip Interruption	Medical Emergency, Death in family, Weather or Natural disaster, Common Carrier issues	20000/ 50000/ 100000/ 150000/ 200000/ 300000	20000/ 50000/ 100000/ 150000/ 200000/ 300000	-	Indemnity
	Hijack Distress Allowance	Hijack of Common Carrier	5000 per day, max up to 5 days	5000 per day, max up to 5 days	12 hours	Benefit
3.4.5	Missed Connections	Cancellation or Common Carrier delay	50000/ 100000	50000/ 100000	3 hours	Indemnity
3.4.6	Total Loss of Checked in Baggage	Lost or Misplaced by Common Carrier, sub limits by item category	75000/ 100000	75000/ 100000	-	Indemnity
3.4.7	Delay of Checked in Baggage	Delay or misdirection by Common Carrier	5000/ 10000	5000/ 10000	12 hours	Benefit
3.4.8	Bounced Bookings of Airlines and Hotel	Overbooking by Common Carrier or at the place of Accommodation	50000/ 100000	50000/ 100000	-	Indemnity
3.4.9	Up-gradation to Business Class	Following Medical Emergency, if necessitated	25000/ 50000	50000/ 75000/ 100000	-	Indemnity
3.4.10	Lounge Access	Delay by Common Carrier	Yes	Yes	2 hours	Not Applicable
3.5	Value Added and Assistance Cover					
3.5.1	Compassionate Visit	Medical Emergency Hospitalization	200000	200000	7 days	Indemnity

3.5.2	Return of Minor Child	Death or Medical Emergency (Insured Person)	100000	100000	5 days (for hospitalization)	Indemnity
3.5.3	Loss of Passport	Theft/ Misplaced	15000	15000	-	Indemnity
3.5.4	Loss of International Driving License	Theft/ Misplaced	5000	5000	-	Indemnity
3.5.5	Loss of Portable Equipment	Theft, burglary, robbery, mugging, dacoity	Not Applicable	20000	-	Indemnity
3.5.6	Emergency Assistance Service (Cash Assistance, Translator, Loss of Passport Assistance, Legal Assistance, Emergency Travel and Accommodation Arrangements)	-	Yes	Yes	-	Not Applicable
3.5.7	Personal Liability	Death/Injury to Third Party, TPPD	50% of (maximum of Personal Accident or Medical Covers) S.I	50% of (maximum of Personal Accident or Medical Covers) S.I	-	Indemnity
3.5.8	Fire Cover (Home Contents in India)	Fire and Allied Perils	Not Applicable	20,00,000	5% of each claim, minimum of INR 10,000	Indemnity
3.6	Adventure Sports	Accidental Hospitalization for listed Sports	Within S.I	Within S.I	-	Indemnity
3.7	Maternity Cover	Hospitalization	Not Applicable	Normal-35000 C-Section-50000	-	Indemnity
3.8	Reduction in Pre-Existing Waiting Period	-	Not Applicable	This benefit reduces the Pre-Existing Waiting Period from 36 months to 24 or 12 months (as opted)	-	Not Applicable
3.9	Change in Room Rent Limit	-	Not Applicable	This benefit upgrades the Room Category from Single Private A.C Room to Actuals	-	Not Applicable

Under Plan A: Benefit-3.2.1 Personal Accident is a mandatory cover. Also, Master Policy can opt either Benefit 3.1 Medical Covers or Benefit 3.2.2 Accidental Hospitalization Medical Expenses Cover

Under Plan B: Benefit-3.1 Medical Covers is a mandatory Cover

Grievances

If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

Website: www.indusindinsurance.com
E-mail: services@indusindinsurance.com
Telephone: (022) 4890 3009 (Paid)
Post/Courier: Any branch office, the correspondence address, during normal business hours.
Write to us at (Correspondence Only): IndusInd General Insurance, Correspondence Unit, 301-302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore, Madhya Pradesh, India - 452001.

For further details on Grievance redressal procedure please refer: <https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx>

IRDAI Integrated Grievance Management System

<https://igms.irdai.gov.in/>

If the Policyholder is not satisfied with the Company's redressal of the Policyholder's grievance through one of the above methods, the Policyholder may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are mentioned below:

OMBUDSMAN OFFICE			
Office of the Ombudsman	Address	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 001.	Tel.: 079 - 27546150/27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560078.	Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003.	Tel.: 0755 - 2769201, 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009.	Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneshwar@cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.	Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.	Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@cioins.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM).	Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry.

JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, LIC OF INDIA, 10th Floor, 'Jeevan Prakash', Divisional Office, M. G. Road, Ernakulam, Kochi – 682011.	Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins. co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkata - 700 072.	Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins. co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar Nagar, Sultanpur, Maharajgang, Sant Kabir Nagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharath Nagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Dist: Gautam Buddha Nagar, U.P. - 201301.	Tel.: 0120 - 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Budha Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram Nagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.	Tel.: 0612 - 2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.

PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	Tel.: 020 - 41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
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The updated details of Insurance Ombudsman are available on IRDAI website: www.irdai.gov.in, on the website of General Insurance Council: www.giccouncil.in, our website www.IndusIndgeneral.co.in



ANNEXURE-A

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

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

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

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

Sl. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB

7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

Sl. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE

9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

Sl. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG