

Group Smart Travel

Policy Wordings

PART A. PREAMBLE

This is a contract of insurance between You and Us which is subject to the receipt of the premium in full and the terms, conditions and exclusions of this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You, the Policyholder in respect of the Insured Persons in the Proposal Form. Please inform Us immediately of any change in the address, state of health or any other changes affecting You or any Insured Person.

PART B. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Endorsements.

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Term	Definition
Accident	means sudden, unforeseen and involuntary event caused by external, visible and violent means
Activity of Daily Living	a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means. b) Dressing: the ability to put on, take off, secure, and unfasten all garments and, as appropriate, any braces, artificial limbs, or other surgical appliances. c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; d) Mobility: the ability to move indoors from room to room on level surfaces; e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; f) Feeding: the ability to feed oneself once food has been prepared and made available.
Any one Illness	means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where the treatment was taken
Adventure Sports	means any sport or activity, which is potentially dangerous to the Insured whether he is trained or not. These sports are either played for recreational / leisure purposes or as part of intercollegiate activity(ies). These activities normally consist of speed, height, elevated levels of physical exertion, combined with highly specialized gear or spectacular stunts and involve high degree of inherent danger. Such sport/activity includes (but not limited to) stunt activities of any kind, racing on wheels or horseback, power boat racing, ski racing, hunting or

	equestrian activities, big game hunting, rock climbing / trekking / mountaineering, winter sports, Skydiving, Parachuting, paragliding / parapenting, Scuba Diving, ski doo riding, caving / pot holing, bungee jumping, Heli skiing, ski acrobatics, ski jumping, water ski jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting, black and white water rafting, yachting or boating outside coastal waters, canoeing involving rapid waters, micro-lighting, motor rallying, piloting aircraft, power lifting, quad biking, river boarding, river bugging, rodeo, roller hockey and activities of similar nature as mentioned in Annexure - III
Age	means the completed age of the Insured Person on his last birthday;
Air Travel	means travel by an airline/ aircraft, licensed by the competent authority for carriage of passengers.
Airline	means a public airline that holds a proper license for the jurisdiction in which it operates and that operates scheduled flights, through Aircraft, for passengers and cargo.
Ambulance	means a road vehicle or aircraft operated by a licensed / authorized service provider only and equipped for the transport and paramedical treatment of the person requiring medical attention;
Annual Multi Trip Cover	means a cover under the Policy under which there can be more than one Period of Insurance for the Insured Person during the Policy Period, subject to the maximum trip duration (per trip) specified on the Policy Schedule/ Certificate of Insurance or where there will be full utilization of the entire cover period in one or in aggregate of all trip(s) up to the limit specified in Policy Schedule/Certificate of Insurance as opted
Appliances	shall mean and include electrical, mechanical, and electronic appliances such as refrigerator, television, DVD player, videocassette recorder/player, washing machine, microwave oven, music system, personal computer, laptops and air-conditioner contained or fixed in the Insured Person's home for domestic use.
Article	means a particular item or object in a pair / set. E.g., a pair of earrings.
Assistance Service Provider	means the service provider specified in the Policy Schedule and/or Certificate of Insurance, appointed by Us from time to time;
AYUSH Treatment	refers to the medical and/ or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems
AYUSH Hospital (Applicable to Domestic Travel / Treatment taken within India)	is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following: <ul style="list-style-type: none"> a. Central or State Government AYUSH Hospital or b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion: <ul style="list-style-type: none"> i. Having at least 5 in-patient beds; ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

	<ul style="list-style-type: none"> iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out; iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
AYUSH Day Care Centre (Applicable to Domestic Travel / Treatment taken within India)	<p>means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:</p> <ul style="list-style-type: none"> i. Having qualified registered AYUSH Medical Practitioner(s) in charge; ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out; iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
Burglary	means any theft following upon actual, forcible and violent entry of and/ or exit from the Premises of the Insured with intent to commit a felony and includes housebreaking
Cashless facility	means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
Certificate of Insurance	means the certificate We issue to an Insured Person evidencing cover under the Policy;
Checked-In Baggage	means the baggage (luggage and personal possessions belonging to or in the lawful custody of the Insured Person) offered by the Insured Person and accepted for custody by a Common Carrier for transportation in the same Common Carrier in which the Insured Person is or would be travelling and for which the Common Carrier has provided a baggage receipt, and the contents of the baggage checked-in by the Insured Person as long as such contents do not violate any policy or rule restricting the nature of items that may be carried on board. This shall exclude all the items that are carried/ transported under a contract of affreightment;
City of Residence	means and includes any city, town or village in which the Place of Residence of the Insured is normally/usually located and as specified in the Insured Person's corresponding address in the Policy Schedule/Certificate of Insurance;
Claim	means a demand made by You for payment of any benefit under the Policy in respect of an Insured Person;
Common Carrier	means any civilian land or water conveyance or scheduled aircraft or as specified individually in the Policy Schedule/ Certificate of Insurance operated under a valid license for the transportation of fare paying passengers under a valid ticket or as self-driven rental vehicles operated by aggregators under a valid license;
Condition Precedent	means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital Anomaly	<p>means a condition which is present since birth, and which is abnormal with reference to form, structure or position.</p> <p>a) Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body.</p> <p>b) External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body</p>
Co-payment	means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
Contents	mean and include Appliances, furniture, fixture, fittings, linen, clothing, kitchen items, cutlery /crockery etc., contained in the Insured Person's home belonging to the Insured Person or to any Immediate Family Members permanently residing with the Insured Person including items for which the Insured Person is responsible, and used for domestic use. However, Contents does not include any deeds, bonds, bills of exchange, promissory notes, Cheques, traveler's cheques, and securities for money, documents of any kind, cash and currency notes.
Contribution	is essentially the right of an Insurer to call upon other Insurers liable to the same Insured to share the cost of an indemnity claim on a rate able proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
Country of Residence	means the country in which the Insured Person is currently residing and as specified in the Insured Person's corresponding address as specified in the Policy Schedule or Certificate of Insurance,
Damages	means sums payable following judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law;
Day Care Centre	<p>means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under—</p> <p>a) has qualified nursing staff under its employment.</p> <p>b) has qualified Medical Practitioner/s in charge.</p> <p>c) has a fully equipped operation theatre of its own where surgical procedures are carried out.</p> <p>d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel;</p>
Day Care Treatment	<p>means medical treatment, and/or surgical procedure which is:</p> <p>i. undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hrs because of technological advancement, and</p> <p>ii. which would have otherwise required hospitalization of more than 24 hours.</p> <p>Treatment normally taken on an out-patient basis is not included in the scope of this definition.</p>

Deductible	means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
Dental Treatment	means a treatment related to teeth or structures supporting teeth including examinations fillings (where appropriate), crowns, extractions and surgery.
Defence Costs	are reasonable costs necessarily incurred in defending the Insured Person against any civil proceeding initiated against him/her, during the Trip Duration.
Dependent Child	means a child (natural or legally adopted), who is: <ul style="list-style-type: none"> • Financially dependent on the Insured Person. • Does not have his independent sources of income; and • Has not attained 26 years of age;
Diagnosis	means conclusion drawn by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
Disclosure to information norm	means the policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
Domestic Travel	means Trip involving Insured Person(s) travelling only within geographical boundaries of India.
Emergency	means a medical condition arising out of an illness or injury contracted by insured person and declared and certified by medical practitioner, attending to insured person, that immediate treatment is required to save the life of insured person.
Emergency Care	means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a <i>medical practitioner</i> to prevent death or serious long term impairment of the insured person's health.
Event	means any official sporting occasion, music concert, exhibition, educational / cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction, where admission is only by way of tickets purchased before the inception of the trip.
Excess Amount	is the amount the Insured Person is obliged to pay arising from physical loss of or damage to the rental car whilst in the Insured Person's control and custody during the covered trip
Felonious Assault	means any willful or unlawful use of force upon the Insured Person that is a felony or misdemeanor in the jurisdiction in which it occurs, and which results in Injury to the Insured Person.
Financial Emergency	Financial Emergency" shall mean a situation faced by the Insured wherein the Insured Person accidentally loses all or a substantial amount of Money (money, travelers cheque, debit card, forex card or credit cards issued in favor of the Insured) available with him and needed for proceeding with his next schedule of activities and more particularly proceeding with his Trip further. The term shall not mean any emergency situation encountered by him by causes other than all or substantial loss of Money. The term shall exclude all situations where a Financial Emergency is not felt as an immediate and instantaneous development and/or is not consequential to the of loss of

	Money.
Foreign Enemy	means any group of individuals, entity, or country, who intend to cause Injury, or commission an act dangerous to human life or property in the location where the Insured Person is travelling to, using hostile force or violence.
Gadget	Mobile phones, Tablet, Laptops, and other portable electronic devices designed to have a main function of communication, computing, entertainment, navigation or and capable of being powered by their own internal battery,
Geographical Scope	means the countries or geographical boundaries in which the coverage under the Policy is valid as specified in the Policy Schedule/ Certificate of Insurance;
Grace Period	means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing diseases. Coverage is not available for the period for which no premium is received.
Hijack	means the unlawful seizure or exercise of control of any Carrier by force or violence or threat of force or violence or an act, including but not limited to the use of force or violence or the threat thereof, committed for any reason (including political, religious or ideological) by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government.
Hospital (Applicable to Overseas Travel / Treatment taken outside India)	Any institution established for in-patient care and day care and treatment of Injury or Illness and which has been registered as a Hospital or a clinic with the local authorities as per the law, rules and/ or regulations or/ and recognized as a hospital in the country in which it is situated;
Hospital (Applicable to Domestic Travel / Treatment taken within India)	means any institution established for <i>in-patient care</i> and <i>day care treatment</i> of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under: i) has qualified nursing staff under its employment round the clock; ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; iii) has qualified medical practitioner(s) in charge round the clock; iv) has a fully equipped operation theatre of its own where surgical procedures are carried out; v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
Hospitalization	means admission in a Hospital for a minimum period of 24 consecutive ' <i>In-patient Care</i> ' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
Hospice	means an Institution for the limited purpose of supporting patients with a life expectancy of few months and reliving symptoms of fatal illness by palliative medical care.
ICU Charges	means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.
Identity Theft	means the unauthorized and/or illegal use of the Insured Person's information

