

INDUSIND - TRAVEL CANCELLATION POLICY (GROUP) - CERTIFICATE OF INSURANCE

Certificate Number:	XXXXXXXXXXXXXXXXXXXX	Master Cover Number/Policy no:	XXXXXXXXXXXXXXXXXXXX
Proposal/Cover note No.:	XXXXXXXXXXXXXXXXXXXX	Policy issuing Branch Name and Address:	XXXXXXXXXXXXXXXXXXXX
Policy issuing Branch Code:	XXXXXXXXXXXXXXXXXXXX	Issue Date:	DD/MM/YYYY
Certificate Holder Name:	XXXXXXXXXXXXXXXXXXXX	Certificate Holder ID:	XXXXXXXXXXXXXXXXXXXX
Gender of Certificate Holder:	XXXXXXXXXXXXXXXXXXXX	DOB of Certificate Holder:	DD/MM/YYYY
Tax Invoice No. & Date:	XXXXXXX DD/MM/YYYY	GSTIN/UIN of Certificate Holder:	XXXXXXXXXXXXXXXXXXXX
Communication Address & place of Supply			
Contact No. of Certificate Holder:	XXXXXXXXXXXXXXXXXXXX	Email ID of Certificate Holder:	XXXXXXXXXXXXXXXXXXXX
Pan Card No. of Certificate Holder:			

PLAN/ POLICY DETAILS:

Event Covered	Travel		
Mode of Transport Booking	XXXXXXXXXXXXXXXXXXXX		
Plan Name	XXXXXXXXXXXXXXXXXXXX		
Period of Insurance	From XXXXXXXXXXXXXXXX	Booking Date DD/MM/YYYY	Booking Time HH:MM
	To XXXXXXXXXXXXXXXX	Journey Date DD/MM/YYYY	Journey Time HH:MM
Cut-off-Time (In Hours)	HH:MM	Deductible	XXXXXXXXXXXXXXXXXXXX
Co-pay%	XXXXXXXXXXXXXXXXXXXX	Premium Payment Mode	XXXXXXXXXXXXXXXXXXXX

DETAILS OF TRAVEL BOOKING:

Ticket ID	XXXXXXXXXXXXXXXXXXXX
Insured ID	XXXXXXXXXXXXXXXXXXXX
Departure destination	XXXXXXXXXXXXXXXXXXXX
Arrival destination	XXXXXXXXXXXXXXXXXXXX
Base Ticket Price excluding fees and taxes	XXXXXXXXXXXXXXXXXXXX
Travel Ticket Cancellation cost	XXXXXXXXXXXXXXXXXXXX
Booking date	DD/MM/YYYY
Booking time	HH:MM
Journey date	DD/MM/YYYY
Journey time	HH:MM

Confirmed Ticket / Waitlist Ticket (Applicable for train booking)	XXXXXXXXXXXXXXXXXXXXXXXXXX
Regular Ticket /Tatkal Ticket (Applicable for train booking)	XXXXXXXXXXXXXXXXXXXXXXXXXX
Refundable Ticket / Non-refundable Ticket (Applicable for air transport booking)	XXXXXXXXXXXXXXXXXXXXXXXXXX
Economy Class/ Business Class (Applicable for air transport booking)	XXXXXXXXXXXXXXXXXXXXXXXXXX

DETAILS OF HOTEL BOOKING (IF APPLICABLE)

Booking ID	XXXXXXXXXXXXXXXXXXXXXXXXXX
Insured ID	XXXXXXXXXXXXXXXXXXXXXXXXXX
Hotel Name	XXXXXXXXXXXXXXXXXXXXXXXXXX
Hotel Address	XXXXXXXXXXXXXXXXXXXXXXXXXX
Hotel Location- City	XXXXXXXXXXXXXXXXXXXXXXXXXX
Hotel Location- State	XXXXXXXXXXXXXXXXXXXXXXXXXX
Booking date	DD / MM / YYYY
Booking time	HH : MM
Check-in date	DD / MM / YYYY
Check-in time	HH : MM
Check out date	DD / MM / YYYY
Advance amount paid at time of booking	XXXXXXXXXXXXXXXXXXXXXXXXXX
Room Rent	XXXXXXXXXXXXXXXXXXXXXXXXXX
No. of Rooms Booked	XXXXXXXXXXXXXXXXXXXXXXXXXX
Room Category	XXXXXXXXXXXXXXXXXXXXXXXXXX
Refundable / Non-refundable Booking	XXXXXXXXXXXXXXXXXXXXXXXXXX

DETAILS OF ENTERTAINMENT EVENT BOOKING (IF APPLICABLE)

Ticket ID	XXXXXXXXXXXXXXXXXXXXXXXXXX
Insured ID	XXXXXXXXXXXXXXXXXXXXXXXXXX
Entertainment Event Name	XXXXXXXXXXXXXXXXXXXXXXXXXX
Ticket Price excluding fees and taxes	XXXXXXXXXXXXXXXXXXXXXXXXXX
Booking date	DD / MM / YYYY
Booking time	HH : MM
Entertainment Event date	DD / MM / YYYY
Entertainment Event start time	HH : MM
Entertainment Event Hall or Ground Name	XXXXXXXXXXXXXXXXXXXXXXXXXX
Entertainment Event Hall or Ground City	XXXXXXXXXXXXXXXXXXXXXXXXXX
Entertainment Event Hall or Ground State	XXXXXXXXXXXXXXXXXXXXXXXXXX
Seat Type	XXXXXXXXXXXXXXXXXXXXXXXXXX
Entertainment Type (Only for entertainment event booking)	XXXXXXXXXXXXXXXXXXXXXXXXXX

