

**CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

THIS DOCUMENT PROVIDES KEY INFORMATION ABOUT YOUR POLICY. YOU ARE ALSO ADVISED TO GO THROUGH YOUR POLICY DOCUMENT.

SI NO	TITLE	DESCRIPTION (PLEASE REFER TO APPLICABLE POLICY CLAUSE NUMBER IN NEXT COLUMN)	POLICY / CLAUSE NUMBER
1.	Name of Insurance Product/Policy	<b>IndusInd Travel Care Insurance - Students</b>	
2.	Policy number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product/Policy	Indemnity (Where insured losses are covered upto the Sum Insured under the policy)	
4.	Sum Insured (Basis) (Along with amount)	Cover type - Individual Sum Insured - USD XXXXXXXXXXXXX (Where each member has a separate sum insured under the policy)	
5.	Policy Coverage	<p><b>Medical Expenses Including Transportation Evacuation And Repatriation Of Mortal Remains</b> - It covers, Reasonable And Customary Charges for medical emergency inpatient and outpatient treatment, diagnostic services, the extra costs of Medically Necessary Treatment and evacuation to India or the nearest Hospital, Transporting the mortal remains 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.</p> <p><b>Dental Treatment</b> - Covers expenses incurred on acute anaesthetic treatment of a Healthy Natural Tooth or Teeth during Policy Period and whilst being overseas.</p> <p><b>Loss of Passport</b> - In the event that the passport lost during the Trip, the actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport will be reimbursed.</p> <p><b>Total Loss of Checked in Baggage*</b> - It covers Insured Person for the total loss of checked-in baggage on an Insured Trip.</p> <p><b>Delay Of Checked In Baggage</b> - It covers the expense of Necessary Personal Effects incurred during the Insured Trip if the Insured's Checked-in Baggage is delayed or misdirected by a Common Carrier more than 12 hours from the actual arrival time of the common carrier at the destination.</p> <p><b>Personal Accident</b> - This covers the Insured Person or their legal heir, for any injury solely and directly caused by accident whilst on the Insured Trip, resulting in permanent disablement or death within 365 continuous days of occurrence of such injury.</p> <p><b>Accidental Death Common Carrier</b> - This compensates the Insured / Insured Person or their legal heir, for an accident occurring during the Insured Trip and resulting in death while riding in or on, boarding or alighting from any common carrier as a fare-paying passenger within 365 continuous days from the date of the accident, where the accident was caused.</p> <p><b>Personal Liability</b> - This indemnifies 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.</p> <p><b>Bail Bond</b> - It covers If the Insured is arrested or detained by the police/ judicial authorities at the place which he has specified in the Proposal Form 23 whilst abroad, and if the offence for which he is arrested or detained is bailable.</p>	<p>Benefits 1</p> <p>Benefits 2</p> <p>Benefits 3</p> <p>Benefits 4</p> <p>Benefits 5</p> <p>Benefits 6</p> <p>Benefits 7</p> <p>Benefits 8</p> <p>Benefits 9</p>



[indusindinsurance.com](http://indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited.

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

IndusInd Travel Care Insurance - Students. UIN No.: RELTIOP08002V010708. IGI/MCOM/CO/TCPPFS/CIS/VER.1.0/270925.