	such as the Insured Person's name to open credit accounts and/or bank accounts that the Insured did not authorize.
Illness	<p>means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment</p> <p>(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.</p> <p>(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:</p> <ol style="list-style-type: none"> 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests 2. it needs ongoing or long-term control or relief of symptoms 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it 4. it continues indefinitely 5. it recurs or is likely to recur
Immediate Family Member	means any member of the Insured Person's immediate family i.e. the Insured Person's spouse, children, son-in-law, daughter-in-law, parents, parents-in-law grandparents, grandchildren, sister and brother.
Inclement Weather	means any severe catastrophic weather conditions which delay the scheduled arrival or departure of a Common Carrier but not including normal, seasonal/climatic weather changes.
Insured Event	means an event, loss or damage specifically described as covered and for which the Insured Person is entitled to benefit/s under this Policy.
Insured Person	means a person whose name specifically appears under Insured in the Certificate of Insurance and is a covered group member;
Injury	means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner
Inpatient Care	means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event
Intensive Care Unit	means an identified section, ward or wing of a <i>hospital</i> which is under the constant supervision of a dedicated <i>medical practitioner(s)</i> , 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.
Jewelry	means Gold or Silver or any Precious Metals including Diamonds or articles made from any Precious Metals and watches.
Life Threatening Medical Condition	<p>means a medical condition suffered by the Insured Person which has the following characteristics:</p> <ol style="list-style-type: none"> a) Markedly unstable vital parameters (blood pressure, pulse, temperature, and respiratory rate). b) Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys, and pancreas) including ectopic pregnancy. c) Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ failures and requires interpretation of

	<p>multiple physiological parameters and application of advanced technology.</p> <p>d) Critical care being provided in critical care area such as coronary care unit, Intensive Care Unit, respiratory care unit, or the emergency department and certified in writing by the attending Medical Practitioner as a Life-Threatening Medical Condition;</p>
Loss	means loss or damage.
Major Personal Event	<p>a) Unforeseen Illness, Injury of the Insured Person / Insured Person's Immediate Family Member with or without hospitalization resulting in reasonable disablement</p> <p>b) Death of Insured Person's / Insured Person's immediate Family Member</p> <p>c) Termination of employment or layoff of the Insured Person*</p> <p>d) Insured Person is not medically fit to undertake travel</p> <p>e) Any theft, burglary, fire, or allied perils at the insured's Place of Residence or business</p> <p>f) Cancellation or Interruption due to diagnosis of the Insured's Immediate Family Member (or relative) with any infectious or contagious disease in the country intended to be visited and which is evident from the confirmed itinerary possessed by the Insured.</p> <p>g) Any unavoidable or unforeseen reason leading to cancellation of Trip</p> <p>*Involuntary unemployment attributed due to any dishonesty, misconduct or fraud, or poor performance ratings, willful violation of any internal rules/ regulations/ policies, or any laws or any directives issued by a Public Authority and in force, or any disciplinary action initiated against the Insured Person by his/ her employer is not included in the scope of this definition.</p>
Major Travel Event	<p>a) Natural Calamity</p> <p>b) Inclement weather condition.</p> <p>c) Epidemic or pandemic as declared by the World Health Organization or respective country / State Government; and travel restrictions imposed by Central or State Government</p> <p>d) Quarantining of the place of residence/ city / state / country mentioned on the original itinerary due to a major outbreak of Infectious disease.</p> <p>e) Major industrial Accident*.</p> <p>f) Civil Unrest, Riot or Commotion resulting in cancellation of scheduled Common Carrier services or relevant government warning against non-essential travel.</p> <p>g) Strike resulting in cancellation of scheduled Common Carrier services.</p> <p>h) Any event leading to airspace or multiple airport closures.</p> <p>i) Mechanical breakdown of Common Carrier.</p> <p>j) Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary.</p> <p>k) Curfew in home city/departing station or intended destination as per travel itinerary</p> <p>* Major Industrial Accident means an unexpected, usually sudden occurrence including, in particular, a major emission, fire or explosion, resulting from abnormal developments in the course of an industrial activity, leading to a serious danger to the public or the environment, whether immediate or</p>

	delayed, inside or outside the installation and involving one or more hazardous substances.
Market Value	refers to the amount required to purchase a new Gadget or Sports equipment, or items contained in the Checked-in Baggage of the same kind and quality as the Gadget, Sports equipment or items contained in the Checked-in Baggage in relation to which a claim is made, less applicable depreciation per annum from the date of purchase of such Gadget or Sports equipment or items contained in the Checked-in Baggage, calculated as at the time of the loss.
Material Fact	means a fact deemed so important that it would likely to change the decision made by an Insurer if it were disclosed or misrepresented.
Maternity expenses	Maternity expenses means; a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization); b. expenses towards lawful medical termination of pregnancy during the policy period
Medical Evacuation	means the transportation of the Insured Person from the site of Accident or Illness to a nearest Hospital or to the country of residence where necessary medical care can be accorded to him/her, including medical care required enroute.
Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
Medical Expenses	means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
Medically Necessary Treatment	means any treatment, tests, medication, or stay in hospital or part of a stay in <i>hospital</i> which i. is required for the medical management of the illness or injury suffered by the insured; ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; iii. must have been prescribed by a Medical Practitioner; iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India
Medical Practitioner (Applicable to Domestic Travel / Treatment Taken within India)	means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your Immediate Family Member. For the purpose of this definition, Immediate Family Member would comprise of Your spouse, children, siblings, siblings-in-law, parents, parents-in-law, legal guardian, ward, grand-parents and grand-children
Medical	means Person who holds valid registration from the competent authority as

Practitioner (Applicable to Overseas Travel / Treatment taken outside India)	<p>per law rules and/or regulations applicable for the country where the contingency arises and is thereby entitled to practice medicine within its jurisdiction; and is acting within scope of jurisdiction of his license.</p> <p>The Person should not be</p> <ul style="list-style-type: none"> • an Insured Person under this Policy; • an Insured Person's employer or business partner; • an Immediate Family Member of the Insured Person. <p>For the purpose of this definition, Immediate Family Member would comprise of Your spouse, children, siblings, siblings-in-law, parents, parents-in-law, legal guardian, ward, grand-parents and grand-children.</p>
Minor Child(ren)	is/ are the child(ren) of the Insured including stepchild/ stepchildren of the Insured and child/ children legally adopted by the Insured below the age of 18 years.
Mobility Aid	means any adaptive equipment or device designed to assist walking or otherwise improve the mobility of people with mobility impairments like crutches, wheelchairs, walking frames and wheel trolleys.
Money	means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveler's cheques, postal orders and current postage stamps not forming part of a collection.
Mugging	is a violent, unprovoked attack by someone not insured on this Policy which results in physical bodily injury, as shown in the police report.
Mental Illness	as per The Mental Health Act, 2017 means a substantial disorder of thinking, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.
Network Provider	Hospitals enlisted by an insurer or by an Assistance Service Provider and insured together to provide services to an insured on payment by a cashless facility;
Non-Network Provider	means any hospital, day care centre or other provider that is not part of the network;
Notification of Claim	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication;
Nominee	means the person named in the Certificate of Insurance to receive the benefits payable under this Policy or who may be the next of kin or legal heir if the Insured Person is deceased. For the purpose of avoidance of doubt, it is clarified that if the Nominee is a minor on the date when payment becomes due under the Policy, payment shall be made to the Appointee named in the Certificate of Insurance;
OPD Treatment	means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient;
Period of Insurance	<p>shall mean in relation to a:</p> <ol style="list-style-type: none"> 1. Multi-trip, the period between: <ul style="list-style-type: none"> • Date of Commencement of Insurance cover mentioned in the Policy Schedule/Certificate of Insurance or the actual date on which the

