

INDUSIND TRAVEL CARE POLICY: INDIVIDUAL AND FAMILY PLAN - POLICY WORDING

SECTION-2 PREAMBLE

Conditions applicable to the Policyholder:

The Policyholder mentioned so in the Policy Schedule to this Policy has:

- By way of submitting a Proposal applied to the 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 this Policy
- Paid appropriate premium and has agreed to undertake to pay subsequent premiums, if any, by their due dates.

Conditions applicable to the Company:

The Company upon accepting the Proposal and receiving all the premiums by their due dates and realization thereof, undertakes that if during the Policy Period as specified in the Policy Schedule any Claim occurs which becomes admissible and payable under this Policy then the Company shall pay for such Claim as per the terms, conditions, coverage, exclusions and definitions as mentioned in this Policy.

SECTION-3 DEFINITIONS

All the terms defined below have the meanings as ascribed to them below 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.

1. **"Accident"** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **"Act"** means the Insurance Act, 1938 (4 of 1938)
3. **"Air Travel"** means travel by an Airline for the purpose of flying therein as a fare paying passenger by the Insured or Travelling Companion during the Policy Period for an Insured Trip.
4. **"Airline"** means a company in the business of air transportation for fare paying passengers with the applicable licences 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.
5. **"Any one illness"** means a continuous period of illness and it includes relapse within 45 days from the date of last consultation with the treating Physician or the Hospital where treatment may have been taken.
6. **"Bank Rate"** means Bank Rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claims has fallen due.
7. **"Burglary"** means an act involving the unauthorized or forcible entry to or exit from the Insured Person's

unoccupied place of residence in India during the Policy Period whilst the Insured Person has travelled overseas with intent to commit an act of Theft.

8. **"Checked-In Baggage"** means baggage owned by the Insured Person is handed over and accepted by the Common Carrier for transportation in the same carrier in which the Insured Person is or would be travelling and for which the Common Carrier has issued a baggage receipt to the Insured Person.
9. **"Claim"** means a claim under an operative part of this policy in respect of an insured event that has taken place. All claims resulting from one and that same event or any one illness or circumstance shall jointly constitute one claim under this policy, and as having been made at the time when the first claim was made in writing, and the deductible shall be applicable to each section independently.
10. **"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.
11. **"Company"** means IndusInd General Insurance Company Private Limited.
12. **"Complaint"** means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a complainant with Insurer, 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.
13. **"Complainant"** means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel.
14. **"Condition precedent"** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
15. **"Contents"** means
 - a) In so far as it relates to household (Contents of Property insured), it shall mean the following equipments 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 jewellery and Valuables . The term shall exclude cash and/or currency and/or cheques;
- b) 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.
- c) 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.
- 16. "Country of Residence of the Insured"** shall mean the country that the Insured is normally residing in currently, and declared it in the residential address of the Insured as stated in the Policy Schedule. For the purposes of this Policy, an Insured shall be only ordinary resident of India to be eligible to buy this Insurance Policy. It need not be the same as the country of origin of the Insured or the country whose citizen the Insured is.
- 17. "Daily Allowance"** means the amount and period specified in the Policy Schedule against the "Daily Allowance In Case Of Hospitalization" cover.
- 18. "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.
- 19. "Day Care Centre"** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all of the criteria as under:-
- has qualified nursing staff under its employment
 - has qualified medical practitioner (s) in charge
 - has fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
- 20. "Day Care Treatment"** Day care treatment refers to medical treatment, and/or surgical procedure which is:
- undertaken under General or Local Anaesthesia in a hospital or day care centre in less than 24 hrs because of technological advancement, and
 - Which would have otherwise required a hospitalization of more than 24 hours
 - Treatment normally taken on an outpatient basis is not included in the scope of this definition.
- 21. "Deductible"** means a cost-sharing requirement under this Policy (As shown in the Policy Schedule against the respective Benefits) which provides that the Company will shall not be liable for a specified monetary rupee amount, or for a specified number of days or hours, which will apply before any benefit are payable by Company for every Claim made under the Policy. A deductible does not reduce the Sum Insured.
- 22. "Dental treatment"** means a treatment carried related to Healthy Natural Tooth or structures supporting Healthy Natural Tooth including examinations, fillings (where appropriate), crowns, extractions and surgery. Such treatment has to be carried out by a dental Medical Practitioner registered to practice with appropriate dental association or equivalent body in the given jurisdiction. It excludes any cosmetic treatments.
- 23. "Destination Country"** shall mean the country that Insured is visiting and has bought the insurance Policy for. There can be more than one Destination Country in an Insured Trip. However, for any country to be considered a Destination Country, it should be mentioned in the Main Travel Ticket(s) booked by the Insured before the date of departure from India, and mentioned by the insured while buying the Policy. A country for which travel ticket is bought post commencement of Insured Trip cannot be considered as Destination Country.
- In order to distinguish between multiple Destination Countries, the terms current Destination Country (where Insured is currently visiting) and next Destination Country (where the Insured is scheduled to visit) have been used in the Policy.
- 24. "Disease"** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires immediate medical treatment by a Medical Practitioner.
- 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.
 - Chronic Condition - is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back
- 25. "Distribution Channels"** means persons and entities authorised 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.
- 26. "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.
- 27. "Emergency Care"** means management for a severe illness or injury which results 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.
- 28. "Family"** means the Insured, his/her lawful spouse below the age of 65 years and Dependent children (including stepchildren and adopted children) below the age of 21 years (23 years, if the Child is enrolled with an institution of higher learning). Dependent Child means:
- The Child is unmarried
 - Receives majority of the financial maintenance and support from the Insured
- 29. "Felony Assault"** means an act of criminal bodily violence against the Insured Person or a travelling companion and recognised so by a law enforcement authority or the Police. The victim of such assault may require immediate medical attention at a Hospital by a Medical Practitioner.

- 30. "Grievance"** means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a complainant with insurer, distribution channels, 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.
- 31. "Healthy Natural Tooth"** are natural tooth of the Insured that has not gone through any dental procedures or restoration as at the start of the Policy Period and or natural tooth that did not have any Pre-Existing Disease or tooth decay as at the start of the Policy Period.
- In case the tooth has been subjected to dental procedures then it means the Natural Tooth whose function is completely restored before 36 months of the start of the Policy Period with no further treatments in the latest consequent 36 months as at the start of the Policy Period may also be considered as Healthy Natural Tooth.
- 32. "Hijack"** means any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of the common carrier in which the Insured Person is travelling.
- 33. "Hospital"** means any institution legally established and operated for In-patient care and day care treatment of illness and/or injuries of persons, for which a charge is made that the Insured Person(s) is legally obligated to pay in the absence of insurance; and which has been registered, accredited or licensed as a Hospital with the local authorities in the state or country in which it operates; and which complies with all minimum criteria as under:
- Provides such care and treatment(s) in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use
 - has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - 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.
- 34. "Hospitalisation"** means admission in a hospital for a minimum period of 24 Inpatient care consecutive hours except for day care treatment, where such admission could be for a period of less than 24 consecutive hours.
- 35. "ICU Charges"** means the amount 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 administrative charges.
- 36. "Illness"** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
 - b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- 37. "Immediate Family Members"** means the legal Spouse, Children, Parents or Parent in Law, Siblings of the Insured Person. The Immediate Family members reside in India at the time the Insured has undertaken the Insured Trip.
- 38. "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 undertake the Trip covered under this Policy.
- 39. "India"** shall mean India or 'Union of India' as defined by the Constitution of India, including the territories of the constituent states and The Union territories.
- 40. "Injury"** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner/Physician.
- 41. "In-patient care"** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 42. "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.
- 43. "Insured Person" or "Insured"** means the person specifically named as such in the Policy Schedule, who is a resident of India and for whom the insurance is proposed and the appropriate premium paid.
- 44. "Insured Trip"** means the Trip for which this insurance Policy has been bought, undertaken within Policy Period and which commences when the passenger boards the aircraft from India for onward overseas journey and terminates when he disembarks on return to India or the Policy Period End Date whichever is earlier.
- 45. "Insurer"** means a person or company that underwrites an insurance risk; the party in an insurance contract undertaking to pay compensation to the holder of the insurance policy in the event of an underwritten loss.
- 46. "Intensive Care Unit"** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 47. "Kutch Construction"** means buildings having walls and/or roofs of wooden planks, thatched leaves, grass,

bamboo, plastic, cloth, asphalt, canvas, tarpaulin or the like.

- 48. "Life Threatening Medical Condition"** refers to a medical condition suffered by the Insured which has the following characteristics (all the following characteristics shall be simultaneously met for being classified as a Life Threatening Medical Conditions):
- Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate)
 - Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas)
 - Critical care being provided, which involves high complexity 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
 - Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department and
 - Is certified by the attending Medical Practitioner as a Life Threatening Medical Condition.
- 49. "Loss"** means any loss suffered by the Insured or Damages payable by the Insured and is covered as per the term, conditions and clauses of this Policy.
- 50. "Main Travel Ticket"** means document, issued by a Scheduled Airline or a travel agency on behalf of a Scheduled Airline, which confirms that the Insured has been booked for and paid for to travel 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 was booked and paid for before the start of the Insured Trip.
- 51. "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.
- 52. "Medical Advice"** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
- 53. Medical Emergency:** 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:
- a. placing the health of the person afflicted with such condition in serious jeopardy;
 - b. serious impairment to such person's bodily functions;
 - c. serious dysfunction of any bodily organ or part of such person; or
 - d. serious disfigurement of such person.
- Additionally, a Medical Emergency will include visits where the only option for Medically Necessary Treatment is an emergency room.
- 54. "Medical Expenses"** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident or Injury on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or Medical Practitioner in the same locality would have charged for the same medical

treatment.

- 55. "Medically Necessary Treatment"** is any treatment, tests, medication or stay in a Hospital or part of stay in a Hospital, which:
- Is required for the medical management of the Illness or Injury suffered by the Insured;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - Must have been prescribed by a Medical Practitioner;
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 56. A "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.
- 57. "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.
- 58. "OPD Treatment"** is means a consultation with the Medical Practitioner in a Hospital or a Nursing Clinic by the Insured Person for a Sickness or Injury or Illness that has manifested for the first time during the Policy Period whilst being overseas. The Insured Person is not admitted for a Day Care Treatment or In-Patient Care.
- 59. "Per illness"** means any Illness or subsequent consequences due to such Illness diagnosed whilst on Trip which leads to Single Hospitalisation.
- 60. "Physician"** means a person who is qualified to practice medicine or is a Surgeon or an Anaesthetist and has a valid license issued by the appropriate authority in the current Destination Country. The Physician, for the purposes of this Policy, is referred to as the Medical Practitioner.
- A Physician shall not include a practitioner of Complementary and Alternative Medicine (CAM). CAM includes, but is not limited to the below areas of medicine:
- Traditional alternative medicine: like Acupuncture, Ayurveda, Homeopathy, Naturopathy, Chinese or Oriental medicine, Herbal medicine
 - Manual manipulation: like Chiropractic and osteopathic medicine, Massage, Body movement therapies, Tai chi, Yoga
 - Energy therapies: like Electromagnetic therapy, Magnetic Field Therapy, Reiki, Qigong, Therapeutic ("Healing") Touch
 - Mind and Sensory healing: like Meditation, Biofeedback, Hypnosis, Art, dance and music, Visualization and guided imagery
- The Physician shall not be a member of the Insured Person's family.
- 61. "Policy"** is the Company's contract of insurance with the Policyholder providing cover as detailed in this Policy Wording, the Proposal Form, Endorsements, if any and Annexure, and which form part of the contract and must be read together.
- 62. "Policy Period"** is the time interval between and including A and B as specified below:
- A. Earliest of (Policy Period ends with the earliest of the below dates):
 - Policy Period End Date

- Policy Cancellation Date (if the Policy is Cancelled after the start of the Insured Trip)
- Date and time of Return to India

B. Latest of (Policy Period commences at the latest of the below dates):

- Policy Period Start Date
- Date and time of departing from India

The Policy is in force only during this period. Any Claim to be considered for paying under the Policy (subject to further conditions, terms and clauses mentioned in the Policy) shall have the Loss occurred during this period only, except in case of Section 4.7 Benefit 7 – Trip Cancellation, the Claim can be triggered before the Policy Period Start Date.