An Initiative by  
BEST BRANDS CONCLUDE

		<p><b>Study interruption</b> - It covers to pay the insured, in the event of study interruption due to hospitalisation of the Insured for more than one consecutive month or death of any one immediate family member or the Sponsor during the policy period.</p> <p><b>Sponsor Protection</b> - It reimburses the Insured the Tuition Fees incurred for the remaining period of his education up to the Sum Insured as specified in the Schedule, in the event of injury arising out of accident during the period of insurance resulting in death of the Insured's Sponsor named in the Schedule, who pays the Tuition Fees to the institution abroad on behalf of the Insured for his education abroad.</p> <p><b>2 way Compassionate visit</b> - If Insured Person is hospitalized for more than seven (7) consecutive days, 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 round trip economy class air ticket and Expenses towards accommodation.</p>	<p>Benefits 10</p> <p>Benefits 11</p> <p>Benefits 12</p>
6.	Exclusions (What the policy does not cover)	<p><b>Policy Exclusions</b> - Without prejudice to anything contained in this Policy, the Company shall not be liable to make any payment in respect of</p> <ol style="list-style-type: none"> <li>1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.</li> <li>2. Any pre-existing disease or complications thereof.</li> <li>3. Treatment abroad if that is the sole reason or one of the reasons for the Insured / Insured Person's temporary stay abroad.</li> <li>4. Any claim if the Insured / Insured Person       <ol style="list-style-type: none"> <li>a. Is travelling against the advice of a physician;</li> <li>b. Is receiving, or is on a waiting list to receive, specified medical treatment declared in the physician's report or certificate;</li> <li>c. Has received terminal prognosis for a medical condition;</li> <li>d. Is taking part in a naval, military or air force operation.</li> </ol> </li> <li>5. Deductibles as specified in the Schedule.</li> <li>6. Any claim arising out of illnesses or accidents that the Insured / Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).</li> <li>7. 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.</li> <li>8. Illness / injury that are results of war and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.</li> <li>9. 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), 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.</li> <li>10. 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:       <ol style="list-style-type: none"> <li>a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or</li> <li>b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</li> </ol> </li> <li>11. 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, unless declared beforehand and necessary additional premium paid.</li> </ol> <p>Specific Exclusions - As per policy wording and prospectus</p>	

7.	Waiting period	Initial waiting Period - Not Applicable Specific Waiting periods (Not applicable for claims arising due to an accident) - As per policy wording and prospectus. Pre-existing diseases - Not Applicable	
8.	Financial limits of coverage	Sub-limit - Not Applicable Co-payment - Not Applicable Deductible - a. Medical Expenses Including transportation, Evacuation and Repatriation of Mortal Remains - \$50 b. Dental Treatment - \$50 c. Loss of Passport - \$25 d. Personal Liability - \$200 e. Bail Bond - \$50 f. Total Loss of Checked baggage* \$100 Any other limit (as applicable) - As per policy wording and prospectus	Benefit - 1 Benefit - 2 Benefit - 3 Benefit - 7 Benefit - 9 Benefit - 4
9.	Claims/ Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlements i. TAT for preauthorization of cashless facility – 6 hours from receipt of complete documents. ii. TAT for cashless final bill authorization – 4 hours from receipt of complete documents. iii. TAT for Reimbursement Claims – 7 to 10 workings days. Provide the details / web link for following: i. Network Hospital details- Not Applicable for Overseas Travel Insurance. a. In case of an emergency the customer in overseas can visit the nearest hospital and avail medical facility. ii. Helpline Number - National Number (022 4890 3009 (paid)) Paid Support Numbers (91-22-67347843, 91-22-67347844) iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer- Not Applicable for Overseas Travel Insurance. iv. Downloading/getting claim form - IndusInd General Insurance Website	
10.	Policy Servicing	Any issues related with respect to policy, kindly E-mail us at <b>services@indusindinsurance.com</b> and for correspondence contact us IndusInd General Insurance Company Limited Correspondence Address – IndusInd 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.	
11.	Grievances/ Complaints	a. Details of Grievance redressal officer refer the link Grievance Clause <b><a href="https://www.indusindinsurance.com/Insurance/Aboutus/Grievance-Redressal.aspx">https://www.indusindinsurance.com/Insurance/Aboutus/Grievance-Redressal.aspx</a></b> b. IRDAI Integrated Grievance Management System <b><a href="https://igms.irdai.gov.in/">https://igms.irdai.gov.in/</a></b> c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided under the link <b><a href="https://www.indusindinsurance.com/Insurance/Aboutus/Grievance-Redressal.aspx">https://www.indusindinsurance.com/Insurance/Aboutus/Grievance-Redressal.aspx</a></b>	Grievance Clause
12.	Things to remember	<b>Free Look Cancellation:</b> Not Applicable <b>Policy Renewal:</b> Not Applicable <b>Migration and Portability:</b> Not Applicable <b>Migration:</b> Not Applicable <b>Change in Sum Insured:</b> Not Applicable <b>Moratorium Period:</b> Not Applicable	
13.	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information	

The enclosed Customer Information Sheet bearing reference number CIS XXXXXXXXXXXXXXXXXXXX is essential part of your policy schedule, Kindly review it carefully.

**Declaration by the Policyholder;**

I have read the above and confirm having noted the details.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Policyholder)

**Note:**

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