	<p>Insured first boards the Common Carrier by which it is intended that he/she shall finally leave the City of Residence or Place of Origin in the Country of Residence, whichever is later and Date of expiry of Insurance cover as mentioned in the Policy Schedule/Certificate of Insurance or the actual date on which the Insured returns to the City of Residence or Place of Destination or Place of Origin in the Country of Residence, whichever is applicable or full utilization of the maximum number of travel days, whichever is earlier Subject to maximum trip duration(Per trip) or the entire cover period in one or in aggregate of all trip(s) up to the limit as mentioned in the Policy Schedule/Certificate of Insurance.</p> <ul style="list-style-type: none"> For covers such as “Trip Cancellation”, "Change fee cover", "Trip cancellation due to domestic disturbances and inconvenience", "Common Carrier Cancellation", "Missed Carrier (Indemnity)", "Missed Carrier (Benefit)", "Overbooked Common Carrier (Indemnity)", "Overbooked Common Carrier (Benefit)", "Missed Event", “All Risk Cancellation Charges”, "Visa Rejection/Denial (Endorsement)", "Visa Cost Cover", "Hotel /Private Rental Cancellation (Indemnity)", "Hotel /Private Rental Cancellation (Benefit)", "Frequent flyer points", "Event Cancellation", "Trip Cancellation Plus - Common Carrier/ Public Carrier", "Trip Cancellation Plus – Hotels/ Others/ Private Rental Accommodation" cover begins from the date your policy is issued, or the date of booking of your ticket (whichever is later). <p>2. Single trip, the period between:</p> <ul style="list-style-type: none"> Date of Commencement of Insurance cover mentioned in the Policy Schedule/Certificate of Insurance or the actual date on which the Insured first boards the Common Carrier by which it is intended that he/she shall finally leave the City of Residence or Place of Origin in the Country of Residence, whichever is later and Date and time of expiry of Insurance cover as mentioned in the Policy Schedule/Certificate of Insurance or on the actual date and time on which the Insured returns to the City of Residence or Place of Destination or Place of Origin in the Country of residence, whichever is earlier. In case of Onward Trip (One Way Journey) the Date and time of expiry of Insurance cover as mentioned in the Policy Schedule/Certificate of Insurance or on the actual date and time on which the Insured reach the Place of Destination whichever is earlier For covers such as “Trip Cancellation”, "Change fee cover", "Trip cancellation due to domestic disturbances and inconvenience", "Common Carrier Cancellation", "Missed Carrier (Indemnity)", "Missed Carrier (Benefit)", "Overbooked Common Carrier (Indemnity)", "Overbooked Common Carrier (Benefit)", "Missed Event", “All Risk Cancellation Charges”, "Visa Rejection/Denial (Endorsement)", "Visa Cost Cover", "Hotel /Private Rental Cancellation (Indemnity)", "Hotel /Private Rental Cancellation
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	<p>(Benefit)", "Frequent flyer points", "Event Cancellation", "Trip Cancellation Plus - Common Carrier/ Public Carrier", "Trip Cancellation Plus – Hotels/ Others/ Private Rental Accommodation" cover begins from the date your policy is issued, or the date of booking of your ticket (whichever is later).</p> <p>3. “Period of Insurance” in case of student means:</p> <ul style="list-style-type: none"> • Date of Commencement of Insurance cover mentioned in the Policy Schedule/Certificate of Insurance or the actual date on which the Insured first boards the Common Carrier by which it is intended that he/she shall finally leave the City of Residence or Place of Origin in the Country of residence, whichever is later and expires automatically on the earliest of: <ul style="list-style-type: none"> ○ Policy period end date, or ○ The date on which the insured person’s educational course is discontinued or is completed by the insured, or ○ on the actual date and time on which the Insured returns to the City of Residence or Place of Destination or Place of Origin in the Country of residence, whichever is earlier. • For covers such as “Trip Cancellation”, "Change fee cover", "Trip cancellation due to domestic disturbances and inconvenience", "Common Carrier Cancellation", "Missed Carrier (Indemnity)", "Missed Carrier (Benefit)", "Overbooked Common Carrier (Indemnity)", "Overbooked Common Carrier (Benefit)", "Missed Event", “All Risk Cancellation Charges”, "Visa Rejection/Denial (Endorsement)", "Visa Cost Cover", "Hotel /Private Rental Cancellation (Indemnity)", "Hotel /Private Rental Cancellation (Benefit)", "Frequent flyer points", "Event Cancellation", "Trip Cancellation Plus - Common Carrier/ Public Carrier", "Trip Cancellation Plus – Hotels/ Others/ Private Rental Accommodation" cover begins from the date your policy is issued, or the date of booking of your ticket (whichever is later). <p>Special Condition: If the insured person returns to his Country Of Residence, for any temporary period, then the scope of cover under this policy during Insured stay in the Country Of Residence shall be restricted as defined in the benefit under home country cover (if opted).</p>
Permanent Partial Disability	means a bodily injury caused by Accidental, external, violent, and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Table of Benefits.
Permanent Total Disability	means a bodily injury caused by Accidental, external, violent, and visible means, which as a direct consequence thereof totally disables and prevent the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

Piste	means a marked ski run or path down a mountain for skiing and snowboarding.
Place of Destination	means the Common Carrier's final de-boarding or ending point from the Place of Origin of the Trip as shown on the ticket
Country of origin/ Place of Origin	means the starting point/ place from where the Insured Person's Trip is scheduled to be undertaken through a Common Carrier by which he finally leaves the Country of Residence or City of Residence;
Place of Residence	means the dwelling place that the Insured Person is presently resident in as specified as the correspondence address of the Insured Person in the Policy Schedule or Certificate of Insurance;
Policy	means these Policy Terms & Conditions, Benefit, Optional Extensions (if any), the Proposal Form, Policy Schedule, Certificate of Insurance, and Annexures which form part of the policy contract and shall be read together;
Policyholder	(also referred as You) means the person who is the Group Administrator and named in the Policy Schedule/Certificate of Insurance as the Policyholder;
Policy Period	means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specifically appearing in the Policy Schedule/Certificate of Insurance;
Policy Period End Date	means the date on which the Policy expires, as specified in the Policy Schedule/Certificate of Insurance;
Policy Period Start Date	means the date on which the Policy commences, as specified in the Policy Schedule/Certificate of Insurance;
Master Policy Schedule/ Policy Schedule	means schedule attached to and forming part of this Policy, mentioning the details of the Proposer / Group Manager, the Sum Insured, Period and limits to which benefits under the Policy would be payable.
Port	means a scheduled point of departure or arrival of a Common Carrier in which an Insured Person is booked to Travel.
Post-natal	period is the period beginning immediately after the birth of a child and extending for about six weeks
Pre-natal	period (also known as antenatal care) refers to the regular medical and nursing care recommended for women during pregnancy
Pre-existing Disease (PED)	Any condition, ailment, injury, or disease: means any condition, ailment or injury or related condition(s) for which the Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment within 48 months prior to the Coverage Commencement Date.
Principal Outstanding Amount	is the outstanding balance of debt on a loan borrowed by the Insured Person for the purpose of this Trip and which does not include interest or other charges.
Professional Sports / Sportsperson	means any sporting activity which is undertaken by the Insured Person for full time and from which he/she derives earnings, wage, reward, or profit from involvement in sports.
Prosthetic Devices	means the mobility aid equipment's which are external devices designed to perform or replace all or part of the function of a permanently inoperative or malfunction body part.
Public Transport	means travel systems available for use by the general public, typically managed on a schedule, operated on established routes, and that charge a fee for each trip. Examples of public transport include city buses, trams (or light rail), passenger trains, rapid transit (metro/subway/underground etc.) and

	taxi. Transport between cities will additionally include airlines.
Qualified Nurse	is a person who holds a valid registration from the Nursing Council in the respective jurisdiction;
Reasonable Additional Expenses	means any expenses for meals and temporary accommodation.
Reasonable and Customary Charges	means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, considering the nature of the Illness / Injury involved;
Relative	means Husband, wife, grandparent, grandchildren, parent, parents-in-law, brothers, sisters, sons, daughters.
Renewal	means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods;
Room Rent	means the amount charged by a Hospital towards Room and Boarding expenses and shall include associated Medical Expenses;
Robbery	means an act of taking or attempting to take anything of value by force, threat of force, or by putting an individual in fear.
Schengen Countries	are a group of countries that includes Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland. The list of these countries is subject to update from time to time as and when necessitated by the relevant authorities.
Semi-Professional sportsperson	shall mean those sports persons who participate in sports and get remuneration for participating, but whose primary source of income is not from sports.
Single Trip Cover	means a cover of the Insured Person under the Policy under which there cannot be more than one Period of Insurance during the Policy Period;
Strike	means stoppage of work announced, organized, and sanctioned by a labour union, inclusive of work slowdowns, lockouts and sickouts, which interferes with the normal departure and arrival of a Common Carrier.
Sub-limit	means a cost sharing requirement under a Policy in which an Insurer would not be liable to pay any amount in excess of the pre-defined limit.
Sum Insured	Means <ul style="list-style-type: none"> a) If the Certificate of Insurance is on individual cover basis, the amount specified in the Certificate of Insurance which represents Our maximum, total and cumulative liability for all Claims under all Benefit /Optional Extensions in respect of the Insured Person for the Policy Period. b) If the Certificate of Insurance is on family floater basis, the amount specified in the Certificate of Insurance which represents Our maximum, total and cumulative liability for all Claims under any and all Benefit/ Optional Extensions in respect of all Insured Persons named in the Certificate of Insurance for the Policy Period.
Subrogation (Not Applicable to Health sections of	means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

the Policy)	
Surgery / 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 of suffering or prolongation of life, performed in a hospital or a day care centre by a medical practitioner;
Theft	means an act of illegally, permanently, and directly or indirectly depriving the Insured Person of his or her personal belongings or any property by violent or forceful means.
Trip	shall mean and include all journeys abroad undertaken from a port at the Place of Origin in the Country of residence/City of Residence of the Insured and return to City of Residence or Place of Destination or Place of Origin in the Country of residence, whichever is earlier of the Insured, except as specifically defined elsewhere under this Policy Schedule / Certificate of Insurance
Travel Agent	means the Travel Agent, tour operator or other entity from which the Insured/ Insured Person purchases the insurance Policy or travel arrangements, and includes all officers, employees, and affiliates of the Travel Agent, tour operator or other entity.
Traveling Companion	means an individual or individuals traveling with the Insured during the Period of Insurance, provided that, the Insured and such individual(s) are traveling to the same destination on the same dates and provided that such individual(s) is/are also Insured under the Policy
Tuition Fees	means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses
Terrorism/ Terrorist Incident	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.
Unattended	means a vehicle, premises, devices, or personal belongings that are unattended if there is no one who can observe or to prevent interference with it.
Unproven / Experimental Treatment	means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
We/ Us/ Our/ Company	means Zurich Kotak General Insurance Company (India) Limited
You/ Your/ Policyholder	means the policyholder/Insured Person named in the Policy Schedule/ Certificate of Insurance

PART C. BENEFITS UNDER THE POLICY

The Benefits available under this Policy are described below. The Benefits will be available to the Insured Person, only if that particular benefit is specifically mentioned in the Policy Schedule/ Certificate Of Insurance, subject to

- a) availability of Sum Insured
- b) the terms, conditions and exclusions of this Policy
- c) Sub-limits/ Deductible/ Co-payment, if any

Our maximum, total and cumulative liability in respect of an Insured Person for all Claims arising under a Benefit during the Period of Insurance shall not exceed the benefit amount specified against the applicable Benefit in the Policy Schedule/Certificate of Insurance and subject to the availability of the Sum Insured of the respective Benefit.

Sum Insured specified for Benefits opted under same Section can be applicable individually to that Benefit or as a sub-limit to a specified Benefit Sum Insured as mentioned in the Policy Schedule/ Certificate of Insurance.

Company's liability shall not exceed the Sum Insured or sub limit as specified against the Benefit/ Section in the Policy Schedule/ Certificate of Insurance.