- 63. "Policy Period End Date"** means the date and time in Indian Standard Time (IST) as specifically appearing in the Policy Schedule.
- 64. "Policy Period Start Date"** means the date and time in Indian Standard Time (IST) as specifically appearing in the Policy Schedule.
- 65. "Policyholder"** means the person who is the proposer and whose name specifically appears in the Policy Schedule as such.
- 66. "Policy Schedule"** means the document attached and forming part of this Policy mentioning the details of the Insured Person/s, the Sum Insured, the Policy Period and the limits to which benefits under the Policy are subject to.
- 67. "Pre-Existing Disease"** means any Medical Condition, Illness or Injury or related condition(s) for which the Insured Person had signs or symptoms and/or were diagnosed and/or received medical advice/ treatment, within 36 months prior to the first policy under which the Insured Person was covered with the Company.
- 68. "Professional and Competitive Sports"** means a sport, which remunerates the Insured in excess of 50% of the taxable income in the latest or the continually previous assessment year in which the Insured Trip falls into. The remuneration can be in the form of fees, salary, emolument, perks, endorsements or sponsorship.
- 69. "Property Damage"** means actual physical damage, caused by the Insured whilst being overseas as per the Insured Trip, to tangible material property belonging to a third party.
- 70. "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.
- 71. "Prospect"** means any person who is a potential customer of an insurer and likely to enter into an insurance contract either directly with the Insurer (The Company) or through a Distribution Channel.
- 72. "Prospectus"** means a document either in physical or electronic or any other format issued by the Insurer to sell or promote the insurance products.
- 73. "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.

74. "Reasonable & Customary charges" means the charges for Medical and or Hospital services or supplies, which are the standard charges for the specific Hospital or the provider and consistent with the prevailing charges in the geographical area of identical or similar services, taking into account the nature of the Illness and or Injury involved.

75. "Residence" means the place in India where the Insured is living in normal course and shall be the place as per the Insured's Address which is specified in Policy Schedule.

76. "Single Trip" means only one Insured Trip to a destination outside of the Republic of India during the Policy Period, the details of which are specified in the Policy Schedule.

77. "Strike" means stoppage of work affecting the Common Carrier in which the Insured is supposed to undertake the Insured Trip. The following are preconditions:

- 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 sitouts.

78. "Sum Insured" means the maximum amount of coverage denominated in USD or INR and as specified in the Policy Schedule, that the Insured Person is entitled to in respect of each benefit and as applicable under this Policy.

79. "Surgery or Surgical Procedure" means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

80. "Terrorism/Terrorist Incident" means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not.

Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

81. "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.

82. "Third Party Administrators or TPA" means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services as defined in those Regulations.

83. "Travel Agent" means the Travel Agent, 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.

84. "Travelling Companion" means an individual or

individuals travelling with the Insured Person, provided that, the Insured and such individual(s) are travelling to the same destination on the same dates 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, any individual(s) forming part of a group travelling on a tour arranged by a Travel Agent or a tour operator shall not be considered as Travelling Companion, unless the individual(s) is part of the family of the Insured Person.

- 85. "Trip"** means a period of travel away from home to a Destination outside the Insured's City of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined Departure and Return Dates specified when the Insured applies to buy insurance; the trip does not exceed 364 days; travel is primarily by Common Carrier provable by Main Travel Ticket(s) and only incidentally by private conveyance.
- 86. "Trip Duration"** means the number of days as calculated under the Policy Period.
- 87. "Unoccupied"** Residence or property means the Residence or property mentioned in the Policy Schedule 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.
- 88. "Unproven/Experimental treatment"** means the treatment including but not limited to the drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 89. "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-4 SCOPE OF COVERAGE

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed, to compensate, indemnify, pay and / or reimburse in manner provided in this Policy, benefits to the Insured Person for loss or damage described hereunder up to the limit of Sum Insured as specified in the Policy Schedule.

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 Policyholder during the Proposal stage.

The Plan is a predefined set of Cover and Limits as mentioned in the Policy Schedule.

SECTION 4A: MEDICAL AND ACCIDENT COVERS

4.1. BENEFIT 1- MEDICAL EXPENSES INCLUDING TRANSPORTATION, EVACUATION AND REPATRIATION OF MORTAL REMAINS

The Company shall indemnify the Insured Person for expenses incurred for availing Medically Necessary Treatment required on account of any Illness / Injury sustained or contracted whilst on the Insured Trip but not exceeding the Sum Insured as specified in the Policy Schedule. The deductible in respect

of this benefit will be applicable for each separate Claim, and shall be of an amount as specified in the Policy Schedule.

i. What it covers – Medical Expenses including Transportation and Evacuation

In the event, the Insured Person has a Medical Emergency during the Policy Period and if such Medical Emergency shall, upon the written Medical Advice of a Medical Practitioner/Physician, require any such Insured Person, to incur Hospitalisation within the Policy Period at any Hospital, for the Medically Necessary Treatment of the Insured Person, then the Company will indemnify the Insured Person, 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 for in manner, for the period and to the extent of the Sum Insured as specified in this Policy.

The deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Policy Schedule.

The company's total liability in aggregate for all Claims paid under the policy shall not exceed the Sum Insured. For a given Medically Necessary Treatment that is admissible as a Claim under the Policy, the following are covered:

- a. Out-patient treatment, provided, the same is critical and cannot be deferred till the Insured Person's return to the Republic of India.
- b. In-patient treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an insurable event or at the nearest Hospital.
- c. Medical aid that is prescribed by a Physician as necessary part of the treatment for broken limbs or injuries (e.g. plaster casts, bandages and walking aids).
- d. Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Physician.
- e. X-Ray, diagnostic tests and all reasonable costs towards diagnostic methods and treatment of all illness / injury provided these pertain to the diagnosed illness / injury due to which hospitalisation was deemed necessary.
- f. Cost of transportation, including necessary medical care en-route, by recognized medical service providers for medical attention at the nearest Hospital or by the nearest Physician.
- g. Cost of being transferred to a special clinic if this is Medically Necessary Treatment and is prescribed by the Physician.
- h. Life saving unforeseen emergency measures provided to the Insured Person by the Physician for hospitalization arising out of a Pre-Existing Disease in case of Life Threatening Medical Conditions. The treatment for these emergency measures would be paid till the Insured Person becomes medically stable. All further medical cost to maintain medically stable condition or to prevent the onset of acute pain would have borne by the Insured Person.

The total liability of the Company with respect to such life saving treatment shall be limited to 1% of the Sum Insured for Benefit 1 - Medical Expenses Including Transportation, Evacuation And Repatriation Of Mortal Remains up to a maximum of USD 10,000.

ii. Transportation and evacuation

- the extra costs of Medically Necessary Treatment and prescribed transportation from the current Destination Country to India or the nearest Hospital

in the event that it is not possible to guarantee adequate Medically Necessary Treatment within a reasonable distance of the Insured Person's current location and consequently his health would be in jeopardy;

- the additional extra costs for an accompanying person if it is Medically Necessary that the Insured Person be accompanied in this way; this might be a physician, nurse, relative, friend or colleague;
- If the Insured Person is required to be transported from a medical point of view, it shall be the decision of Emergency Assistance Service Provider whether the Insured Person is to be repatriated to India or not.
- Air ambulance, other than emergency Air ambulance availed for transport within the country, can be availed post approval of the claims team of the Company, where the claims team deems it necessary for the Insured Person to avail Air ambulance.
- in the event of death, the Extra Costs Of Transporting the mortal remains of the deceased Insured Person back home or the extra costs required for burial at the place of death abroad up to the limit as specified in the Policy Schedule;

Note: The "Extra Costs of Transportation" above are:

- in the event of transportation home, the additional costs arising for the return journey home as a consequence of the insured event;
- in the event of death, the costs which exceed those that would normally arise if the Insured Person had died in India.

iii. What it covers – Repatriation of Remains

In the event of the death of the Insured Person due to Illness or Injury during the Policy Period and whilst being overseas, the Company shall pay or reimburse the Extra Costs Of Transporting the mortal remains of such persons back to the Republic of India or, up to an equivalent amount, for a local burial or cremation in the Destination Country where the death occurred, subject to the maximum limit as specified in the Policy Schedule.

The deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Policy Schedule.

iv. Specific Exclusion applicable to Medical Expenses Including Transportation, Evacuation and Repatriation of Mortal Remain Cover:

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:

- Travelling for Medical Treatment only: Medical treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad.
- Pre-existing Diseases: Any claim arising that is related to Pre Existing Disease except as described as under 4.1.i.h above.
- Treatment that could be delayed: Treatment which could reasonably be delayed until the Insured/Insured Person's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Physician and the Emergency Assistance Service Provider.
- Degenerative, Orthopaedic and Cancer related: Treatment of orthopaedic, degenerative, diseases and any cancer, malignant / benign tumours and such related conditions to Neoplasm, unless the medical assistance provided abroad involves unforeseen

emergency measures to save the Insured Person's life or measures solely designed to relieve acute pain in any case excluding chemotherapy or radiotherapy expenses.

- Charges in excess of the Reasonable and Customary Charges: Charges in excess of Reasonable and Customary Charges incurred on account of an insurable event as per the determination by the Emergency Assistance Service Provider.
- Dental Treatment and procedures of the teeth: Treatment or procedures related to teeth or structures supporting the teeth, including examinations, fillings (where appropriate), crowns, extractions and surgery.
- Cosmetic Treatment: Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner).
- Maternity, Child Birth and related conditions: Conditions related pregnancy, miscarriage, child birth or any complications thereof, any treatment for infertility birth control including any surgical procedures and devices.

This does not be applicable for ectopic pregnancy that is diagnosed as Life Threatening Medical Condition by the Medical Practitioner. Or to save the life of Insured Person's in case she is pregnant or the life of the Child in case of an unforeseen Medical Emergency before 30 weeks of pregnancy.

- Mental and Psychiatric treatments: Expenses related to mental or psychiatric disorders and Emotional disorders.
- Pregnancy related check-ups: Medical check-ups during pregnancy or treatment of the pregnancy.
- Rehabilitation and Physiotherapy: Expenses related to physical rehabilitation and physiotherapy.
- De-addiction Treatments and Drug Rehabilitation: Any Treatment related to addiction or dependency of the Insured Person to tobacco, cigarette and other tobacco usage habits, alcohol, psychoactive substance including but not related to various drug and prescriptive drugs.
- Prosthetics: Any Expense related to Prosthetics and artificial limbs.
- Immunization and Well Child Care: Expenses related to Well Child care and Immunization
- Routine Health Tests: Routine health tests that is undertaken without a Medical Practitioner prescription as a part of treatment of some Illness / Injury as covered under the Policy.
- Eyeglasses, Hearing Aids etc: eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing.
- General Exclusions: Any exclusion mentioned in the 'General Exclusions' section of this Policy.

4.2. Benefit 2 - Dental Treatment - Sickness

i. What it covers

The Company shall pay or reimburse to the Insured Person expenses incurred on acute anaesthetic treatment of a Healthy Natural Tooth or Teeth during Policy Period and whilst being overseas up to but not exceeding the Sum Insured as specified in the Policy Schedule.

The Deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Policy Schedule. The Sum Insured has a per tooth limit and per occurrence limit.

ii. Specific Exclusion applicable to Dental Treatment:

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:

- a. Travelling for Medical Treatment only: Medical treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad.
- b. Pre-existing Diseases: Any claim arising that is related to Pre Existing Disease except as described as under 4.1.i.h above.
- c. Treatment that could be delayed: Treatment which could reasonably be delayed until the Insured/Insured Person's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Physician and the Emergency Assistance Service Provider.
- d. Charges in excess of the Reasonable and Customary Charges: Charges in excess of Reasonable and Customary Charges incurred on account of an insurable event as per the determination by the Emergency Assistance Service Provider.
- e. Cosmetic Treatment: Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment including but not limited to tooth cleaning, whitening, polishing of tooth, dental braces in any form or manner).
- f. Preventive Treatment: Any Preventive treatments like regular dental examinations, routine checkups, cleaning costs etc are not covered.
- g. Any treatment to Dental Prosthetics: Costs related to Dental Prosthetics including but not limited dentures, bridges, crowns and dental implants are not covered.
- h. Any treatment taken without a prescription from a licensed Dentist: Any treatment taken without a prescription and supervision of a licensed Dentist as per the applicable body in the given travel destination.
- i. Regular consumables and toiletries: Any cost incurred by the Insured for regular consumables and toiletries like toothpaste (even if medicated) regarding maintaining of dental health is not covered.
- j. General Exclusions: Any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Dental Treatment

The Company shall be liable to pay no more than USD 100 per Healthy Natural Tooth under this benefit.

The total liability of the Company with respect to this benefit is limited to the Sum Insured mentioned in the Policy Schedule against the benefit.

4.3. Benefit 3 - Daily Allowance In Case Of Hospitalization

i. What it covers

In the event of Hospitalisation of the Insured Person based on a Medical Advice from a Medical Practitioner for more than two consecutive Days (as defined below) due to a Illness or Injury sustained or contracted within the Policy Period whilst being on the Insured Trip for which a Claim is admissible under Benefit 1 - Medical Expenses Including Transportation, Evacuation And Repatriation Of Mortal Remains or Benefit 2 - Dental Treatment - Sickness of this Policy, the Company will pay to the Insured Person a Daily Allowance starting from the third Day of the Hospitalisation until the limits mentioned in the Policy Schedule (and excluding the first two Day).