Cover Details:

Cover No.	Name of Covers	Yes/No	Sum Insured	Deductible
Cover 1	Basic Cover (Cancellation Cover)			

Cover 2	Package Cover			
Cover 3	Convenience Fees Cover			
Cover 4	Event Reschedule Cover			
Cover 5	Travel Delay Cover			

DETAILS OF TICKET HOLDER/ EVENT ATTENDEES:

Sr. No.	Ticket Holder/ Event Attendee Name	Ticket Holder/ Event Attendee Gender	Ticket Holder/ Event Attendee Passport Number	Ticket Holder/ Event Attendee Age	Ticket Holder/ Event Attendee Relationship with Certificate Holder

WARRANTIES AND CONDITIONS:

- a. xxx
- b. xxx

SPECIAL CONDITIONS (IF ANY):

- a. xxx
- b. xxx

EXCLUSIONS

Below are the General Policy Exclusions

General Exclusions

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Unilateral Cancellation by either Supplier or the Organiser b. Abandonment of the Event by the Organiser c. No-Show or Abandonment by the Event Attendee or Ticket Holder d. Consequential Losses and Legal Liabilities e. Participation and Organisation f. Bulk Booking g. Cyber Issues h. Travel Event not scheduled in a Common Carrier i. Illegal Events j. Governmental banning of public gatherings k. Law and Order l. Refundable portion of the bookings m. Expenses towards tickets which are not pre-paid or where the ticket is not confirmed | <ul style="list-style-type: none"> n. Change in Cancellation Policy of the Supplier or the Organiser o. Disputed Booking p. Disputed Cancellation q. Bankruptcy of the Supplier and or the Organiser r. Restrain, Arrest, Detention or Summon for Investigation of the Event Attendee / Ticket Holder or Certificate Holder s. Ionizing Radiations t. Nuclear Weapons u. Incidental Expenses v. Late Reporting of Claims w. Acts of Terrorism x. War, Civil Unrest and Rebellions |
|--|--|

Specific Exclusions under Add Cover xx

- a. xx
- b. xx

Note: Please refer the Policy Wordings for complete description, exclusions, terms and conditions relating to the Covers listed above.

PREMIUM:

Net Premium	XXXXXXXXXXXXXXXXXXXXXXXXXX
SGST/ UGST/ CGST/ IGST	XXXXXXXXXXXXXXXXXXXXXXXXXX
Total Premium	XXXXXXXXXXXXXXXXXXXXXXXXXX

GSTIN: XXXXXXXXXXXXXXXXXXXX, HSN: XXXXXXXXXXXXXXXXXXXX

Description of services: XXXXXXXXXXXXXXXXXXXX

This document shall be treated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules

Consolidated Stamp Duty Paid with Receipt No. XXXXXXXXXXXXXXXXXXXX Dated XXXXXXXXXX

Not Applicable for the State of Jammu & Kashmir

PLEASE NOTE:

- In case of any discrepancy, the Certificate Holder is requested to let us know immediately. You can write to us at services@indusindinsurance.com or call us at 022 4890 3009 (paid) for necessary changes/rectification.
- Attached with the Policy Schedule are the Policy Terms and Conditions, Endorsements and Annexure. Please ensure that the Certificate holder, has received, read and understood all these documents. If the Certificate holder has not received any of these, please email/write to the Company at services@indusindinsurance.com or contact us at 022 4890 3009 (paid).
- The Policy Schedule in original must be surrendered to the Company in case of cancellation/alternation of the Policy. In the event of any incorrect representation, the liability shall be upon the Certificate holder.
- The benefits which are mentioned in the Schedule shall only be available under the Policy.
- The terms and conditions of the policy is same as the applicable Master Cover.

CONTACT DETAILS FOR CLAIMS AND POLICY SERVICING:**Policy Servicing**

Name - IndusInd Insurance Company Limited
 Correspondence Address - IndusInd Insurance. No. 1-89/3/
 B/40 to 42/ks/301, 3rd floor, Krishe Block Krishe Sapphire,
 Madhapur, Hyderabad-500081
 Email ID- services@indusindinsurance.com
 Contact No.- 022-41112600
 Website- www.indusindinsurance.com

Claims Servicing

Name - IndusInd General Insurance Company Limited
 Correspondence Address - IndusInd Insurance. No. 1-89/3/
 B/40 to 42/ks/301, 3rd floor, Krishe Block Krishe Sapphire,
 Madhapur, Hyderabad-500081
 Email ID- healthcare@indusindinsurance.com
 Contact No.- 022-41112600
 Website- www.indusindinsurance.com

GRIEVANCE CLAUSE:

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 022 4890 3009 (paid) or may write an email at services@indusindinsurance.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at grievances@indusindinsurance.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at headgrievances@indusindinsurance.com

In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.indusindinsurance.com or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.

Details of the office of the Insurance Ombudsman are:

Office of the Insurance Ombudsman, XX

Tel.: XXXXXXXXXX, Email: XX

Ombudsman:

In case you/insured person are not satisfied with our decision/resolution, you may approach the Insurance Ombudsman

IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration, please visit IRDAI website www.irdai.gov.in.

Toll free number: 1800 4254 732

Timings: 8 AM to 8 PM - (Monday to Saturday)

Note:

- In the event of non-realization of premium, this policy document automatically stands cancelled from inception ,irrespective of whether a separate communication is sent or not
- In witness whereof this policy has been signed at xxxxxxxxxxxx on xxxxxxxxxxxx
- In case you find any discrepancy in the policy, kindly contact us immediately

For IndusInd General Insurance Co. Ltd.

Authorized Signatory