Each Claim in respect of an Insured Person shall be payable subject to any applicable Deductible or Co-payment as specified against that Benefit in the Policy Schedule/Certificate of Insurance or as opted and in force. Claims made under this Policy will be paid on reimbursement basis only unless specifically approved by Us or Our Assistance Service Provider or as may be specifically provided for in the subsequent sections.

If the Geographical Scope specified in the Policy Schedule/Certificate of Insurance is out of India, Country of Residence is to be considered and if the Geographical Scope specified in the Policy Schedule/Certificate of Insurance is restricted to India, City of Residence is to be considered. Coverage shall be restricted to the Geographical Scope in force for the Insured Person.

The Policy Schedule/ Certificate of Insurance will specify the currency in which claims under the Benefit will be made.

I. Medical Covers

1. Emergency Medical Expenses (Accident & Illness)

If an Insured Person is diagnosed with an Illness or sustains an Injury whilst on a Trip during the Period of Insurance, which is not due to a Pre-existing disease or pre-existing medical condition, We shall indemnify the Reasonable and Customary Charges related to the Medical Expenses incurred for treatments due to hospitalization and Day Care Treatment(s) provided the hospitalization commenced and is continued based on the written advice of a Medical Practitioner for any treatment medically necessary and which cannot be postponed till the insured's scheduled return to country of residence.

For this Benefit, 'treatment' shall be deemed to include only the following expenses:

- (i) In patient treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an insured event or at the nearest suitable Hospital.

- (ii) Prosthetic Devices / Mobility aid that is prescribed by a physician as necessary part of the treatment for broken limbs or Injuries of the Insured Person
- (iii) Physiotherapy, Radiotherapy, heat therapy or phototherapy treatment prescribed by a physician.
- (iv) Prescribed medications and investigation respectively, by Medical Practitioners, surgeons, assistant surgeons, anesthetist, nursing services, radiological and other diagnostic tests provided these pertain to the diagnosed Illness or injury due to which hospitalization was deemed medically necessary.
- (v) Cost of transportation, including necessary medical care en-route, by recognized emergency service providers/ surface Ambulance for medical attention at the nearest Hospital or at the nearest available physician.
- (vi) Lifesaving unforeseen emergency measures, or measures to relieve acute pain, provided to the Insured Person by Medical Practitioners.

If any new disease/ illness/ injury is contracted beyond the Period of Insurance, treatment for the same will not be covered. Company's liability does not exceed the Sum Insured or sub limit specified in the Policy Schedule/ Certificate of Insurance.

Payment under this Benefit is subject to the following:

1. The treatment for Illness/ Injury shall commence immediately after diagnosis of Illness/ Injury during the Period of Insurance.
2. The Insured Person is admitted to the hospital or undergoes Day Care Treatment within 7 days of occurrence of the Accident/ Injury.

2. Emergency Medical Expenses (Accident Only)

If an Insured Person sustains an Injury whilst on a Trip during the Period of Insurance, which is not due to a Pre-existing disease or pre-existing medical condition, We shall indemnify the Reasonable and Customary Charges related to the Medical Expenses incurred for treatments due to hospitalization and Day Care Treatment(s) provided the hospitalization commenced and is continued based on the written advice of a Medical Practitioner for any treatment medically necessary and which cannot be postponed till the insured's scheduled return to country of residence.

For this Benefit, 'treatment' shall be deemed to include only the following expenses:

- (i) In patient treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an insured event or at the nearest suitable Hospital.
- (ii) Prosthetic Devices / Mobility aid that is prescribed by a physician as necessary part of the treatment for broken limbs or Injuries of the Insured Person
- (iii) Physiotherapy, Radiotherapy, heat therapy or phototherapy treatment prescribed by a physician.
- (iv) Prescribed medications and investigation respectively, by Medical Practitioners, surgeons, assistant surgeons, anesthetist, nursing services, radiological and other diagnostic tests provided these pertain to the diagnosed Illness or injury due to which hospitalization was deemed medically necessary.
- (v) Cost of transportation, including necessary medical care en-route, by recognized emergency service providers/surface Ambulance for medical attention at the nearest Hospital or at the nearest available physician.
- (vi) Lifesaving unforeseen emergency measures, or measures to relieve acute pain, provided to the Insured Person by Medical Practitioners.

If any new disease/ illness/ injury is contracted beyond the Period of Insurance, treatment for the same will not be covered. Company's liability does not exceed the Sum Insured or sub limit specified in the Policy Schedule/ Certificate of Insurance.

Payment under this Benefit is subject to the following:

1. The treatment for Illness/ Injury shall commence immediately after diagnosis of Illness/ Injury during the Period of Insurance.
2. The Insured Person is admitted to the hospital or undergoes Day Care Treatment within 7 days of occurrence of the Accident/ Injury.

3. Pre-Existing Disease Cover In Life Threatening Medical Condition

We will indemnify the Reasonable and Customary Charges related to the Medical Expenses incurred whilst on a Trip during the Period of Insurance, for the Insured Person's Hospitalization, treatment upto the stage of stabilization of any Life-Threatening Medical Condition directly or indirectly attributed to Pre- Existing Condition(s) provided that:

- i. Treatment must be Medically Necessary Treatment and recommended in writing by the Medical Practitioner.
- ii. Part D – Exclusions I.1 and III.4 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- iii. Prior approval of the Assistance Service Provider/Insurer for any sudden, unexpected / unforeseen development attributable to any Pre-Existing Disease(s).
- iv. The treatment for these emergency measures will be paid till the Insured becomes medically stable or is relieved from acute pain. All further medical cost to maintain medically stable state or to prevent the onset of acute pain would have to be borne by the Insured
- v. Our maximum, total and cumulative liability for any and all claims under this cover in respect of the Insured Person is limited to the amount specified in the Policy Schedule/ Certificate of Insurance.

Payment under this Benefit is subject to the following:

1. The treatment for Illness/ Injury shall commence immediately after Illness contracted/ Injury sustained during the Period of Insurance.
2. The Insured Person is admitted to the hospital or undergoes Day Care Treatment within 7 days of occurrence of the Accident/ Injury.

4. Pre-existing Disease Cover

We will indemnify the Reasonable and Customary Charges related to the Medical Expenses incurred whilst on a Trip during the Period of Insurance, for the Insured Person's Hospitalization directly or indirectly attributed to Pre-Existing Condition(s) and which cannot be postponed (for overseas travel postponement till the Insured Person returns to India) upto the limits specified in the Policy Schedule/ Certificate of Insurance and subject to the terms, conditions, exceptions, and limitations under the Policy.

Provided that

- The cover will be applicable to Pre-existing disease/ conditions which is declared and accepted by us at the time of policy issuance and specified in Policy Schedule/ Certificate of Insurance

- Prior approval of the Assistance Service Provider/Insurer for any sudden, unexpected /unforeseen development attributable to any Pre-Existing Disease(s)

Specific Exclusions applicable to this Benefit –

Expenses incurred in relation to the following are not payable under this Benefit

- Any Illness or Injury, sickness for which the Insured Person has taken medical treatment in the preceding 12 months prior to the commencement of the Policy.
- Any complication arising out of any surgery / treatment of injury or likewise treatment taken during preceding 12 months prior to commencement of the Policy.
- Hospitalization for any illness / injury which was already diagnosed prior to departure and for which Insured Person's medical advisor has recommended treatment or surgery prior to departure or commencement of policy period
- Removal or up gradation of any implants already placed inside / outside of body of the Insured Person.
- Dental disease/treatment of any kind,
- Stone removal of any site or organ.
- Hernia, Piles, Cataract, Hydrocele, Fistula in Anus, Tonsillitis
- Any treatment initiated abroad, and which is to be continued on return to Republic of India

Payment under this Benefit is subject to the following:

- The treatment for Illness/ Injury shall commence immediately after Illness contracted/ Injury sustained during the Period of Insurance.
- The Insured Person is admitted to the hospital or undergoes Day Care Treatment within 7 days of occurrence of the Accident/ Injury.

Special Condition - Restriction / Sub-Limit On Medical Expenses

The Insurer's liability for Medical Expenses incurred under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) and/or C.I.3 Pre-Existing Disease Cover In Life Threatening Medical Condition and/or C.I.4 Pre-existing Disease Cover if opted for by the policyholder shall be restricted to the limits as specified below:

Medical Expenses	Restriction/Sublimit
Room Rent	As specified in the Policy Schedule/ Certificate of Insurance
ICU Charges	
Operation Theatre charges (including Surgeon charges)	
Anaesthesia	
Ambulance Services	
Diagnostics & Radiology Services	
Medical Practitioner's visit fees	
Miscellaneous Expenses	
Per Hospitalisation Limit	

For the purpose of application of the above limits:

- Surgery includes operation theatre charges, surgeon fees, implant charges and all other associated charges.
- Ambulance Services include the cost of transportation of the Insured Person to the nearest Hospital

and paramedic services.

- c. Miscellaneous Expenses includes but is not limited to the cost of medicines, pharmacy or drugs supplies, nursing charges, blood storage and processing charges and any other services which are not specified above

5. Extended Cover in the Country of Residence

If a claim is admitted under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only), then We shall indemnify the Reasonable and Customary Charges related to Medical Expenses incurred towards Hospitalization of the Insured Person from the date of return to the country of residence of the insured or policy expiry date, whichever is earlier for a maximum period of 30 days or as specified in the Policy Schedule/ Certificate of Insurance provided that:

- (i) The Hospitalization is required for the same Illness or Injury for which the Claim under Emergency Medical Expenses was admitted for the Insured Person.
- (ii) Our pre-authorization under this cover has been obtained.
- (iii) The need for medical treatment in country of residence is certified by the treating medical officer.

Additionally, we shall also indemnify the costs of an air ticket for a direct route economy class travel for the Insured Person and one accompanying attendant to return to the Country of Residence from the place of occurrence of the Illness or Injury. The costs for the attendant's airfare shall be indemnified by Us only if the treating Medical Practitioner has certified in writing that an attendant must accompany the Insured Person and Our pre-authorization under this cover has been obtained.