Note:

- 'Day' in the above means, a period of 24 continuous hours.

ii. Specific Exclusions applicable to the Daily Allowance in Case of Hospitalisation:

The Specific Exclusion under this Benefit is same as the Specific Exclusions mentioned under Benefit 1- Medical Expenses Including Transportation, Evacuation And Repatriation Of Mortal Remains and Benefit 2 - Dental Treatment - Sickness above.

4.4. Benefit 4 - Personal Accident

i. What it covers

The Company shall compensate the Insured Person or their legal heir as the case may be, for any injury solely and directly caused by accident occurring during the Policy Period whilst on the Insured Trip, resulting in permanent (total or partial) disablement or death within 365 continuous days of occurrence of such injury.

The Sum Insured as specified in the Policy Schedule shall be the limit per person per Policy period payable only on the Insured Person's return to India and in Indian currency. The Sum Insured shall be the maximum liability of the Company under this benefit. Subject to the above, the Company shall pay to the Insured Person the sum or sums as set forth in the Table of Benefits given alongside:

Table of Benefit		% of Sum Insured
(1) Death	Insured aged 18 years or above	100%
	Insured Aged less than 18 years	50%
(2) Permanent Total Disablement (PTD)	Physical Separation/ Total Loss of Use of:	
	Sight of both eyes	100%
	Two entire hands	100%
	Two entire feet	100%
	One entire hand and one entire foot	100%
	Loss of sight of one eye and loss of one entire hand	
	Loss of sight of one eye and loss of one entire foot	100%
	speech and hearing in both ears	100%
	Other Permanent total and absolute disablement incapacitating the Insured Person from engaging in any employment or occupation of any description whatsoever*	100%
	(3) Permanent Partial Disablement (PPD)	Physical Separation/ Total Loss of Use of:
One entire hand		50%
One entire foot		50%
The sight of one eye		50%
Speech		50%
Hearing in both ears		50%
Thumb and index finger of Same hand		25%
Total Paralysis of an arm or a leg (each)		25%
Any other permanent partial disablement - Percentage as assessed by a panel doctor appointed by the Company		

* Permanent Total Disablement under injury not specified in the above table will be payable only where the Insured is incapacitated from any possible occupation, and not limited to his/her occupation at the time of loss. The onus of proving such incapacitation shall lie with the Insured.

For the purpose of this benefit:

- Arm means arm at or above elbow joint, leg means leg at or above knee joint
- Hand means hand at or above the wrist, foot means foot at or above ankle joints;
- Eye means entire and irrecoverable loss of sight;
- Thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
- Speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.
- Total Loss of Use means complete loss of function of the said organ with no scope of recovery.

It is a pre-condition for claim under this benefit that:

- The disablement occurs within 365 continuous days from the date of the accident.
- The disablement must be confirmed and claimed for prior to the expiry of a period of 90 continuous days since occurrence of the disablement

Notwithstanding anything contained in this Policy, the Company shall not be liable for compensation under more than one of the clauses (1) to (3) in the Table of Benefits hereinabove, for the same cause of accident/disablement of the Insured Person.

ii. Specific Exclusions applicable to Personal Accident

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

- a. Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- b. Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- c. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of death.
- d. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured Person is flying as a passenger on a multi engine, commercial aircraft.
- e. Payment of compensation in respect of death, injury or disablement of the Insured Person whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
- f. Payment of compensation in respect of death, injury or disablement arising or resulting from Insured Person participating in equestrian activity
- g. Death or disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof, venereal disease or infirmity.
- h. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Personal Accident

- a. In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the Table of Benefits will be considered for payment.
- b. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but the amount payable shall not exceed 100% of the Sum Insured specified in the Policy Schedule.
- c. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in determining the benefit amount in such a case will be the degree to which the normal physical or mental capabilities are impaired, solely from a medical point of view, as ascertained by Panel Doctor of the Emergency Assistance Service Provider.
- d. If the accident affects any physical or mental function, which was already impaired beforehand, a deduction will be made equal in amount for this prior disablement.
- e. If the Insured Person dies for a reason unconnected with the accident within a year of the accident for whatever reason, and if a claim for disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have been expected to exist as a result of the original accident, from the findings of the last medical examination made.
- f. In the event of permanent disablement, the Insured Person will be under obligation:
 - To have himself/herself examined by the Panel Doctors appointed by the Company / Emergency Assistance Service Provider and the Company will pay the costs involved thereof.
 - To authorize doctors providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured Person.
- g. The Policy shall terminate for the Insured Person on payment of his/her death benefit under this cover. In case of Family Policy, such Insured person shall be deleted from the Policy, and the Policy shall continue for remaining Insured Persons.

If the above obligations are not met with due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

4.5. Benefit 5 - Accidental Death - Common Carrier

i. What it covers

The Company shall compensate the legal heir, for in respect of an accident occurring during the Insured Trip and resulting in death within 365 continuous days from the date of the 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). This benefit shall not apply while the Insured Person is riding in or on, or boarding or alighting from, any civilian aircraft that does not hold a current and valid Airworthiness Certificate and / or is piloted by a person who does not hold a current and valid certificate of competency of a rating authorizing him to pilot such aircraft.

The term "Airworthiness certificate" used in this benefit shall mean the standard worthiness Certificate issued by the aviation agency or the governmental authority

having jurisdiction over civil aviation in the country of its registry.

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 farepaying 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

ii. Specific Exclusions applicable to Accidental Death – Common Carrier

This benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Accidental Death – Common Carrier

The Policy shall terminate for the Insured Person on payment of his/her death benefit under this cover. In case of Family Policy, such Insured person shall be deleted from the Policy, and the Policy shall continue for remaining Insured Persons.

4.6. Benefit 6 - Reinstatement of Sum Insured

i. What it covers

In case a claim is made and accepted by the Company under Benefit 1 for Injury caused due to Accident, the Company shall automatically provide an additional Sum Insured equal to the original Sum Insured under Benefit 1 for In-patient care.

ii. Specific Exclusions applicable to Reinstatement of Sum Insured

All exclusions as under Benefit 1- Medical Expenses Including Transportation, Evacuation And Repatriation Of Mortal Remains.

iii. Special Conditions applicable to Reinstatement of Sum Insured

- a. The additional Sum Insured provided shall be utilized only for in-patient claims under Benefit 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 1 for Injury caused due to Accident.
- b. The additional Sum Insured shall be utilized only after the original Sum Insured has been completely exhausted.
- c. The total amount payable under Benefit 1 - Medical Expenses Including Transportation, Evacuation And Repatriation Of Mortal Remains and Benefit 6 - Reinstatement of Sum Insured under the Policy shall not exceed the sum of the Sum Insured and the additional Sum Insured so provided by the Company.
- d. The additional Sum Insured can be provided only once for a Policy.

SECTION 4B: ITINERARY COVERS

4.7. Benefit 7 – Trip Cancellation

i. What it covers

If an Insured Trip is cancelled due to a listed reason, the Company shall reimburse the Insured Person(s) for the forfeited, nonrefundable prepaid payments for travel and accommodation, made prior to the start of the originally scheduled Insured Trip, up to Sum Insured as specified in the Policy Schedule.

The Company shall reimburse up to Sum Insured as specified in the Schedule if he/she cancels the trip and is unable to continue with the trip because of following

unforeseen reason arising within 15 days immediately prior to Policy Period Start Date:

- a. Unforeseen death of the Insured or Travelling companion.
- b. Unforeseen death of Insured Person's immediate family member
- c. 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 Policy 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.

ii. Specific Exclusions applicable to 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:

- a. Road Travel and Travel within the Destination Country.
- b. 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.
- c. Travel arrangements cancelled or changed by an airline, cruise line, or tour operator.
- d. Depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse addiction or overdose; or pregnancy and all related conditions.
- e. Changes in plans by the Insured Person(s), an Immediate Family Member or Travelling Companion for any reason.
- f. Adverse change in financial circumstances of the Insured Person(s), any Immediate Family Member, or a Travelling Companion.
- g. Any business or contractual obligations of the Insured Person(s), any Immediate Family Member, or a Travelling Companion,
- h. Default by the person, agency, or tour operator from whom the Insured Person(s) bought this Policy and/ or made travel arrangements.
- i. Any government regulation or prohibition.
- j. An event or circumstance, which occurs prior to the commencement of the period of insurance, except where specifically listed as covered under this benefit.
- k. Loss of job
- l. 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.
- m. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Trip Cancellation

This benefit is payable only once per trip.

4.8. Benefit 8 – Trip Delay

i. What it covers

The Company shall reimburse the Insured Person

the Reasonable Additional Expenses until the travel becomes possible to the next Destination Country, if the Insured's Trip is delayed for more three (3) consecutive hours and he/she is unable or prevented from leaving for the next Destination Country as a result of a cancellation or delay of his/her Trip for one of the Unforeseen events listed below:

- a. Delay by the Common Carrier on a Main Travel Ticket as defined under this Policy.
- b. 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.

ii. **Specific Exclusions applicable to Trip Delay**

This benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. **Special Conditions applicable to Trip Delay**

- a. Incurred expenses must be supported by receipts.
- b. The benefit will not be payable against any reimbursement, compensation, free goods or services provided by the Common Carrier or any other entity.
- c. The reimbursement under this benefit will not exceed the Sum Insured as specified in the Policy Schedule.
- d. 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 reimburse the Insured for the delay with the largest benefit up to the Maximum Limit shown in the Policy Schedule.
- e. The deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Policy Schedule.

4.9. Benefit 9 – Trip Interruption

I. What it covers

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 India earlier than specified in the Main Travel Ticket, due to reasons mentioned below. The Company shall reimburse the travel expenses for the lowest economy flight ticket to India 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 (extend, shorten or cancel) their period of stay in a Destination Country 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 Destination Country as per Main Travel Ticket, and Reasonable Additional Expenses incurred by Insured Person(s) for such Alteration.

Curtailment or Alteration of Trip may be made for any of the below reasons:

- a. Due to unforeseen death of Immediate Family Member or Travelling Companion. Insured can only claim Curtailment under this reason, Alteration shall not be payable.
- b. Due to Natural Disaster in the Destination Country which has prevented from continuing with the scheduled trip

- c. Due to inclement weather in the Destination Country which has prevented from continuing with the scheduled trip
- d. The booked accommodation at the Destination Country by the Insured Person for purposes of stay during the Insured Trip being made uninhabitable by fire, flood, vandalism, burglary, or natural disaster.
- e. 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 Hospitalisation for minimum of 24 hours, for which a claim is payable under Benefit 1- Medical Expenses Including Transportation, Evacuation And Repatriation Of Mortal Remains, provided that Injury or illness must be so disabling and certified by the Physician as to reasonably cause a trip to be interrupted.
- f. Where the Insured was victim of any crime during the Insured Trip, causing or threatening grievous physical injury and necessitating curtailment of the trip.
- g. Where Insured elects to curtail the Insured Trip following Hijack of Common Carrier, and where the Company has necessarily approved a claim under Benefit 22 – Hijack Distress Allowance
- h. Where the Insured is under quarantine as required by a Public decree by announcement/order by the Government of the Destination Country;
- i. 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 India. 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.
- j. Where bankruptcy of Common Carrier or Hotel has occurred, causing cancellation of pre-booked tickets or accommodation where the provider is unable to provide any alternate booking or compensation for such cancellation.

ii. **Specific Exclusions applicable to 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:

- a. 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.
- b. Travel arrangements cancelled or changed by an airline, cruise line, or tour operator.
- c. Changes in plans by the Insured Person(s), an Immediate Family Member or Travelling Companion for any reason.
- d. Adverse change in financial circumstances of the Insured Person(s), any Family Member, or a Travelling Companion.
- e. Any business or contractual obligations of the Insured Person(s), any Family Member, or a Travelling Companion.
- f. Default by the person, agency, or tour operator from

whom the Insured Person(s) bought this Policy and/ or made travel arrangements.

- g. Any government regulation or prohibition.
- h. An event or circumstance, which occurs prior to the commencement of the period of insurance.
- i. 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.
- j. Loss of Job
- k. Any exclusion mentioned in the 'General Exclusions' section of this Policy

iii. Special Conditions applicable to Trip Interruption

- a. However, the benefit payable will not exceed the cost of economy airfare less any refunds paid or payable and taken by the most direct route.
- b. This coverage is effective if the incident occurs during the Policy Period mentioned in the Policy Schedule 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.
- c. The total amount paid under this benefit will be subject to the Sum Insured mentioned for the benefit in the Policy Schedule.
- d. The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the Schedule.