6. Additional Sum Insured in Case of Accident

If We have admitted a Claim under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) of the policy for an In-patient treatment in respect of the Insured Person for an Injury arising due to an Accident occurring during the Period of Insurance, then We shall automatically provide an Additional Sum Insured as specified in the Policy Schedule/Certificate of Insurance for that Insured Person provided that:

- (i) The Additional Sum Insured shall be utilized only after the Sum Insured under Emergency Medical Expenses (Accident & Illness) or Emergency Medical Expenses (Accident Only) has been completely exhausted.
- (ii) The total amount payable under such Claim shall not exceed the sum of the Sum Insured and Additional Sum Insured.
- (iii) The Additional Sum Insured shall be applied only once for the Insured Person during the Period of Insurance

7. Maternity Benefit

We will indemnify the Maternity Expenses incurred in respect of the Insured Person whilst on a Trip during the Period of Insurance for Hospitalization of the Insured Person for the delivery of the Insured Person's child provided that:

- (i) Part D – Exclusions I.7 and III.10 of the Policy Wordings shall stand deleted to the extent of

this Benefit only.

- (ii) Claims under this Benefit are admissible only if the Maternity Expenses are incurred in a Hospital for delivery of the child as an in-patient.
- (iii) The delivery occurs after the completion of the waiting period specified in the Policy Schedule / Certificate of Insurance.
- (iv) We shall not be liable to make payment under this Benefit in respect of the Insured Person more than 2 events of deliveries during the Insured Person's lifetime.
- (v) We shall cover the reasonable pre-natal and post-natal expenses necessarily incurred, up to the limits as specified in the Policy Schedule/Certificate of Insurance provided that the condition necessitates treatment in a Hospital and the Insured Person is Hospitalized.
- (vi) Hospitalization to treat maternity related complications which do not require delivery of the child shall be indemnified under this Benefit up to the limits as specified in the Policy Schedule/Certificate of Insurance provided that the condition necessitates treatment in a Hospital and the Insured Person is Hospitalized.
- (vii) We shall only accept such number of claims under this benefit during the Period of Insurance as is specified under Maternity Benefit in the Policy Schedule / Certificate of Insurance.
- (viii) Cover will be applicable only to the female (above 18 years of age) who is insured under policy

8. Maternity Complications

We will indemnify the Medical Expenses (surgical and non-surgical) incurred on the Hospitalization of the Insured Person whilst the Insured Person is on a Trip during the Period of Insurance for treatment of any of the below listed maternity complications suffered by the Insured Person provided that:

- Part D – Exclusions I.7 and III.10 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- Waiting period will be applicable as mentioned in Policy Schedule/ Certificate of Insurance.

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

We shall only accept such number of claims under this benefit during the Period of Insurance as is specified against this Benefit in the Policy Schedule / Certificate of Insurance.

9. New Born Baby cover

We will reimburse the expenses incurred on hospitalization of New Born Baby since the day of birth, for hospitalization due to illness/injury upto the maximum sum insured mentioned against this cover in Policy Schedule / Certificate of Insurance provided the baby is born within the Period of Insurance.

The treatment should be given by a registered medical practitioner.

10. Drug and Alcohol Abuse

We will indemnify the Medical Expenses upto the limits specified in the Policy Schedule/ Certificate of Insurance incurred whilst the Insured Person is on a Trip during the Period of Insurance for treatment of symptoms arising from alcohol and drug abuse suffered by the Insured Person, which is not due to Pre-existing condition, provided that:

- a. Part D – Exclusions III.9 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- b. The Insured Person is Hospitalized for such treatment and the Hospitalization is commenced and continued the written advice of a Medical Practitioner.
- c. The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary

11. Self Inflicted Injury

We will indemnify the Medical Expenses upto the limits specified in the Policy Schedule/ Certificate of Insurance incurred whilst the Insured Person is on a Trip during the Period of Insurance for treatment of an Injury which is self-inflicted by the Insured Person provided that:

- a. Part D – Exclusions I.11 and III.7 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- b. The Insured Person is Hospitalized for such treatment and the Hospitalization is commenced and continued the written advice of a Medical Practitioner.
- c. The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.
- d. The Injury / illness diagnosed is not due to a Pre-existing condition.
- e. Waiting period for 6 months or as mentioned in Policy Schedule/ Certificate of Insurance will be applicable for this benefit during the Period of Insurance

12. Waiver of Restriction / Sub-Limit On Medical Expenses

By opting for this cover and on payment of additional premium to Us, We hereby agree and declare that this Policy shall provide a waiver of restriction / sub-limit as applicable under Special Condition - Restriction / Sub-Limit On Medical Expenses and specified in the Policy Schedule/ Certificate of Insurance.

13. Sports Injury (Adventure and/or Professional Sports)

If an Insured Person sustains an Injury whilst participating in Adventure Sports and /or Professional Sports on a Trip during the Period of Insurance that solely and directly requires the Insured Person's Hospitalization, then We shall indemnify the Medical Expenses incurred towards the same provided that:

- a. Part D – Exclusions I.19, I.24, I.32 and III.6 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- b. The Insured Person's Hospitalization commenced and continued by the written advice of a

Medical Practitioner.

- c. The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.
- d. The sports activity has been carried out in accordance with the guidelines, codes of good practice and recommendations as laid down by the applicable governing body or authority in respect of that sport.

Specific Exclusions applicable to this Benefit –

- i. Certain Medical Condition or Treatments: Whilst being under any medication or treatment which slows down response and alertness or makes the insured person unfit for participating in such sports
- ii. Against medical or expert advice: Participation against Medical Advice or against the advice of the professional instructor or any representative of the Adventure Sport Centre or Organizer.
- iii. Instruction: Insured Person going against instructions, guidelines or rules of participation issued by the Adventure Sport Centre or Organizer
- iv. Pre-Existing Injury: If the Insured is suffering from a Pre Existing Injury that limits their participation in the selected Adventure Sports / Professional Sports.
- v. Pregnant Women: If the Insured is already pregnant as on the date when the Insured undertook participation.
- vi. Weather Conditions: If there is a public weather advice or prevailing weather conditions which are not suitable for undertaking participation in such activities.
- vii. Within 2 weeks of hospitalization: Participation in any Adventure Sports within 2 weeks or before the end of recouping period as per the advice by the attending Physician, whichever is maximum.

14. Sports Injury /Illness (Adventure and/or Professional Sports)

If an Insured Person sustains an Injury / or diagnosed with an illness whilst participating in Adventure Sports and /or Professional Sports on a Trip during the Period of Insurance that solely and directly requires the Insured Person's Hospitalization, then We shall indemnify the Medical Expenses incurred towards the same provided that:

- a. Part D – Exclusions I.19, I.24, I.32 and III.6 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- b. The Insured Person's Hospitalization commenced and continued by the written advice of a Medical Practitioner.
- c. The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.
- d. The sports activity has been carried out in accordance with the guidelines, codes of good practice and recommendations as laid down by the applicable governing body or authority in respect of that sport.

Specific Exclusions applicable to this Benefit –

- i. Certain Medical Condition or Treatments: Whilst being under any medication or treatment which slows down response and alertness or makes the insured person unfit for participating in such sports
- ii. Against medical or expert advice: Participation against Medical Advice or against the advice

- of the professional instructor or any representative of the Adventure Sport Centre or Organizer.
- iii. Instruction: Insured Person going against instructions, guidelines or rules of participation issued by the Adventure Sport Centre or Organizer
- iv. Pre-Existing Injury: If the Insured is suffering from a Pre Existing Injury that limits their participation in the selected Adventure Sports / Professional Sports.
- v. Pregnant Women: If the Insured is already pregnant as on the date when the Insured undertook participation.
- vi. Weather Conditions: If there is a public weather advice or prevailing weather conditions which are not suitable for undertaking participation in such activities.
- vii. Within 2 weeks of hospitalization: Participation in any Adventure Sports within 2 weeks or before the end of recouping period as per the advice by the attending Physician, whichever is maximum.

15. Corporate Floater

If an Insured Person has exhausted the Sum Insured specified in the Policy Schedule/Certificate of Insurance under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) and further incurs any Medical Expenses that would otherwise have been admitted under Emergency Medical Expenses Section, then these Medical Expenses will be indemnified from the Sum Insured of Corporate Floater up to the limits as specified in the Policy Schedule/Certificate of Insurance. The amount payable under this benefit for an Insured Person is subject to the availability of the Sum Insured of Corporate Floater, provided that:

- a. The amount from corporate floater Sum Insured shall be utilized only after the Sum Insured amount specified in the Policy Schedule/Certificate of Insurance under Emergency Medical Expenses Section and the Additional Sum Insured specified in the Policy Schedule/Certificate of Insurance in case of Accident (if in force for the Insured Person) has been completely exhausted.
- b. The total amount payable under such Claim shall not exceed the sum of the benefit amount specified in the Policy Schedule/Certificate of Insurance under Emergency Medical Expenses Section and Additional Sum Insured specified in the Policy Schedule/Certificate of Insurance in case of Accident (if in force for the Insured Person) and the eligible amount under corporate floater Sum Insured.
- c. The amount from corporate floater Sum Insured shall be available only for such Insured Person for whom Claim for Hospitalization following an Illness/ Injury has been accepted under the Policy.
- d. The amount from corporate floater Sum Insured shall be applied only once during the Period of Insurance for an Insured Person.

16. Medical Evacuation

We shall indemnify the reasonable costs necessarily incurred for the Medical Evacuation of the Insured Person whilst on a Trip during the Period of Insurance in an emergency through an Ambulance or any other transportation and evacuation services including necessary medical care en-route forming part of the treatment, provided that:

- i. The Insured Person's Hospitalization commenced and continued as per the written advice of a Medical Practitioner.
- ii. The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's emergency medical evacuation.
- iii. The transportation expenses are limited to transporting the Insured Person from the place of

- contracting or sustaining such Illness or Injury to the nearest appropriate hospital abroad.
- iv. The extra costs of medically necessary and prescribed transportation of the Insured/ Insured Person from the foreign country to a hospital to his/ her Country of Residence (Applicable for Overseas Policy).
- v. If it is medically necessary in the opinion of Emergency Assistance Service Provider, that the Insured/ Insured Person needs to be accompanied by a Medical Practitioner, nurse, relative, friend or colleague; then the additional costs for an accompanying person would also become payable
- vi. This Benefit shall be provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance.
- vii. The Company's liability would not exceed the Sum Insured or sub-limit amount mentioned against this benefit in the Policy Schedule/Certificate of Insurance.
- viii. The deductible under this cover will be applicable, if any and shall be of an amount as specified in the Policy Schedule/Certificate of Insurance.

17. Repatriation of Mortal Remains

If the Insured Person dies whilst on a Trip during the Period of Insurance as a result of Illness/ or Injury occurring during the Period of Insurance, We shall indemnify the costs of repatriation of the mortal remains of the Insured Person to the Country of Residence/ City of Residence or, up to an equivalent amount, for a local burial excluding costs incurred towards buying/ procuring a grave or cremation at the place where death has occurred.

- i. We shall not be liable to make payment under this Benefit in respect of the Insured person in excess of the amount specified in the Policy Schedule/Certificate of Insurance.
- ii. The costs of this Benefit are certified in writing and authorized by Us or the Assistance Service Provider in advance.
- iii. The scope of cover for this Benefit shall be limited to the following:
 - a) Death of the Insured Person solely and directly due to any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance where Repatriation of Mortal Remains Section is in force under the Policy.

18. Dental Expenses

We shall indemnify the Reasonable and Customary Charges incurred on the Medical Expenses whilst on a Trip during the Period of Insurance in connection with any Injury/Illness to the Insured Person's Sound Natural Teeth diagnosed as first incidence during the Period of Insurance provided that:

- (i) The treatment is provided by a Medical Practitioner qualified in practicing dentistry or dental surgery.
- (ii) Part D – Exclusion I.4 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- (iii) The Injury / illness diagnosed is not due to a Pre-existing condition.

For the purposes of this Benefit only:

Sound Natural Teeth means natural teeth that are either unaltered or are fully restored to their normal function and are disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

Specific Exclusions applicable to this Benefit –

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Treatment of any orthopedic, degenerative, or odontogenic diseases.
- (ii) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (iii) Treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Any treatment of a Pre-Existing Disease.
- (v) Cementing or fixation of tooth or teeth bridge(s).
- (vi) Treatment relating to the removal of physical flaws or anomalies
- (vii) Beauty and cosmetic treatment and/or reconstructive plastic surgery in any form or manner, unless medically required because of Injury.
- (viii) For any costs incurred for routine dental treatment or consultation

19. Daily Allowance

We will pay the Insured a daily amount for each continuous and completed day of Hospitalisation as specified in the Policy Schedule/Certificate of Insurance subject to the Deductible, for such maximum number of days as specified in the Policy Schedule/Certificate of Insurance in the event of Hospitalisation of the Insured due to an Injury or Illness sustained or contracted within the Period of Insurance whilst on a Trip, provided that:

- i. The Insured Person is Hospitalized for Medically Necessary Treatment requiring Emergency Care for treatment of any Injury or Illness suffered by the Insured Person.
- ii. In case this cover has been opted as standalone basis, the admissibility of the claims shall be determined based on the admissibility of claim under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) had the same been covered under the policy

20. Out-patient Care

If an Insured Person suffers an Illness or an Injury whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person to take Outpatient Treatment, then We shall indemnify the Medical Expenses incurred on that Out-patient Treatment.

21. Out-patient Care for Injury

If an Insured Person suffers an Injury whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person to take Outpatient Treatment, then We shall indemnify the Medical Expenses incurred on that Out-patient Treatment.

Specific Exclusions applicable to Benefit 20 and 21 –

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Medical treatment taken outside the Country of Residence/City of Residence if that is the

- sole reason or one of the reasons for the journey.
- (ii) Any treatment or Medical Expenses incurred for any Illness which is a Pre-Existing Disease unless specifically covered.
- (iii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Radiotherapy and Chemotherapy charges.
- (v) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (vi) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
- (vii) Physiotherapy expenses or any services provided by chiropractitioner.
- (viii) Screening for cancer or mammography.

22. Pre-Existing Disease Cover for Out-patient Care

The scope of the cover under Benefit 20 – Out-Patient Care and Benefit 21 – Out-Patient Care for Injury is extended to cover the Medical Expenses incurred whilst on a Trip during the Period of Insurance, for the Insured Person's out-patient treatment directly or indirectly attributed to Pre-Existing medical Condition(s) provided that:

- i. Our maximum, total and cumulative liability for any and all claims under this cover in respect of the Insured Person is limited to the amount specified in the Policy Schedule/Certificate of Insurance.
- ii. Part D – Exclusions I.1 and III.4 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- iii. The approval of the Company or Our Assistance Service Provider is obtained within 48 hours of Consultation.
- iv. Claim under this Benefit shall be admissible till the Insured Person becomes medically stable or relieved from acute pain

Specific Exclusion applicable to this Benefit–

All further Medical Expenses including but not limited to those expenses related to maintaining the medically stable state or to prevent the onset of acute pain or any further treatment would not be covered by the Company

23. Cancer Screening and Mammography

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for cancer screening and/or mammography on the advice of a Medical Practitioner whilst on a Trip during the Period of Insurance upto the limit specified in Policy Schedule/Certificate of Insurance.

24. Treatment of Mental & Nervous Disorder

We will indemnify the Medical Expenses incurred whilst the Insured Person is on a Trip during the Period of Insurance for Out-patient Treatment of mental and/or nervous disorders suffered by the Insured Person, provided that:

- The condition is not related to any past medical conditions or has been manifested before the

commencement of the policy.

If You have opted for the above Benefit, then the claim under the said cover will not be payable under Out-patient Care/ Out-patient Care for Injury.

25. Radiotherapy and Chemotherapy Charges

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for Radiotherapy and/or Chemotherapy on written advice of a Medical Practitioner whilst on a Trip during the Period of Insurance upto the limit specified in Policy Schedule/Certificate of Insurance.

26. Vaccination Charges

We will indemnify the Medical Expenses incurred for vaccination charges whilst on a Trip during the Period of Insurance upto the limit specified in Policy Schedule/Certificate of Insurance provided that:

- Post exposure prophylaxis vaccination are not covered.

Specific Exclusion applicable to this Benefit–

- Immunization expenses unless otherwise specified in the Policy Schedule/ Certificate of Insurance

27. Non-Emergency OPD Consultation

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for a medical consultation required on a non-emergency basis whilst on a Trip during the Period of Insurance upto the limit / number of incidences specified in Policy Schedule/Certificate of Insurance.

28. Psychological and Mental Counselling

We will indemnify the Medical Expenses necessarily incurred in respect of the Insured Person for any counselling post diagnosis of the mental illness by a specialist Medical Practitioner provided that:

- i. The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.
- ii. The Insured Person is not Hospitalized for such treatment.
- iii. The condition is not related to any past medical conditions or has been manifested before the commencement of the policy.
- iv. Treatment to be provided by the Psychologist who specialize in the study of mind and behavior or in the treatment of mental, emotional, and behavioral disorders.

If You have opted for the above Benefit, then the claim under the said cover will not be payable under Out-patient Care/ Out-patient Care for Injury.

29. Return of Minor Child

If the Insured Person is travelling with his Minor Child(ren) of Age below 18 years and if he suffers an Injury or Illness during the Trip,

- We will reimburse the actual cost upto the limits as specified in the Policy Schedule/Certificate of

Insurance of a direct route economy class air ticket or equivalent amount incurred through other modes of Common Carrier for the Minor Child(ren) to travel from the place of Hospitalization of the Insured Person to the Country of Residence/City of Residence

Or

- We will reimburse the actual cost upto the limits as specified in the Policy Schedule/Certificate of Insurance of one round trip economy class air ticket or equivalent amount incurred through other modes of Common Carrier towards one Immediate Family Member of the Insured Person to escort the unattended Minor Child(ren) to take them back to Country of Residence / City of Residence

Provided that

- i. The Insured Person is Hospitalized for Medically Necessary Treatment which is required in an Emergency for any Injury or Illness suffered or treatment of any Injury suffered whilst on a Trip during the Period of Insurance;
- ii. The Insured Person's Minor Child(ren) are covered under this Policy as Insured Persons or are covered under any other travel insurance policy issued by Us for the same Period of Insurance.
- iii. The Insured Person's Minor Child(ren) are unattended in the place of Hospitalization.
- iv. The treating Medical Practitioner certifies in writing that the Insured Person is required to be Hospitalized for at least 5 consecutive days or as mentioned in Policy Schedule/ Certificate of Insurance
- v. The Insured Person's Minor Child(ren) return travel to the Country of Residence shall commence not later than 10 days or as mentioned in Policy Schedule/ Certificate of Insurance from the commencement of the Insured Person's Hospitalization.
- vi. We have accepted a Claim for the same period of Hospitalization of the Insured Person C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only)
- vii. In case this cover has been opted as standalone basis, the admissibility of the claims shall be determined based on the admissibility of claim under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) had the same been covered under the policy

30. Compassionate Visit - Travel

We shall indemnify the Insured Person for the actual expenses necessarily incurred upto the limits as specified in the Policy Schedule/Certificate of Insurance by the Insured Person's any one Immediate Family Member towards a return ticket (two-way) up to the cost of direct route economy class airfare from the Country of Residence/City of Residence of that Immediate Family Member to the place of Hospitalization of the Insured person up to the limits specified in the Policy Schedule/Certificate of Insurance, provided that:

- i. The Insured Person is Hospitalized for Medically Necessary Treatment which is required in an Emergency for any Injury or Illness suffered by the Insured Person whilst on a Trip during the Period of Insurance.
- ii. No adult Immediate Family Member of his/her family is present.
- iii. The treating Medical Practitioner advises in writing that the attendance of an Immediate Family Member is necessary.
- iv. The treating Medical Practitioner certifies in writing that the Insured Person is required to be Hospitalized for at least 5 consecutive days or as specified in Policy Schedule/ Certificate of Insurance.
- v. The Immediate Family Member's return travel to the Country of Residence/City of Residence

shall commence not later than the date of the Insured Person's return to the Country of Residence/City of Residence.