4.10. Benefit 10 – Missed Connections

i. What it covers

If, 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, the Company will reimburse the Insured for the following, up to the Maximum Limit shown in the Policy Schedule:

- a. Reasonable Additional Expenses not provided by the Common Carrier
- b. 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

ii. Specific Exclusions applicable to Missed Connections

This benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Missed Connections

The Common Carrier must certify the delay of the regularly scheduled airline flight corresponding to the Main Travel Ticket.

In the event that a Trip Delay and Missed Connection are both caused together, the higher of the two benefits shall become payable.

4.11. Benefit 11 - Total Loss Of Checked-In Baggage

i. What it covers

The Company shall compensate the Insured Person for the total loss of checked-in baggage on an Insured Trip. The cover is limited to the travel destinations specified in the Main Travel Ticket from the Republic of India and return trip back to India. All halts and via destinations included in this Main Travel Ticket will be covered under this benefit. The compensation will be subject to

Deductible and limited to the Sum Insured as specified in the Policy Schedule.

The deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Policy Schedule.

ii. Specific Exclusions applicable to 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:

- a. 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.
- b. Loss of hand luggage, or any baggage or property which was not checked-in at the time of loss.
- c. 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.
- d. Any partial loss of the items contained within the checked-in baggage.
- e. Items contained within the checked-in baggage, which are valued in excess of US \$ 100 without appropriate proof of ownership.
- f. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- g. Loss due to complete/partial damage of the checked-in baggage.
- h. Loss of hand luggage, or any baggage or property while not in custody of the common carrier.
- i. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

The Company's liability under this benefit shall be restricted to the value of the baggage as described above. The company shall not be responsible for payment of any losses arising as a consequence of loss of such baggage. Such consequential loss includes but is not limited to losses arising from loss of data and documents.

The Company shall not be liable to cover any losses arising during travel to or from destinations which were not declared by the customer at the time of buying the policy.

iii. Special Conditions applicable to Total Loss of Checked-in Baggage

- a. 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 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.
- b. 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 11 - Delay of Checked-In Baggage under the Policy.
- c. 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 Emergency Assistance Service Provider.
- d. 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.
- e. Benefit payable will be in excess of any amount paid or payable by the Common Carrier responsible for the loss.
- f. 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.

4.12. Benefit 12 - Delay Of Checked-In Baggage

i. What it covers

The Company will reimburse the Insured for the expense of Necessary Personal Effects incurred during the Insured Trip, up to the limit stated in the Policy Schedule, if the Insured's Checked-in Baggage is delayed or misdirected by a Common Carrier for more than the Deductible shown on the Policy Schedule from the time the Insured arrives at the destination stated on his/her Main Travel Ticket.

ii. Specific Exclusions applicable to 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:

- a. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- b. Any checked-in baggage delay on the inbound sector to the Republic of India.
- c. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Delay of Checked-in Baggage

- a. The Company will pay or reimburse costs of 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, 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.
- 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.
- The compensation will not exceed the Sum Insured as specified in the Policy Schedule. The deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Policy Schedule.
- b. 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.
- c. In the event that the Company makes any payment or reimbursement 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.
- d. 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.

4.13. Benefit 13 – Bounced Booking of Airline and Hotel

i. What it covers

The Company shall reimburse the actual additional expenses/ cost incurred by the Insured up to the Sum Insured specified in the Policy Schedule for alternative flight arrangements or for alternative accommodation in the event of the confirmed flight reservation for any part of the Insured Trip within the Policy Period bouncing at the sole instance of the Common Carrier or bouncing of the confirmed accommodation booking at place of stay 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 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 bookings.

The reimbursement under this benefit will not exceed the Sum Insured as specified in the Policy Schedule. The Deductible in respect of this benefit will be applicable for each separate Claim, and shall be of an amount as specified in the Policy Schedule.

ii. Specific Exclusions applicable to 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:

- a. 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.
- b. In connection with any waitlisted travel booking or accommodation booking irrespective of whether such bookings have been promised to be confirmed later.
- c. If the confirmed accommodation shall be a personal arrangement free of charge.
- d. 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.
- e. Any air tickets / hotel bookings which are allotted to Airline staff / hotel staff or under any special travel industry employee scheme.

iii. Special Conditions applicable to Bounced Booking of Airline and Hotel

- a. 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.
- b. 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.

4.14. Benefit 14 – Up-gradation to Business Class

i. What it covers

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 to India, if such upgrade from economy class is necessitated by Medical Emergency suffered by the Insured during the Insured Trip.

ii. Specific Exclusions applicable to Up-gradation to Business Class

This benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Up-gradation to Business

The compensation under this benefit is subject to the following terms and conditions:

- a. For a claim to be payable under this benefit, it is a precondition that an in-patient hospitalization claim must have been accepted by the Company under Benefit 1- Medical Expenses Including Transportation, Evacuation And Repatriation Of Mortal Remains. The Insured has to be hospitalized for Medical Emergency for a period of 5 consecutive days or more during the Insured Trip to be eligible for this benefit. Up-gradation of Main Travel Ticket is necessitated by this medical condition and recommended by the attending Medical Practitioner or Physician.
- b. The Insured's return air travel to India commences not later than 20 days from the discharge of insured from Hospital;
- c. If the insured's Main Travel Ticket can be up-graded from economy class to business class, the company's maximum liability under this benefits shall be limited to the difference in cost between the economy class Main Travel Ticket and business class air ticket; and
- d. If the Insured's economy class Main Travel Ticket cannot be up-graded then the company's maximum liability under these benefits 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.
- e. The company shall not be liable to make any payment under these Benefits if the insured was originally booked to return to India on a business class Main Travel Ticket.
- f. 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.
- g. The compensation under this benefit shall be limited to the amount as specified in the Policy Schedule.

4.15. Benefit 15 – Lounge Access

i. What it covers

If, while on the Insured Trip, the Insured experiences an international flight departure delay of 3 (three) 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.

ii. Specific Exclusions applicable to Lounge Access

This benefit shall not provide any monetary compensation whatsoever to the Insured.

This benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Lounge Access

- a. Lounge is a facility available at the airport, for providing comfortable waiting experience.
- b. 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
- c. The Company shall not be liable to compensate the Insured for any additional paid services or items

availed at the Lounge.

- d. 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.
- e. 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.
- f. Details of how to avail the service shall be updated on the Company's website from time to time

Section 4C: Value-Added and Assistance Covers

4.16 Benefit 16 – Home Burglary Insurance

i. What it covers

The Company shall pay to the Insured Person a sum as compensation for any Loss or Damage sustained by the Insured or Insured Person and caused by burglary and/ or attempted burglary, to the contents of Policyholder's Residence in India subject to the total liability of the Company not exceeding the Sum Insured as specified in the Policy Schedule in any one trip irrespective of the number of such incidents or occurrences arising out of such incidents.

Jewellery will be covered under this benefit as part of contents up to 20% of the Sum Insured as specified in the Policy Schedule or Rs. 1,00,000/- in INR terms or actual loss, whichever is less

Note: in the case of a Loss of Jewellery, The Company's liability for any Claim for loss or damage shall be limited to the inherent value of the metal or precious stones only, as the case may be, and will exclude any additional value added thereon/ attributable thereto due to the labour cost, transportation expenses, etc.

ii. Specific Exclusions applicable to Home Burglary Insurance:

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

- a. This Policy does not cover the first Rs. 10,000 for each and every loss arising out of other perils in respect of which the Insured is indemnified by this Policy.
- b. Loss or damage caused by the Insured Person's and / or Insured Person's employee(s) or agents and / or Insured Person's Family member's direct or indirect involvement in the actual or attempted burglary.
- c. Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards, precious stones that are not part of jewellery or ornaments, gold bullion (unless previously specifically declared to, and accepted by, the Company in writing).
- d. Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever
- e. Loss or damage to the property arising from Theft without actual forcible and violent entry and/ or exit from the premises.
- f. Loss or damage directly or indirectly, proximately or remotely occasioned by or which arises out of or in connection with riot and strike, civil commotion, terrorist activities.
- g. Losses or Damage that occurs when the Policyholder's

Residence has been unoccupied for at least 90 days immediately preceding the date of loss.

- h. Losses or Damage in connection to a building of Kutchha Construction.
 - i. Losses or Damage in connection to a building that is under construction or under renovation.
- #### iii. Special Conditions applicable to Home Burglary Insurance:

For the purpose of this benefit, Policyholder's Residence shall mean the Residence as mentioned in the Policy Schedule as the Residential Address, which is also owned and occupied (except during the Policy Period) by the Policyholder.

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.

4.17. Benefit 17 – Fire Cover for Building (Home in India)

i. What it covers

The Company shall pay to the Policyholder compensation for any Loss, Destruction or Damage sustained by the Policyholder, if the property(building) which is the Policyholder's Residence, while it 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.
- l. 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 earthquake including Landslide / Rockslide resulting therefrom, but excluding flood or overflow of the sea, lakes, reservoirs and rivers caused by Earthquake.

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.

ii. Specific Exclusions applicable to Fire Cover for Building (Home in India)

- a. This Policy does not cover
 - The first 5% of each and every claim subject to a minimum of Rs. 10,000 in respect of each and every loss arising out of natural events such as, but not limited to, Lightning, Storm, Tempest, Fire, Inundation, Subsidence, Landslide and Rock slide covered under this Benefit
 - The first Rs. 10,000 for each and every loss arising out of other perils in respect of which the Insured is indemnified under this Benefit.
- b. 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.
- c. 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.
- d. Loss, Destruction or Damage to the stocks in Cold Storage premises caused by change of temperature.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. Loss by theft during or after the occurrence of any insured peril, except as provided under Riot, Strike and Malicious Damage cover.
- j. Any Loss, Destruction or Damage occasioned by or through or in consequence directly or indirectly due to earthquake, Volcanic eruption or other convulsions of nature.
- k. 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.
- l. Loss, Destruction or Damage in connection to a building of Kutcha Construction.
- m. Loss, Destruction or Damage in connection to a building or residence that is under construction or under renovation.
- n. Loss, Destruction or Damage that occurs when the Policyholder's Residence has been unoccupied for at least 90 days immediately preceding the date of loss.
- o. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Fire Cover for Building (Home in India)

- a. For the purpose of this benefit, Policyholder's Residence shall mean the Residence as mentioned in the Policy Schedule as the Residential Address, which is also owned and occupied (except during the Policy Period) by the Policyholder.
- b. 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:
 - Reinstatement structural damage
 - Or repair, replace or reinstate contents of such property or any part thereof, as payment under this benefit.
- c. This Benefit shall be voidable in event of misrepresentation, mis-description or nondisclosure of any material information.
- d. 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.
- e. 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.
- f. 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.
- g. 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.
- h. 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.

- i. 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.
- j. 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.
- k. 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.
- l. Every notice and other communication to the Company required by these conditions must be written or printed.
- m. 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.

- n. 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.

4.1. Benefit 18 – Fire Cover for Contents (Home in India)

i. What it covers

The Company shall pay to the Policyholder compensation for any Loss, Destruction or Damage sustained by the Policyholder, if the property(contents) which is within the Policyholder'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 under Section 4.17 Benefit 17 – Fire Cover for Building (Home in India) Sub-section i.

ii. Specific Exclusions applicable to Fire Cover for Contents (Home in India)

All exclusions as under Section 4.17 Benefit 17 – Fire Cover for Building (Home in India) Sub-section ii.

iii. Special Conditions applicable to Fire Cover for Contents (Home in India)

All conditions as under Section 4.17 Benefit 17 – Fire Cover for Building (Home in India) Sub-section iii.

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.

4.19. Benefit 19 – Compassionate Visit

i. What it covers

In the event the Insured Person is hospitalized for more than seven (7) 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 doctor and the Emergency Assistance Service Provider, will provide:

- a. 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;
- b. Expenses towards accommodation of the immediate family member during such compassionate visit.

The Company's liability for round trip ticket and the expenses relating to this benefit shall in no case exceed the Sum Insured as specified in the Policy Schedule.

ii. Specific Exclusions applicable to Compassionate Visit

This benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

4.20. Benefit 20 – Return of Minor Child

i. What it covers

The Company shall reimburse the cost of the economy class air ticket incurred for sending the Insured's unattended Minor Child back to India, in the event of the death of the Insured during the Insured Trip; or where the Insured is Hospitalized during the Insured Trip due to Medical Emergency where such Hospitalisation shall, in the opinion of the attending Medical Practitioner, extend beyond a period of 5 days.

Minor Child for the purpose of this benefit shall mean child of the Insured, below the age of 18 years.