- vi. It is a Condition Precedent to Our liability under this Benefit that the need for such a special assistance and consequent visit of any one of the Immediate Family Member from a particular place is also approved by the Assistance Service Provider before the Immediate Family Member undertakes the Trip.
- vii. We have accepted a Claim for the same period of Hospitalization of the Insured Person under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only)
- viii. In case this cover has been opted as standalone basis, the admissibility of the claims shall be determined based on the admissibility of claim under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) had the same been covered under the policy
- ix. The scope of cover for this Benefit shall be limited to the following:
 - For any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance if this Benefit is applicable to the Insured Person under the Policy along with C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only)

31. Compassionate Visit - Emergency Hotel Accommodation / Extension

We shall indemnify the reasonable hotel accommodation charges necessarily incurred upto the limits as specified in Policy Schedule/Certificate of Insurance by any one Immediate Family Member / relative in the place of Hospitalization of the Insured Person, if the Illness or Injury suffered or treatment of any Injury suffered by the Insured Person whilst on a Trip during the Period of Insurance solely and directly requires the Insured Person's Hospitalization provided that:

- i. The Insured Person's Hospitalization continues for more than 5 consecutive days or as specified in Policy Schedule/Certificate of Insurance.
- ii. The Immediate Family Member's extended stay in the hotel was not part of the planned stay or covered under the original hotel booking.
- iii. The Immediate Family Member is also an Insured Person or is covered under any other travel insurance policy issued by Us for the same period as the Period of Insurance.
- iv. Our liability shall be in relation to hotel accommodation in the lower of same category of accommodation or original booking (per day) covered by the original confirmed bookings.
- v. We shall not be liable to pay any amount under this Benefit after the Insured Person's discharge from Hospital.
- vi. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same illness / Injury.
- vii. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule / Certificate of Insurance for each claim.
- viii. We have accepted a Claim for the same period of Hospitalization of the Insured Person under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only)
- ix. In case this cover has been opted as standalone basis, the admissibility of the claims shall be determined based on the admissibility of claim under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) had the same been covered under the policy

32. Replacement of Staff

We shall indemnify the travelling expenses incurred upto the limits as specified in Policy Schedule/Certificate of Insurance during the Period of Insurance for the actual cost up to direct route economy class airfare to travel from the Country of Residence/City of Residence to the place of destination due to Hospitalization of the Insured, provided that:

- i. The treating Medical Practitioner certifies in writing that the Insured Person is required to be Hospitalized for at least 5 consecutive days or as mentioned in Policy Schedule/ Certificate of Insurance and would not be able to resume duties up to a specific date as deemed fit.
- ii. The co-worker's journey to the place of insured person Hospitalization commences not later than 20 days from the date of insured person's discharge from Hospital.
- iii. The need of such replacement is essential and certified in writing by You as necessary to minimize the loss of business and/or avoid violation of Your contractual obligations.
- iv. We have accepted a Claim for the same period of Hospitalization of the Insured Person under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only)
- v. In case this cover has been opted as standalone basis, the admissibility of the claims shall be determined based on the admissibility of claim under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) had the same been covered under the policy
- vi. Only one such substitution is permissible in respect of one employee.
- vii. The destination shall be the same as that of the Insured Person.

The Company would pay for travelling expenses for the actual cost up to direct route economy class airfare to travel:-

- a) In sending out a replacement for an Insured Person
- b) In returning the replacement following the completion of the duties undertaken

Or

As a result of: -

- a) In returning the original person, back to the place of originating journey
- b) In sending out the original insured Person to complete a tour of duty following recovery from disability.

Specific Exclusion applicable to this Benefit–

No claim is payable under this section if the substitute employee has already been booked for travel prior to Emergency evacuation of the employee declared for insurance.

33. Maternity Cash Benefit

We shall pay the benefit amount specified in the Policy Schedule/Certificate of Insurance against this Benefit if the Insured Person is Hospitalized for the delivery of the Insured Person's child during the Period of Insurance, provided that:

- i. The delivery occurs after the completion of the waiting period specified in the Policy Schedule/Certificate of Insurance.
- ii. We shall not be liable to make payment under this Benefit in respect of the Insured Person

more than once during the Period of Insurance and more than twice during the Insured Person's lifetime.

Part D – Exclusions I.7 and III.10 of the Policy Wordings shall stand deleted to the extent of this Benefit only.

34. Child Care (Accommodation)

We shall indemnify the Insured Person for the actual expenses necessarily incurred upto the limits as specified in Policy Schedule/Certificate of Insurance in respect of the accommodation of one Immediate Family Member with the Insured Person in Hospital, if the Insured Person is less than Age 12 and is Hospitalized for Medically Necessary Treatment of an Illness or Injury whilst on a Trip during the Period of Insurance, provided that:

- i. The Insured Person's Immediate Family Member is also covered under this Policy as an Insured Person or is covered under any other travel insurance policy issued by Us for the same Period of Insurance.
- ii. The treating Medical Practitioner certifies that the Insured Person is required to be Hospitalized for at least 5 consecutive days.
- iii. We have accepted a Claim for the same period of Hospitalization of the Insured Person under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only).
- iv. We shall not be liable to pay for expenses on food and other miscellaneous expenses by the attendant during his/her stay.

35. Health Checkup

We shall indemnify the medically necessary expenses incurred in respect of the Insured Person whilst on a Trip during the Period of Insurance for a health check-up (including dental health check-up and eye/ vision check-up) up to the limits /number of incidence as specified in the Policy Schedule/Certificate of Insurance.

36. Custodial Care

We shall pay the daily benefit amount specified in the Policy Schedule / Certificate of Insurance for each continuous and completed day of post Hospitalization custodial care services provided by a non-medical individual to assist the Insured Person in the Activities of Daily Living that usually can be self-administered, provided that:

- i. The Insured Person's Hospitalization continues for more than 5 consecutive days or as specified in the Policy Schedule / Certificate of Insurance.
- ii. We shall not be liable to make payment under this Benefit for a period more than as specified in the Policy Schedule/Certificate of Insurance from the Insured Person's discharge from Hospital.
- iii. The treating Medical Practitioner's Prescription must specify that medical services of a non-medical individual are required to be provided to the Insured Person at his/her home.
- iv. We have accepted a Claim for the same period of Hospitalization of the Insured Person under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only)

37. Daily Allowance In Case Of Isolation / Quarantine

We shall pay the amount specified in the Policy Schedule /Certificate of Insurance as a daily benefit amount for the maximum number of days as mentioned in the Policy Schedule/ Certificate of Insurance for each 24 hours of continuous and completed days of admission, if the Insured Person is diagnosed with an Illness whilst on Trip and is advised by the treating Medical Practitioner to be isolated / quarantined / confined to a medical facility for prevention of spread of specified Illness as declared by the World Health Organization or respective country State Government / Local Governing Body.

Specific Exclusion applicable to this Benefit–

- Any prophylactic isolation / compulsory quarantine without diagnosis of illness / absence of symptoms as per the visiting country's / city's requirement from time to time.

Our liability to make payment under this benefit is subject to and is more than the Deductible of the number of days specified in Policy Schedule / Certificate of Insurance.

38. Lifestyle Support

We shall pay up to the amount specified in Policy Schedule / Certificate of Insurance in case the Insured Person has incurred cost on medically necessary Prosthetic Devices, Mobility Aid equipment, corrective devices, external durable medical equipment, if the Insured Person requires the same on the written advice of a Medical Practitioner for the same Injury suffered by the Insured Person in respect of which we have accepted a Claim under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) Section as the case may be, provided that:

Part D – Exclusions I.26 and I.33 of the Policy Wordings shall stand deleted to the extent of this Benefit only.

39. Home Care

If the Illness or Injury suffered by the Insured Person requires the Insured Person to be necessarily attended by a Qualified Nurse immediately subsequent to the Insured Person's discharge from Hospital, we shall pay the daily benefit amount specified in the Policy Schedule / Certificate of Insurance for each continuous and completed day of attendance by a Qualified Nurse at the Insured Person's home provided that:

- i. The Insured Person's Hospitalization continues for more than 5 consecutive days unless a separate period is specified in the Policy Schedule /Certificate of Insurance.
- ii. We shall not be liable to make payment under this Benefit for a period of more than number of days as specified in the Policy Schedule / Certificate of Insurance from the Insured Person's discharge from Hospital.
- iii. The treating Medical Practitioner's Prescription must specify that medical services of a Qualified Nurse are required to be provided to the Insured Person at his/her home;
- iv. We have accepted a Claim for the same period of Hospitalization of the Insured Person under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only).

40. Miscarriage Due to Accidental Injury

We shall pay the benefit amount upto the limit as specified in Policy Schedule/Certificate of Insurance if the Insured sustained bodily injury whilst on Trip during the Period of Insurance which solely and directly results in Miscarriage of pregnant Insured member, provided that:

1. The Miscarriage shall not be attributed to any natural cause and/or sickness related to pregnancy or childbirth.
2. We shall not be liable for voluntary termination of pregnancy
3. Benefit applicable to only female insured member covered under the policy
4. For the purpose of this cover Miscarriage means the spontaneous or unplanned expulsion of fetus from the womb within first 20 weeks of gestation.

41. Inpatient emergency medical expenses for injury during intercollegiate sports

By Opting this cover, benefit under C.I.1 Emergency Medical Expenses (Accident & Illness) and C.I.2 Emergency Medical Expenses (Accident Only) will be extended to In-patient hospitalization due to injuries during inter-collegiate sports upto the limits as specified in the Policy Schedule/ Certificate of Insurance.

Specific Conditions applicable to this Benefit -

- a) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.
- b) The sports activity has been carried out in accordance with the guidelines, codes of good practice and recommendations as laid down by the applicable governing body or authority in respect of that sport.