Company's liability relating to this benefit shall in no case exceed the Sum Insured as specified in the Policy Schedule.

ii. Specific Exclusions applicable to Return of Minor Child

This benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Return of Minor Child

- a. 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.
- b. 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.
- c. The Company shall not be liable for any payment under this benefit if the Hospitalisation occurs within 5 days prior to the completion of Insured Trip.

4.21. Benefit 21 – Personal Liability

i. What it covers

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 / destination mentioned as the Insured Trip 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 and provided the incident occurs during the Policy Period and whilst being on a Insured Trip.

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

ii. Specific Exclusions applicable to the 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:

- a. Any Claim arising from Insured Person's contractual liability or through promises made by the Insured Person.
- b. Any Claim of personal liability of the Insured Person towards his/her Family, relations and Travelling Companions, whether personal or official.
- c. Any Claim resulting from transmission of an Illness or disease by the Insured Person.
- d. Any Claim arising towards a third party within the jurisdiction of Republic of India.
- e. 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.
- f. 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.
- g. Any Claim for liability arising, directly or indirectly, from or due to any wilful, malicious or unlawful act.
- h. Any Claim for liability arising, directly or indirectly, from or due to any act of insanity, the use of any alcohol/ drugs (except as medically prescribed) or drug addiction.
- i. 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.
- j. 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.
- k. Any Claim arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft
- l. 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
- m. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Personal Liability:

- a. The Company shall be responsible for contesting suits filed in a Court of Law at the jurisdiction / destination mentioned in the Insured Trip, 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.
- b. 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.

- c. 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.
- d. 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 been had it not exercised its rights under this Special Conditions.
- e. Insured shall not 'settle' or 'offer settlement' or 'compromise' on the liability without the consent and written consent of the Company

4.22. Benefit 22 – Hijack Distress Allowance

i. What it covers

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 Policy period, of the amount as specified in the Policy Schedule.

The Deductible in respect of this benefit will be applicable for each separate Claim, and shall be of an amount as specified in the Policy Schedule.

ii. Specific Exclusions applicable to 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:

- a. The first twelve (12) hours of the Hijacking.
- b. Any incident where the Insured Person is suspected to be either the principal or an accessory in the Hijacking.
- c. 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.
- d. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

4.23. Benefit 23 – Loss of Passport

i. What it covers

In the event that the passport belonging to the Insured Person is lost during the Insured Trip, the Company will reimburse the Insured Person, the actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport.

ii. Specific Exclusions applicable to 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:

- a. Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
- b. 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.
- c. 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.

- d. 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.
- e. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

iii. Special Conditions applicable to Loss of Passport

- a. The reimbursement under this benefit shall not exceed the Sum Insured as specified in the Policy Schedule.
- b. The deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Schedule.
- c. All Incurred expenses must be supported by receipts.

4.2. Benefit 24 – Loss of International Driving License

i. What it covers

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

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 Country of Residence or the country of which the Insured Person holds a passport or citizenship.

ii. Specific Exclusions applicable to 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:

- a. Loss of the International Driving License due to delay or confiscation or detention by the customs, police or public authorities.
- b. 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.
- c. 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.
- d. 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.
- e. 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.
- f. Loss of International Driving License that was issued by an authority other than the three authorities mentioned in Section 4.24 sub-section i.

- g. 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.

Any exclusion mentioned in the 'General Exclusions' section of this Policy.

4.25. Benefit 25 - Fraudulent Charges (Payment Card Security)

i. What it covers

The Policy will Indemnify the Insured against financial loss incurred due to any misuse/ unauthorized transactions affected by reason of loss/theft of an international Debit / Credit card of the Insured during the Insured Trip.

ii. Specific Exclusions applicable to Fraudulent Charges

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:

- a. Loss in respect of debit/credit card for which no FIR has been registered within 12 hours from the discovery of the incident.
- b. Loss in respect of debit/credit card which remained undiscovered for a period of more than seven days (168 hours).
- c. Loss in respect of debit/credit card against which there are any overdue bills or charges.
- d. Losses arising from transactions beyond the first three fraudulent transactions.
- e. Losses recoverable from the vendor and/or card issuer, or any other liable party.
- f. Loss of debit/credit card directly or indirectly, caused by or contributed to by, or arising from ionizing radiation or contamination by radioactivity from any source whatsoever.
- g. Loss of debit/credit card directly or indirectly, caused by or contributed to by or arising from Nuclear weapons material.
- h. Loss or damage caused intentionally.
- i. Loss or damage arising out of contractual liability or agreement.
- j. Confiscation, nationalization, seizure or requisition by any public authority
- k. Loss or damage due to wilful act or wilful negligence on the part of the Insured.
- l. Debit/credit card which has expired and not renewed by the Insured.
- m. Misuse of debit/credit card which has never been reported in spite of more than two misuses.
- n. Theft of debit/credit card from any car except car of fully enclosed saloon type having at the time all the doors, windows and other openings securely locked and properly fastened.
- o. Any loss without any substantiation, mysterious disappearance or unexplained losses.
- p. Loss or damage occasioned by theft or dishonesty or any attempt thereat committed by or where such loss or damage has been expedited by or in any way sustained or brought about by:
 - Any of the Insured's family members.
 - Any servant or traveller or messenger in the exclusive employment of the Insured.
 - Any customer or broker or their customer
- q. Any exclusion mentioned in the 'General Exclusions'

section of this Policy.

4.26. Benefit 26 - Emergency Cash Assistance

i. What it covers

The Company shall provide an assistance service when the Insured requires emergency cash, during a Policy Period arising out of the incidents like theft, burglary, robbery, mugging, dacoity or fraud while on the Insured Trip covered hereunder. The Assistance Service Provider shall co-ordinate with the Insured's/Insured Person's relatives in India to provide assistance in transferring emergency cash including Money transfer charges (if any) to the Insured as per his requirement, but not exceeding the sum insured as specified in the Policy Schedule. The Company itself shall not be responsible for providing such cash to the Insured.

For the purpose of this benefit, Emergency shall mean a situation wherein the Insured loses all or a substantial amount of his / her travel funds such that there is a detrimental effect on his / her travel plans. The onus of providing adequate proof of emergency in such case lies with the Insured.

ii. Specific Exclusions applicable to Emergency Cash Assistance

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

- a. A shortage or loss of funds due to currency fluctuation, errors, omissions, exchange loss or depreciation in value.
- b. Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
- c. Any claim in respect of a loss of traveller's cheques not immediately reported to the local branches or agents of the issuing authority.
- d. Loss of funds not kept in the personal custody of the Insured.
- e. Any reimbursement under Emergency Cash Assistance is excluded if the claim is put up after arrival of the Insured to the Republic of India.
- f. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

4.27. Benefit 27 – Political Risk and Catastrophe Evacuation

i. What it covers

The Company will pay to Insured, up to the sum as specified in the Policy Schedule, compensation towards the cost of either:

- a. Travel expenses for returning to India, up to the cost of an economy class air ticket or
- b. Travel expenses to reach the nearest place of safety up to the cost of an economy class air ticket, and reasonable accommodation expenses, as incurred, up to a maximum of USD 300 per day for a maximum of 7 days,

If, during the Insured Trip:

- Officials in the current Destination Country, recommend that certain categories of persons, which include the Insured, should leave the country
- Insured is expelled from or declared persona non grata in the current Destination Country, or
- A Natural Catastrophe has occurred in the current Destination Country, necessitating his immediate evacuation in order to avoid risk of personal Injury or Illness to himself.

ii. Specific Exclusions applicable to Political Risk and Catastrophe Evacuation

This benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from:

- a. Insured violating the laws or regulations of the Destination Country from which he is to be evacuated.
- b. Failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation.
- c. Failure to honour any contractual obligation or bond or to obey any conditions in a license.
- d. Insured being a national of the country from which he is to be evacuated.
- e. Claims arising out of an event which is already existing and known to the Insured, or reasonably predictable before Insured's arrival to the Destination Country where the event takes place.
- f. Where the Insured has travelled against the travel advisory issued by a public authority especially but not limited to the WHO, United Nations, the Government of India or the Government/Public Authority of the Destination Country.
- g. Any expenses that the Insured can get back from any tour operator, airline, hotel or other provider of services.
- h. Any claim resulting from the Insured travelling against the advice of the appropriate national or local authority.
- i. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

4.28. Benefit 28 – Golfer's Hole in One

i. What it covers

The Company shall reimburse expenses incurred in celebration of achieving a hole-in-one by the Insured during the Policy Period whilst being in the Insured Trip at a United States Golfers Association (USGA) recognised golf course. Celebration expenses included cost of one round of celebratory drinks. Company's liability relating to this benefit shall in no case exceed the Sum Insured as specified in the Policy Schedule.

Hole in One means a score of 1 in the game of Golf. It occurs when the ball hit from a tee to start finishes in the cup. A ball hit from a tee following a lost ball, out of bounds or water hazard is not a hole in one. The insured is covered for one occurrence of Hole-in-One under this cover.

ii. Specific Exclusions applicable to Golfer's Hole in One

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:

- a. The Claim for achieving the Hole in One by an Insured who is a professional. The Insured being member of The Indian Golf Union or United States Golf Association or any other equivalent Golf Sports body.
- b. Hole in One achievement that is not certified so by the officials of the professional Golf Course along with an official witness from the side of the Golf Course at which the Hole in One is achieved. The witness shall not be a relative or a known person to the Insured.

4.29 Benefit 29 - Adventure sports

i. What it covers

Notwithstanding Exclusion number xlvi listed under the 'General Exclusions', if the Cover for Adventure Sports is available as per the Plan selected by the Insured and is reflected so in the Policy Schedule, then the cover is provided as below. The Sum Insured, for the Adventure Sports related Claims, is limited to the respective Benefit- level Sum Insured as per the Schedule, and shall not result into any increase in Sum Insured of the respective Benefit.

The Company shall pay to the Insured Person, compensation under Benefits 1, 2 and 3 mentioned under this Policy, for any Injury sustained by the Insured person during the Policy Period 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.

- a. Zip Lining
- b. Bungee Jumping
- c. Parasailing
- d. Water Scooter rides
- e. Speed Boat rides (not as a operator)
- f. Rafting
- g. Scuba Diving
- h. Snorkelling
- i. Trekking
- j. Biking including Cycling and Motor Biking
- k. Hot Air Ballooning (Tethered)
- l. All Terrain Vehicle tours
- m. Personal Light Electric Vehicle (Segway/PLEV) tours
- n. River Canoeing/Kayaking

ii. Specific Exclusions applicable to 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:

- a. Under influence of Alcohol / Narcotics or any Hallucinates: Participation in any Adventure Sports whilst being under influence of Alcohol or any other narcotic drugs or abuse of prescription drugs or any hallucinates
- b. 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
- c. 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 Organiser.
- d. Instruction: Insured Person going against instructions, guidelines or rules of participation issued by the Adventure Sport Centre or Organiser
- e. Professional participation: Any participation in a semi professional or professional capacity
- f. Non listed Adventure Sports: Participation in any other Adventure Sports not listed under the above sub-section i of this Benefit
- g. Pre Existing Injury: If the Insured is suffering from a Pre Existing Injury that limits their participation in the selected Adventure Sports
- h. Certain Age Limits: Regardless of the Age definition (refer Entry Age under General Conditions), Insured is aged above 55 year or if the Insured is less than 14 years.
- i. Pregnant Women: If the Insured is already pregnant

as on the date when the Insured undertook participation

- j. Weather Conditions: If there is a public weather advice or prevailing weather conditions which are not suitable for undertaking participation in such activities.
- k. Within 2 weeks of hospitalisation: 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.
- l. Swimming: Participation in any water based Adventure Sports without knowledge of swimming by the Insured.
- m. 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.
- n. Uncertified Centres / Organisers: Participation in any Adventure Sports which is undertaken at a Centre or under an Organiser who do not have required certifications as per the rules of the prevailing Jurisdiction or internationally accepted norms.
- o. Purpose of the Trip: If the purpose of Insured Trip 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.
- p. Night time participation: Participation in the Adventure Sports after local sunset at the Destination City.

iii. Special Conditions applicable to 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	<ol style="list-style-type: none"> 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 destination city Jurisdiction. 2. Participation during night times (after local sunset) or low visibility conditions are not covered.
3	Parasailing	<ol style="list-style-type: none"> 1. Parasailing wing and Harness must have been certified by reputed organisation like the APCUL (Association des Constructeurs de Parapente Ultra Legers), DHV (Deutscher Hangeleiter 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.
4	Water Scooter rides or Personal Watercraft	<ol style="list-style-type: none"> 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 Hangeleiter 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.

5	Speed Boat rides (not as a operator)	<ol style="list-style-type: none"> 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. 			<ol style="list-style-type: none"> 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.
6	Rafting	<ol style="list-style-type: none"> 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. 	10	Cycling	<ol style="list-style-type: none"> 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.
7	Scuba Diving	<ol style="list-style-type: none"> 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 			<ol style="list-style-type: none"> 3. Maximum distance to be covered per day is 60 Kilometres from the previous starting point. No cycling after the local sunset is covered. 4. Helmets and the other prescribed safety equipments of quality recognised by international agencies like the ISI to be used by the Cyclists.
8	Snorkelling	<ol style="list-style-type: none"> 1. The activity to be undertaken under guidance of experienced and qualified guides / supervisors only. No solo activity is covered. 	11	Motor biking	<ol style="list-style-type: none"> 1. Off road, mountain biking above 3500 metres and professional / semi professional racing / rallies is not covered. 2. 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.
9	Trekking	<ol style="list-style-type: none"> 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. 			<ol style="list-style-type: none"> 3. Maximum distance to be covered per day is 240 Kilometres from the starting point. 4. Helmets and the other prescribed safety equipments of quality recognised by international agencies like the ISI to be used by the Motorcyclists.
					<ol style="list-style-type: none"> 5. The expedition to be supported by an accompanying logistic truck with first aid, supplies and spares to be accompanying the group at all times.

		<p>6. 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.</p> <p>7. Motor bikes used must be suitable and fit for the route planned.</p> <p>8. A local motor insurance and permits to conduct the expedition in the selected route (if any) is compulsorily arranged prior to the trip.</p>
12	Hot Air Ballooning	<p>1. 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.</p> <p>2. The hot air Balloon used for the expedition should have certified as "Airworthy" by respective Civil Aviation Authority.</p> <p>3. Only tethered hot air ballooning is covered under the Policy.</p>
13	All Terrain Vehicle tours	<p>1. 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.</p> <p>2. 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.</p> <p>3. The participants must have driving experience of motorbikes or cars for at least 3 years.</p>
14	Personal Light Electric Vehicle (Segway/P LEV) tours	<p>1. The equipment used is of a recognised make like the Segway and is properly maintained as per the requirement laid by the manufacturer.</p> <p>2. Rides in slopes, loose stones, and mountainous terrain are not covered.</p> <p>3. 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.</p>

Without prejudice to anything contained in this Policy, the Company shall not be liable to make any payment in respect to losses arising directly or indirectly from any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss:

- i. **Claims Occurrence Date:** Any Claim relating to events occurring before the commencement of the Policy (i.e. before the Policy Period) or otherwise outside of the Policy Period.
- ii. **Pre-Existing Diseases and related Complications:** Any Claim relating to any Pre-existing Disease or complications thereof.
- iii. **Medical Travel:** Treatment abroad if that is the sole reason or one of the reasons for the Insured Person's temporary stay abroad.
- iv. **Travel Purpose and Health conditions of the Insured:** Any claim if the Insured Person under the following conditions:
 - a. Has undertaken the Insured Trip against the advice of a Physician or Medical Practitioner.
 - b. 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
 - c. Has received terminal prognosis for a Medical Condition before undertaking the Insured Trip.
 - d. Is travelling to take part in a naval, military or air force operation.
- v. **Deductible:** Any Claim amount lesser than the Deductibles as specified in the Policy Schedule.
- vi. **Alcohol, drugs and Intoxicants:** Any Claim arising out of actions or consequence of actions committed whilst being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.
- vii. **HIV, AIDS and related conditions:** Any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss, directly or indirectly, attributable to HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and / or any mutant derivative or variations thereof howsoever caused.
- viii. **Suicide and Self harm:** Any Claims arising from Suicide, attempted suicide or intentional self-Injury or Illness; wilful exposure to dangerous situations which can result in serious injury or death, except where such actions are performed to save human life.
- ix. **War clause:** Any loss directly or indirectly arising out of or directly or indirectly connected with or traceable to riot, strike, War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), revolution, rebellion, mutiny, use of military power or usurpation of government or military power, seizure, capture, arrests or actions of Police or the armed forces, restraints and detainments of all Kings, Princes and people of whatsoever nation.
- x. **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, misdemeanour or civil commotion.
- xi. **Crew Members and Training to operate Aircraft:**

SECTION-5 GENERAL EXCLUSIONS (APPLICABLE TO ALL THE BENEFITS UNDER THIS POLICY):

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

- xii. **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.

- xiii. **Nuclear and Ionizing Radiation:** Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss, directly or indirectly, caused by or contributed to or arising from:

- a. Use of nuclear weapons material
- b. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
- c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

Combustion shall include any self-sustaining process of nuclear fission

- xiv. **Biological and Chemical weapons:** Dispersal, release or application of pathogenic or poisonous biological or chemical materials.
- xv. **Races and Rallies:** Any claim arising out of participation of the Insured in riding or driving in race or rallies
- xvi. **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.
- xvii. **Congenital Internal Conditions:** Congenital internal anomalies or any complications or conditions arising there from.
- xviii. **Degenerative diseases:** Osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone)
- xix. **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.
- xx. **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.

- xxi. **Adventure and Winter Sports:** Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), caving or pot-holing, hunting or equestrian activities or any sport involving animals, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), including where any such activity is taken up for the purpose of pilgrimage. Where the plan opted includes adventure sports benefit, this exclusion shall be waived only to the extent of coverage mentioned under Section 4.29 Benefit 29 - Adventure sports.

- xxii. **Maternity, Child Birth and related conditions:** Conditions related pregnancy, miscarriage, child birth or any complications thereof, any treatment for infertility birth control including any surgical procedures and devices. This does not be applicable for ectopic pregnancy that is diagnosed as Life Threatening Medical Condition by the Medical Practitioner.

- xxiii. **Breach of law:** Any claim arising or resulting from Insured Person committing any breach of law with or without criminal intent.

- xxiv. **Exclusion specific to the policy:** Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semiprofessional sports persons.

- xxv. **Consequential Losses and Legal Liabilities:** Any Consequential Loss or any Legal Liability arising due to the any of the reasons covered under Section 4 Scope of Coverage: is excluded under this Policy.

- xxvi. **Complementary and Alternative Medicine (CAM):** CAM includes, but is not limited to the below areas of medicine:

- Traditional alternative medicine: like Acupuncture, Ayurveda, Homeopathy, Naturopathy, Chinese or Oriental medicine, Herbal medicine
- Manual manipulation: like Chiropractic and osteopathic medicine, Massage, Body movement therapies, Tai chi, Yoga
- Energy therapies: like Electromagnetic therapy, Magnetic Field Therapy, Reiki, Qigong, Therapeutic ("Healing") Touch
- Mind and Sensory healing: like Meditation, Biofeedback, Hypnosis, Art, dance and music, Visualization and guided imagery

SECTION-6 INSURED'S HEALTH CONDITION REQUIREMENTS

Insured shall comply with the following conditions in order to have full protection under this policy. If any fraud, misrepresentation, false statements, false declaration or non-disclosure on the nature of the health conditions of the Insured Person or on any other material issues affecting acceptance of the Policy by the Company or the terms thereof, is detected by the Company, this Policy shall remain cancelled ab-initio with the full premium paid by the Policyholder retained by the Company.

- i. Before the commencement of the Insured Trip and or at the start of the Policy Period the Insured Persons are fit to travel as per their recent and present health conditions.
- ii. As the commencement of the Insured Trip, the Insured shall not be facing any of the following conditions that affect the person's ability to take up the Insured Trip:
 - a. Advice from a Physician or Medical Practitioner

who has medically checked the health condition of the Insured has given any advice, statement or certificate to avoid or postpone or modify the travel or the Insured Trip

- b. 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 as such that these normally prevents the Insured from undertaking Insured Trip
 - c. Has received terminal prognosis for a Medical Condition before undertaking the Insured Trip
- iii. This Policy shall not cover any claims arising directly or indirectly from any Pre-Existing Disease affecting the Insured Person.

SECTION-7 GENERAL CONDITIONS

The Conditions mentioned herein shall affect all the Benefits of this Policy.

- i. **Entry Ages:** Minimum and Maximum age of the Insured Person shall be 3 months up to 65 years
- ii. **"Individual" vs. "Family" Policies:** Based on family coverage, the Policy can be either an "Individual" Policy or a "Family" Policy. This will be displayed in the Policy Schedule.

In case of "Individual" policies, the Sum Insured against the Benefits are available separately for each and every individual that are Insured under the Policy. The relationships (with the Insured) and the age criterions are same as explained below for the "Family Plan".

In case of the Insured and Insured Person's Family being insured under "Family Plan ", the minimum age of the Insured Person shall be 3 months and maximum age shall be 65 years. Under Family Plan, the maximum persons that may be covered under a Policy shall be 4 inclusive of the Insured and his/her lawful spouse and maximum of two (2) dependent children below the age of 21 years.

In case of family plans, the sum insured is floating on the entire family members, except in case of Benefits 4, 5, 15, 16, 17, 18, 22, and 27 where the sum insured is applicable either separately to each and every Insured Person of the family, or for proposer as specified in the table below:

Sr. No.	Benefit	Sum Insured basis for Family
1	Medical Expenses Including Transportation, Evacuation And Repatriation of Mortal Remains	Floating
2	Dental Treatment	Floating
3	Daily Allowance In Case Of Hospitalization	Floating
4	Personal Accident	Individual
5	Accidental Death – Common Carrier	Individual
6	Reinstatement of SI in case of Accidental Hospitalization	Floating
7	Trip Cancellation	Floating
8	Trip Delay	Floating
9	Trip Interruption	Floating
10	Missed Connections	Floating
11	Total Loss Of Checked In Baggage	Floating

12	Delay Of Checked In Baggage	Floating
13	Bounced Bookings of Airlines and Hotel	Floating
14	Up-gradation to Business Class	Floating
15	Lounge Access	Individual
16	Home Burglary Insurance (In Indian Rs)	Only for proposer
17	Fire Cover for Building (Home in India)	Only for proposer
18	Fire Cover for Contents (Home in India)	Only for proposer
19	Compassionate Visit	Floating
20	Return of Minor Child	Floating
21	Personal Liability	Floating
22	Hijack Distress Allowance	Individual
23	Loss of Passport	Floating
24	Loss of International Driving License	Floating
25	Fraudulent Charges (Payment Card Security)	Floating
26	Emergency Cash Assistance	NA (Service)
27	Political Risk and Catastrophe Evacuation	Floating
28	Golfer's Hole in One	Floating
29	Adventure Sports	Floating

- iii. **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. Provided that the Policy may be extended only once during the Trip Duration 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 65 years, the maximum Trip Duration (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.

- iv. **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.

- v. **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 abinitio. 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.

- vi. **Early Termination or Cancellation:** No Premium shall be refunded in case of early termination or cancellation of the Policy 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/-.
- vii. **Modification prior to the Insured Trip:** Modifications to Policy prior to the commencement of the Insured Trip are however permitted under the Policy based on written request from the Insured and at the discretion for the Company. The difference in the Premium, if any, before and after such modification shall be charged or refunded to the Policyholder, as the case maybe.
- viii. **Precautions:** The Insured / Insured shall take all reasonable precautions to prevent Illness and /or Injury in order to minimize Claims. Failure to do so will prejudice the Insured Person's Claim under this Policy.
- ix. **Information about the Insured Trip:** The Insured Person shall provide the Company with the details of the Insured Trip and other information as may be required by the Company from time to time.
- x. **Claim Basis:** The payment of Benefits under this Policy is limited to the Sum Insured, and shall be made on the following basis:

Sr. No.	Benefit	Claim Basis
1	Medical Expenses Including Transportation, Evacuation And Repatriation of Mortal Remains	Indemnity
2	Dental Treatment	Indemnity
3	Daily Allowance In Case Of Hospitalization	Benefit
4	Personal Accident	Benefit
5	Accidental Death – Common Carrier	Benefit
6	Reinstatement of SI in case of Accidental Hospitalization	Indemnity
7	Trip Cancellation	Indemnity
8	Trip Delay	Indemnity
9	Trip Interruption	Indemnity
10	Missed Connections	Indemnity
11	Total Loss Of Checked In Baggage	Indemnity
12	Delay Of Checked In Baggage	Indemnity
13	Bounced Bookings of Airlines and Hotel	Indemnity
14	Up-gradation to Business Class	Indemnity
15	Lounge Access	Service
16	Home Burglary Insurance (In Indian Rs)	Indemnity
17	Fire Cover for Building (Home in India)	Indemnity
18	Fire Cover for Contents (Home in India)	Indemnity
19	Compassionate Visit	Indemnity
20	Return of Minor Child	Indemnity
21	Personal Liability	Indemnity
22	Hijack Distress Allowance	Benefit

23	Loss of Passport	Indemnity
24	Loss of International Driving License	Indemnity
25	Fraudulent Charges (Payment Card Security)	Indemnity
26	Emergency Cash Assistance	Assistance Services
27	Political Risk and Catastrophe Evacuation	Indemnity
28	Golfer's Hole in One	Indemnity
29	Adventure Sports	Indemnity

- xi. **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.

xii. **Making a claim:**

What to do in case of an emergency:

- The Insured Person shall immediately contact the Help Line of Emergency Assistance Service Provider stating necessary details. The details of phone numbers and Help Line are given in the Policy Schedule attached to this Policy.
- The Insured Person needs to contact the Help Line number while abroad as soon as possible and inform in case the Insured Person is/will be filing any Claim, even if assistance is not required. The Company will not be liable to pay any Claim that has not been informed by the Insured Person while being abroad to the Help Line
- The Help Line of the Emergency Assistance Service Provider will verify the identity of the caller by asking appropriate information.
- In the event of an Illness / Injury where it is not possible contact the Help Line before consulting a Physician or going to the Hospital, the Insured Person shall contact the Help Line as soon as possible. In either case, when being admitted as a patient, the Insured Person shall show the concerned Physician or personnel this Policy.
- In case financial emergency assistance is required, the Insured Person shall immediately contact the Help Line of the Emergency Assistance Service Provider stating the details of his / her Policy along with the police report containing the passport number and a written statement narrating the incident of loss i.e. causes, circumstances and the place. Failure to do so may prejudice the Insured /Insured Person's claim.
- 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.

xiii. **Claims Settlement:**

After intimating a claim:

- If the procedure stated above is complied with, Emergency Assistance Service Provider, as the case may be, will guarantee to the Hospital / other providers the costs of hospitalisation, transportation for emergency services, transportation home of the

Insured Person including accompanying person, if any, and provide financial emergency assistance to the Insured Person. All costs will be directly settled by Emergency Assistance Service Provider on the Company's behalf and the same shall constitute due discharge of the Company's obligations hereunder

- b. If the Hospital / other providers do not accept the guarantee of payment from Emergency Assistance Service Provider, the Company cannot be held liable for the same. The cost will then have to be borne by the Insured Person and the same will then be reimbursed by the Emergency Assistance Service Provider / the Company on submission of required documents.
- c. Reimbursement of all claims (except claims under Financial Emergency Assistance) will be made by the Emergency Assistance Service Provider / the Company in Indian Rupees on the Insured Person's return back to the Republic of India, at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed. Claims under Financial Emergency Assistance shall be settled / arranged directly to the Insured Person, whilst abroad, by the Emergency Assistance Service Provider.
- d. 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.

xiv. Claim Documentation

What are the documents required to be submitted for a Claim?

- a. The original ticket / boarding pass and a copy of the passport indicating the travel dates must be submitted with every claim, along with the completed claim form.
- b. Original bills / vouchers / reports and discharge summary must be submitted along with all claims. If the Emergency Assistance Service Provider or the Company request that bills / vouchers in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured Person.
- c. The below table shows the specific documents required by each cover. The list shown below is the minimum requirement and depending upon the specifics of the Claims, the Company reserves the right to require more documents:

Benefit	Documents to be submitted while registering a Claim
Medical and Accident Covers	<ol style="list-style-type: none"> 1. Claim form duly filled and signed along with attending Medical Practitioner statement. 2. Policy Copy 3. Covering letter with detail narration of the loss with dates and expenses incurred. 4. Complete set of Medical records, investigation reports and discharge summary issued by the hospital and/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.

5. Original hospital bills with itemized description of charges for the services rendered and original payment receipts towards expenses incurred.
6. Attending Surgeon's/Medical Practitioner's recommendation advising hospitalization.
7. Name, Address and Phone number of the local medical officer/family physician in India.
8. Copy of Air tickets and boarding passes for the sector travelled.
9. Copy of passport, visa with exit and entry stamp.
10. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
11. Cancelled cheque of the insured / nominee
Please note: Treatment taken on different dates for separate ailments will be treated as separate claims. The claim forms should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply to each claim separately.

Dental Treatment Expenses

1. Original Claim form duly filled and signed
2. Complete set of Dental Records (Presenting complain, diagnosis, treatment given, In case of hospitalization discharge summary if any.) All the test reports and Xray reports
3. Prescription from the doctor
4. Policy Copy
5. Name, address, contact no, e-mail id of the Local Medical Officer (LMO)/ Dentist in India Invoices (itemized) and Original bills description of charges for the services rendered and original payment receipts towards expenses incurred.
6. Copy of passport visa with exit stamp from India and entry stamp Overseas.
7. Covering letter with detail narration of the loss with dates and expenses incurred.
8. Cancelled cheque leaf of the insured / Nominee

Repatriation of Remains

1. An official death certificate and a physician's statement (death summary) giving the cause of death, needs to be submitted. Medical statements from spouses/ relatives will not be accepted.
2. Copy of the postmortem certificate, if conducted;
3. Clearance from the Indian Consulate. (Also providing details of the place, date, time, and the circumstances and cause of death;)

	<ol style="list-style-type: none"> 4. In case of Accidental Death, Police reports and post mortem report. 5. 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. 6. In case of transportation of the body of the deceased to the Country of Residence or Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased. 7. Quotation or estimate of repatriation cost 8. Claim Form dully filled and signed by nominee. 9. Copy of policy Certificate 10. Copy of passport with visa exit stamp from India and entry stamp to overseas 11. Invoices (Itemized) and money receipts in original for the amount claimed. 12. Copy of Cancelled Passport 13. Covering letter detailing circumstances 14. Cancelled cheque of the insured / nominee 	<p>Daily Allowance in Case of Hospitalization</p>	<ol style="list-style-type: none"> 1. Discharge summary with patient name, diagnosis, admission details and treatment details 2. Cancelled cheque of the insured / nominee Note- Day' in the above means, a period of 24 continuous hours.
<p>Medical Evacuation</p>	<ol style="list-style-type: none"> 1. 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; 2. For reimbursement of extra expenses of transportation of Insured Person to the Republic of India, 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. 3. Documentary proof for all expenses incurred towards the Medical Evacuation (detailed bifurcation of the charges) 4. Claim Form duly filled in and signed 5. Copy of policy. 6. Copy of passport with visa exit stamp from India and entry stamp to overseas 7. Covering letter detailing circumstances 8. Cancelled cheque of the insured / nominee 	<p>Personal Accident- Accidental Death & Accidental Death – Common Carrier</p>	<ol style="list-style-type: none"> 1. Police report in original if the accident shall have taken in the public place or premises 2. Death Certificate clearly stating the reason of death 3. Post Mortem Report (In case of death) 4. Detailed Sequence of events 5. Medical records giving the details of accident, nature of injury(in case of hospital visit) 6. Medical report from the attending doctor 7. 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. 8. Claim Form duly filled in and signed 9. Copy of policy Certificate 10. Depending upon the complexity of the case, additional documents/ information may be called for. 11. Covering letter. 12. Cancelled cheque of the insured / nominee.
		<p>Permanent Total Disability (PTD) & Permanent Partial Disablement (PPD)</p>	<ol style="list-style-type: none"> 1. Police report in original if the accident shall have taken in the public place or premises 2. Detailed Sequence of events 3. Medical records giving the details of accident, nature of injury(in case of hospital visit) 4. Certificate of disability from civil surgeon in India or any other equivalent recognized doctor authorized by state government. 5. 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. 6. Claim Form duly filled in and signed 7. Copy of policy Certificate 8. Depending upon the complexity of the case, additional documents/ information may be called for. 9. Covering letter detailing circumstances 10. Cancelled cheque of the insured / nominee
		<p>Reinstatement of Sum Insured</p>	<p>Documents required are in alignment with Medical Treatment as Benefit 1, 2 & 3 as per policy wording.</p>
		<p>Trip Cancellation & Interruption</p>	<ol style="list-style-type: none"> 1. Duly signed claim form 2. Policy Copy

	<ol style="list-style-type: none"> 3. Official Death certificate or hospitalization of insured person or of spouse, parents & children. (if applicable) 4. Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. Along with detailed treatment record (if applicable) 5. Letter from the airlines clearly mentioning the reason of cancellation and interruption of flight (if applicable) 6. Copy of complete schedule itinerary for all the sectors 7. Copy of new itinerary in case trip got reschedule along with boarding passes 8. Copy of Passport with visa entry and exit stamp 9. 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 10. 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 11. Cancelled cheque of the insured / nominee 12. 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. 13. Copy of the economy class air ticket issued by the Common Carrier indicating the cost the ticket. 14. 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. 15. All original bills / receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted 		<ol style="list-style-type: none"> 3. 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. 4. Original bills and receipts towards reasonable additional expenses during the delay i.e. meals and lodging Copy of passport/visa with entry and exit stamp. 5. Letter from the airline clearly stating the period of delay. 6. Copy of FIR if delay is arising out of the Insured's or Travelling Companion's lost or stolen passports, travel documents or money 7. Copy of boarding pass for the schedule trip and actual trip 8. Dully filled and signed claim form 9. Covering Letter with sequence of events 10. Cancelled cheque of the insured / nominee
	<p>Trip Delay</p> <ol style="list-style-type: none"> 1. Policy Copy 2. 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 	<p>Missed Connections</p> <ol style="list-style-type: none"> 1. Duly signed claim form 2. Policy Copy 3. Copy of complete schedule itinerary for all the sectors 4. Copy of new itinerary in case trip got reschedule along with boarding passes. 5. Copy of Passport with visa with exit stamp and entry. 6. 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. 7. 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 8. All original bills and receipts for expenses which got forfeited, nonrefundable in nature. 9. Covering letter detailing circumstances 10. Cancelled cheque of the insured / nominee 	
		<p>Total Loss of Checked-In Baggage:</p> <ol style="list-style-type: none"> 1. Duly filled and completed claim form 2. Policy copy 3. Air tickets along with boarding passes 4. Copy of passport with exit and entry stamps 5. Copy of baggage tag's 6. Property Irregularity Report issued by the common carrier mentioning the number of baggage's checked-in. 7. Original Certificate from airline authorities stating that baggage has been lost along with compensation details 	

	<ol style="list-style-type: none"> Adequate proof of ownership of items contained within checked-in baggage Covering letter detailing circumstances Cancelled cheque of the insured / nominee 	Fire Cover for Building/Contents (Home in India) <ol style="list-style-type: none"> Claim Form duly filled in and signed Copy of policy Certificate Original Air Ticket/Boarding passes or copy of passport with visa entry and exit stamp Fire Department report/Police report. Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase Newspaper cutting/Media report - Depending upon the peculiarity of the case, additional documents/information's will be asked for Covering letter detailing circumstances Cancelled cheque of the insured / nominee Proof of ownership of the House Panchnama 	
Delay of Checked-In Baggage	<ol style="list-style-type: none"> Duly filled and completed claim form Policy Copy Copy of passport, visa with entry and exit stamp Air tickets and boarding pass Property Irregularity Report issued by the common carrier. Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage. Original bills towards toiletries, medication and clothing during the delay period Letter/communication clearly stating the compensation details offered by the Airlines/Third Party Covering letter detailing circumstances Cancelled cheque of the insured / nominee 	Compassionate Visit: <ol style="list-style-type: none"> Claim Form duly filled in and signed Copy of policy Certificate Travel Details: Air Ticket and Boarding passes or copy of passport with visa entry and exit stamp Medical record of the patient, Discharge Summary, Presenting complain, diagnosis, treatment given, etc. Certificate from the Treating Medical Officer mentioning the need for a companion (If no adult member from the family is available) Paid receipts in original for expenses incurred towards air tickets and stay of the insured/ Immediate Family Member Depending upon the peculiarity of the case, additional documents/information's will be asked for Covering letter detailing circumstances Cancelled cheque of the insured / nominee 	
Bounced Booking of Airline and Hotel	<ol style="list-style-type: none"> Duly filled and completed claim form Policy Copy Complete set of medical records including Discharge Summary & Travel recommendation from the treating doctor mentioning the reason for upgrade to business class. A Copy of scheduled Travel itinerary & actual itinerary along with the difference of additional expenses incurred towards upgrade to business class. Cancelled cheque of the insured / nominee 	Return of Minor Child: <ol style="list-style-type: none"> Claim Form duly filled in and signed Copy of policy Certificate A certificate from the Medical Practitioner specifying the cause and minimum period of Hospitalisation. Discharge summary of the Hospital Original ticket(s) used for the travel by the Minor Child back to India, if the ticket(s) are bought on behalf of the Insured without any interference of the Company. Clear Copy of the death certificate (wherever applicable) providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the post mortem certificate, wherever required by the Assistance Service Provider, for cases where postmortem is conducted), issued by the appropriate authority where the contingency has arisen. 	
Home Burglary Insurance	<ol style="list-style-type: none"> Duly filled and completed claim form Copy of first information report/ policy report. Panchnama Copy of final investigator report/nondetectable certificate issued by the police authorities/magisterial order. Original Air Ticket/Boarding passes or copy of passport with visa entry and exit stamp, Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase Invoice of owned articles, if required by the Company Depending upon the peculiarity of the case, additional documents/information's will be asked for Letter of undertaking/subrogation form obtained from the insured. Covering letter detailing circumstances. Estimate and final bills of repairers Cancelled cheque of the insured / nominee 		

Personal Liability:	<ol style="list-style-type: none"> 6. Cancelled cheque of the insured / nominee 1. Claim Form duly filled in and signed 2. Copy of policy Certificate 3. Original Air Ticket/Boarding passes or copy of passport with visa entry and exit stamp 4. FIR/Police Report 5. Letter mentioning Sequence of the events leading to Personal Liability 6. Proof of judicial decision (Award) rendered by a Court 7. Depending upon the peculiarity of the case, additional documents/information's will be asked for 8. Covering letter detailing circumstances Cancelled cheque of the insured / nominee 	Emergency Cash Assistance:	<ol style="list-style-type: none"> 1. Claim Form duly filled in and signed 2. Copy of policy Certificate 3. Police report that indicates the incident happened within the Policy Period 4. Name and Contact number of insured relative in India to co-ordinate for emergency cash advance assistance. 5. PAN Card details of relative who is assisting with emergency Cash
Hijack Distress Allowance	<ol style="list-style-type: none"> 1. Policy Copy. 2. Dully filled and signed claim form A police report confirming the incident. It should contain the passport number of the insured and period of hijacking 3. Copy of letter /any official communication from airlines confirming the Hijack/Official News Article confirming the Hijack from reliable news source. 4. Copy of passport/visa with entry and exit stamp 5. Copy of the air ticket and boarding pass 6. Covering letter detailing circumstances Cancelled cheque of the insured / nominee 	Political Risk and Catastroph Evacuation:	<ol style="list-style-type: none"> 1. Claim Form duly filled in and signed 2. Copy of policy Certificate 3. Official Declaration by embassy of India of the Insured 4. Original Invoice of Hotel Accommodation during the period Insured is unable to return to India 5. Original ticket(s) used for the travel back to India. Cancelled cheque of the insured / nominee
Loss of Passport:	<ol style="list-style-type: none"> 1. Duly filled and completed claim form 59 Internal 2. Policy Copy 3. A Police Report obtained within 24 hours of the Insured Person becoming aware of the theft needs to be submitted 4. Bills/receipts of expenses incurred in obtaining a fresh/duplicate passport and other related expense 5. Copy of new passport and previous passport (if available). 6. Copy of Duplicate Passport or Emergency certificate. 7. Air Ticket, Boarding passes and copy of passport with visa entry and exit stamp 8. Covering letter detailing circumstances 9. Cancelled cheque of the insured / nominee 	Golfer's Hole in One:	<ol style="list-style-type: none"> 1. Claim Form duly filled in and signed 2. Copy of policy Certificate 3. Certificate from the United States Golfer's Association (USGA) recognized Golf course outside India towards achievement 4. Bills and receipts towards the celebration 5. Cancelled cheque of the insured / nominee
Loss of International Driving License:	<ol style="list-style-type: none"> 1. Claim Form duly filled in and signed 2. Copy of policy Certificate 3. Copy of new International Driving License 4. Copy of previous International Driving License if available 5. Copy of new tickets 6. Proof of complaint to local police Cancelled cheque of the insured / nominee 	Adventure sports:	<ol style="list-style-type: none"> 1. Claim Form duly filled in and signed 2. Copy of policy Certificate 3. Age Proof 4. 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. 5. Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred 6. Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization 7. 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. 8. Cancelled cheque of the insured / nominee
		Fraudulent Charges (Payment Card Security) benefit	<ol style="list-style-type: none"> 1. Claim Form duly filled in and signed 2. Copy of policy 3. Police report that indicates the incident happened within the Policy Period, on trip whilst insured was out of the Republic of India. Cancelled cheque of the insured / nominee

xv. **Obligations of the Insured / Insured Person:**

- a. Claims for Benefits must be submitted to the Emergency Assistance Service Provider not later than one (1) month after the completion of the treatment or transportation home, or in the event of Death, after transportation of the Mortal Remains/ Burial.
- b. 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.
- c. If requested to do so by the Emergency Assistance Service Provider, the Insured Person is obliged to undergo a medical examination by a Physician designated by the Emergency Assistance Service Provider.
- d. Emergency Assistance Service Provider 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 Republic of India.
- e. 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.

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

- a. If the Insured Person has any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.
- b. In so far as an Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable, if any.
- c. Claims to the insurance benefits may be neither pledged nor transferred by the Insured Person.

- xvii. **Settlement time and penalty:** The Company shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016. In the case of delay in the payment of a claim, the insurer shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

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 the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days the Company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

- xviii. **Territorial limits of the Cover:** The cover applies to all countries stated in the Policy Schedule except the Republic of India where the Insured Person is a resident, as provided under the definition no: xliii.

- xix. **Right of Company in case of Insured's Death:** In the event of the Insured Person's death, the Company shall have the right to demand the submission of a post

mortem / autopsy report.

- xx. **Expected time to Settle Claims:** 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.

SECTION-8 EXTENSION IN POLICY PERIOD

If any illness / injury during the Policy Period that resulted in Hospitalisation of the Insured Person as on the last day of the Policy Period further necessitates continual Medically Necessary treatment beyond the original Policy Period, the Company's liability to pay benefits within the scope of this Policy shall extend for a further period of 10 days insofar as it can be proved that transportation home is not possible.

Emergency Assistance Service Provider must be notified immediately as soon as it is known that Insured Person is unfit to return to India. If any new illness / injury is contracted beyond original Policy Period, treatment for the same will not be covered.

Further, in case of transportation home on the advice of Emergency Assistance Service Provider, appropriate continued treatment in India on the advice of Company/ Emergency Assistance Service Provider for the same illness / injury will be covered for a maximum of 10 days beyond this Policy Period provided the illness / injury is contracted abroad within this Policy period.

If Emergency Assistance Service Provider recommends that continued treatment in an Indian hospital is appropriate, this Policy shall be extended to cover medical expenses incurred in India as specified in the Medical Expenses Cover in this Policy provided that expenses will only be paid at the reasonable and customary charges for such services, and further provided that expenses will only be paid for treatment incurred within the 10 days period immediately following the first manifestation of the illness / injury during the Insured Trip.

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.

SECTION-9 STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY):

i. Conditions precedent to the contract

a. Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact. In the event of untrue or incorrect statements, misrepresentation, misdescription or nondisclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or device being used by the Policyholder/ Insured Person or any one acting on his/ their behalf to obtain a benefit under this Policy, the Company may cancel this Policy at its sole discretion and the premium paid shall be forfeited in its favour.

b. Observance of terms and conditions

The due observance and fulfilment of the Policy Terms & Conditions and Endorsements of this Policy in so far as they relate to anything to be

done or complied with by the Policyholder / Insured Person, shall be a condition precedent to any of the Company's liability to make any payment under this Policy.

c. Pre-policy Health Check up

The full costs of any pre-policy health check up wherever required shall be borne by the Policy Holder / Insured Person.

d. Assignment of Indemnity

Indemnity, if any, in case of the loss of life of the Insured is then payable to the nominee named in the Proposal Form provided such nominee survives after the Insured; otherwise, indemnity is payable to Insured's estate. All other indemnities of this Policy are payable to the Insured. Any payment that the Company make in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

e. Consent of the Nominee

Consent of the nominee, if any, shall not be a prerequisite for any change of nominee or to any other changes in this Policy.

f. Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act,1996.

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act,1996.

ii. Conditions when a Claim arises

a. Complete discharge

Payment made by the Company to the Policyholder/ adult Insured Person or the Nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favour of the Company.

b. Duties of the Insured / Insured Person

Duties of the Insured Person on the occurrence of any loss, within the scope of this Policy the Insured Person shall be:

- Forthwith file / submit a Claim Form in accordance

with 'Claim Procedure'.

- Allow the Surveyor or any agent of the Company to inspect the lost / damaged properties premises /goods.
- Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.
- Not to abandon the insured property / items in the premises, nor take any steps to rectify / remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor. If the Insured Person does not comply with this provision of this Clause, all benefits under this Policy shall be forfeited, at the option of the Company.

c. Right to inspect

If required by the Company, an agent / representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured Person be permitted at all reasonable times to examine into the circumstances of such loss.

The Insured Person shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under this Policy.

d. Position after a claim

The Insured Person shall not be entitled to abandon any insured property whether the Company has taken possession of the same or not. As from the day of receipt of the claim amount by the Insured Person, the Sum Insured for the remainder of the Policy Period shall stand reduced by the amount of the compensation.

e. Subrogation

Subrogation shall mean the right of the Company to assume the rights of the Insured Person/Policyholder to recover expenses paid out under the Policy that may be recovered from any other source.

The Policyholder/ Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is/or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment.

Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of affecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall not apply to any Benefit offered on fixed benefit basis.

f. Indemnity

The Company may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing.

The Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. 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 or damage and in any event not more than the sum Insured Person thereon.

If in any case the Company shall be unable to reinstate or repair the insured property/item, because of any law or other regulations in force affecting insured property or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite under this Policy.

g. Contribution in case of Multiple Policies

- In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.
- If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the policyholder 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 who has issued the chosen policy 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.
- Claims under other policies may be made after exhaustion of Sum Insured in the earlier chosen Policy / Policies
- If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

h. Fraudulent claims

If a Claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a Claim, or if any fraudulent means or devices are used by the Policyholder / Insured Person or anyone acting on his/ their behalf to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to the Company by the Policyholder / all Insured Persons who shall be jointly liable for such repayment.

i. Limitation Period

In no case whatsoever the Company shall be liable for any Claim under this Policy, if the requirement of Clauses 9. ii. e, 9. ii. f and 9.ii. g 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.

j. Payment of Interest

The Company shall make the payment of claim that has been admitted as payable under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim.

All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA of India (Protection of Policyholders Interests Regulation), 2002. In case of any delay in payment as stated herein, The Company will pay an interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled.

For the purpose of this clause, bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate .

iii. Conditions for renewal of the contract

a. Withdrawal/Revision/Modification of the Product

The Company reserves the right to withdraw, revise or modify this product / policy in the future. The revision/modification may be in respect of Benefits, coverages, premiums, policy terms and conditions &/ or exclusions. In the event of any such withdrawal of product the company will notify in advance to the policyholder providing him the option to port to the specified existing health products of the company with continuity benefit.

b. Renewal Conditions

This Policy expires at the end of the Policy Period. This Policy covers a given Insured Trip as stated in the Policy Schedule; there is no commitment, obligation or requirement that is binding on the Company to offer the Policyholder an option to renew this Policy.

iv. Conditions applicable during the contract

a. Reasonable Care

The Insured Person shall take all reasonable steps to safeguard the interests of the Insured Person against accidental loss or damage that may give rise to a claim.

b. Material change

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

'Material change' shall include but not limited to travelling dates, destination, purpose of the Insured Trip, destination of the Insured Trip, health condition of the Insured, Immediate Family members or Travelling Companion, age of the Insured or matters of similar nature.

c. Records to be maintained

The Policyholder/ Insured Person shall keep an accurate record containing all relevant medical & other relevant records 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 at any time during the Policy Period and up to

three years after the policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

d. 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 not with standing subsequent acceptance of any premium

e. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

f. Electronic Transactions

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

g. Cancellations

The Company may at any time, cancel this Policy, by giving 7 days notice in writing by Registered Post Acknowledgment Due to the Insured Person at his last known address in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. Cause of Action No claim shall be payable under this Policy where the cause of action arises in India, unless otherwise specifically provided in the Policy Schedule.

h. 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.

i. Communication

Any communication meant for the Company must be in writing 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 email.

j. Overriding effect of the Policy Schedule

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

k. Change of Nominee

No change of nominee under this Policy shall bind the Company, unless consent thereto is formally endorsed thereon by the Company's authorized officer.

l. Customer Services

If at any time the Insured Person requires any clarification or assistance, the Insured Person may contact either the Help Line of the Emergency Assistance Service Provider or the Policy issuing office of the Company at its address during normal office hours.

m. 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)	Reliance General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old No-67, South Tukoganj, Indore (M.P) - 452001 Contact No.- 022- 41112600

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

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, Bhubaneswar – 751 009.	Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.	Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, 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 Buddh 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, Bulandshehar, Etah, Kanoj, 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.

The updated details of Insurance Ombudsman are available on IRDAI website: www.irdai.gov.in, on the website of General Insurance Council: www.gicouncil.in, our website www.indusindinsurance.com