Specific Exclusions applicable to this Benefit -

- i. Part D – Exclusions I.19, I.24 and III.6 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- ii. Against medical or expert advice: Participation against Medical Advice or against the advice of the professional instructor or any representative of the Adventure Sport Centre or Organizer.
- iii. Instruction: Insured Person going against instructions, guidelines or rules of participation issued by the Organizer
- iv. Professional participation: Any participation in a semi-professional or professional capacity.
- v. Pre-Existing Injury: If the Insured is suffering from a Pre Existing Injury that limits their participation in the Sports.
- vi. Pregnant Women: If the Insured is already pregnant as on the date when the Insured undertook participation.
- vii. Swimming: Participation in any water based Adventure Sports without knowledge of swimming by the Insured.

42. Rehabilitation Benefit –

If during the Period of Insurance an Insured Person sustains Bodily Injury which requires Rehabilitation within three (3) weeks of the Date of Loss, then the Company agrees to pay the actual costs of such treatment up to the limits specified in the Policy Schedule/Certificate of Insurance.

Provided that:

- i. The treating Medical Practitioner certifies that the Insured Person requires Rehabilitation.
- ii. We have accepted a Claim for the same Period of Insurance for the Insured Person under Emergency Medical Expenses (Accident & Illness) and Emergency Medical Expenses (Accident Only)

The Deductible, if applicable, shall be deducted from the Compensation payable.

Specific Definitions applicable to this Benefit -

Rehabilitation means:

1. treatment by a therapist licensed, registered, or certified to provide such treatment; or
2. treatment in an institution which is licensed to provide such treatment, when the treatment is intended to prepare the Insured Person for work in any gainful occupation, including the Insured Person's regular occupation.

Specific Exclusion applicable to this Benefit -

The Company shall not be liable to pay any benefit in respect of any Insured Person for any treatment not performed by a fully registered and licensed Physiotherapist.

43. Reconstructive Surgery Benefit

If during the Period of Insurance an Insured Person sustains Bodily Injury which requires Reconstructive Surgery within six (6) months of the Date of Loss, then the Company agrees to pay the actual costs of such Reconstructive Surgery up to the limits specified in the Policy Schedule/Certificate of Insurance. Provided that

- i. The treating Medical Practitioner certifies that the Insured Person is required Reconstructive surgery.
- ii. We have accepted a Claim for the during period of insurance for the Insured Person under Emergency Medical Expenses (Accident & Illness) and Emergency Medical Expenses (Accident Only)

The Deductible, if applicable, shall be deducted from the Compensation payable.

Specific Definition applicable to this Benefit –

- 1) Reconstructive Surgery means surgery to reconstruct cutaneous or underlying tissue, prescribed as necessary by a Physician.

Specific Exclusions applicable to this Benefit -

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

- 1) Any Reconstructive Surgery not performed by a fully registered and licensed Cosmetic Surgeon.
- 2) Any Reconstructive Surgery an Insured Person elects to have.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section

including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

44. Child Care Allowance

If an Insured contracts an Illness or suffers an injury due to an accident whilst on a Trip during the Period of Insurance and his/her dependent children are covered by us for the same policy tenure and are travelling along with the hospitalized parent on the same trip, the Company shall pay to the Insured a daily compensation for a maximum number of 5 days or as specified in Policy Schedule/Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization of Insured as child care expenses.

- i. The overall liability to make any payment under this cover is the maximum Sum Insured specified in Policy Schedule/Certificate of Insurance, under this cover.
- ii. The liability of the Company to make payment will only commence after the Insured has been hospitalized for a period of more than 24 consecutive hours or such time mentioned as Deductible/Franchise in Policy Schedule/Certificate of Insurance.
- iii. We have accepted a Claim for the same period of Hospitalization of the Insured Person under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only) Section.

45. Home to Home Cover

We will extend the Coverage before /beyond the Period of Insurance for Emergency Medical expenses (Accident & Illness) and Emergency Medical expenses (Accident), Out-patient Care (Out-Patient Treatment) and Personal Accident up to the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance for the following:

- Starting of the Journey from Home (or any intermediate place) at the Country of Residence to the Airport for duration of 6 hours before the Scheduled departure time of the Common Carrier.
- Return journey from the Airport to Home (or any intermediate place) after de-boarding the Common Carrier at the Country of Residence for duration of 6 hours after the Actual arrival time.

Insured should inform Us immediately if he suffers an illness or injury and which occurs within the duration specified in this Section.

Specific Exclusions applicable to this Benefit -

All exclusions mentioned under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only), C.I.19 Out-patient Care, C.I.20 Out-Patient Care for Injury and C.III.2 Personal Accident.

46. Trauma Counselling

We will pay for the Medical Expenses incurred during the Period of Insurance for any trauma counseling undertaken by the Insured Person, if the event causing such trauma or bereavement has happened to the Insured person himself/herself as Victim or has happened to someone in the presence

of Insured but not to the Insured himself/herself (as Witness) during the period of Insurance.

The cover will also include the cost of medicines if prescribed during such consultations.

Specific Exclusions applicable to this Benefit -

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:

- Any counseling undertaken that doesn't fall within the definition of trauma

For this cover Trauma can be defined as -

“Trauma” is described as a person's emotional response to an extremely negative (disturbing) event. Trauma can be triggered by exposure to actual or threatened death, serious injury or sexual violation. Such exposure must result from one or more of the following situations, in which the individual directly experiences the traumatic event, witnesses the traumatic event in person, learns that the traumatic event occurred to an Immediate family member or close friend (with the actual or threatened death being either violent or accidental), experiences first-hand, repeated, or extreme exposure to aversive (unpleasant) details of the traumatic event (does not learn about it through media, pictures, television, or movies, except for work-related events)

47. University Excess Medical Cover

In the event of a claim payable during the Period of Insurance under any insurance policy issued by a foreign insurance company to an Insured Person, who is a student pursuing an educational course as a full time student in an educational institution in the Country of Visit during the Period of Insurance, whilst such Insured Person is on a Trip, and where such claim is covered under Emergency Medical Expenses of this insurance, then the Company shall reimburse the excess amount above the deductible that the Insured Person is liable to bear.

Cover under this Benefit is only available if Emergency Medical Expenses is in-force and opted for by the Insured Person and the payment being made is covered under the Emergency Medical Expenses section of this Policy.

48. Mid Trip Medical Cover Continuance in India

In the event that an Insured Person during a Trip outside India travels back to India for a short duration and returns back on the same Trip outside India before the end of the Period of Insurance as specified in the Policy Schedule/Certificate of Insurance, then the Insured Person shall be covered under Emergency Medical Expenses Section for the Medical Expenses incurred for Hospitalization during the visit to India in the Indian geography, provided that:

- (i) The days allocated for the said Trip in the Policy Schedule/Certificate of Insurance shall be counted for the stay in India.
- (ii) The maximum length of stay in India covered under this Benefit shall not exceed the limit as specified in Policy Schedule/Certificate of Insurance.
- (iii) In case the length of stay in India, commencing from the arrival in India as specified in this Benefit exceeds the number of days as specified in the Policy Schedule/Certificate of Insurance, then the Trip automatically ends.
- (iv) If We have paid a Claim in India under Emergency Medical Expenses Section in respect of the

stay in India under this Benefit, then the cover in India under this Benefit is extended until the expiry of the period specified in the Policy Schedule/Certificate of Insurance or may continue on the same Trip as the case may be.

49. OPD treatment for illness and injury in skilled nursing facility

We shall pay up to the amount specified in Policy Schedule / Certificate of Insurance in case the Insured Person has incurred cost on Out-patient Treatment done by Non-physician Practitioners which includes the following:

- Treatment in case of emergency/life threatening situation upto the stage of stabilization
- Application of wound dressing immediately followed by an injury /accident
- Application of medically necessary wound dressing advised by medical practitioner upto prescribed period of time
- Intravenous and intramuscular injections or insertion of catheters and, if medically necessary to the treatment of the patient's illness or injury advised by medical practitioner upto prescribed period of time

Non-physician Practitioners (NPP) means physician assistants, clinical nurse specialists, and nurse practitioners, who may, if state and local laws permit it, and when appropriate rules are followed, provide, certify or supervise therapy services.

Specific Exclusion applicable to this Benefit–

- a) Non-licensed Non-physician Practitioners

50. Suicide

If the Insured Person dies on account of suicide whilst on Trip during the Period of Insurance, onetime payment as mentioned in Policy Schedule/Certificate of Insurance would be offered as benefit.

Waiting period of 6 months or as mentioned in Policy Schedule/Certificate of Insurance will be applicable for this benefit since departure from India during the Period of Insurance.

If cover is opted at renewal, waiting period will be applied afresh for the addition of this cover.

The Company shall be under no liability to make any payment under Emergency Medical Expenses, Medical Evacuation, Repatriation of Remains and Personal Accident Benefit in respect of any Claim for suicide.

51. Therapeutic aids and appliances

If the Insured contracts any Illness or suffers an Injury due to an Accident whilst on a Trip during the Period of Insurance, the Company shall indemnify the Insured for the Reasonable and Customary charges incurred upto the amount specified in Policy Schedule/Certificate of Insurance for necessary (unforeseen) medical aids, including but not restricted to plaster casts, bandages, walking aids, crutches, wheel chairs, bipap machine, oxygen cylinder(for usage outside hospital), cervical collar, splint, knee braces, arm-sling and lumbo sacral belt and any other medical aids, provided that:

- The need for such medical aids is at the written advice of the treating Medical Practitioner

- The overall liability to make any payment under this cover, irrespective of the number of medical aids being claimed is the sum insured
- The Deductible/ Co-pay amount mentioned in Policy Schedule/Certificate of Insurance shall be applicable.
- We shall not accept more than one claim under this cover in respect of the Insured person, following from the same illness/injury in one policy period
- We have accepted the claim under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only)
- The Injury/ Illness diagnosed is not due to a Pre-existing condition unless specifically opted.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

52. Nutritional consultations

We will cover the expenses for outpatient consultations with a nutritionist upon diagnosis of a condition benefiting from nutritional advice and enabling better management of the diagnosed condition.

Such conditions include but not limited to cancer, eating disorders, gastrointestinal disease, heart disease, food intolerances and allergies. Provided that –

- i. The need for Nutritional Consultation is at the written advice of the treating Medical Practitioner
- ii. The prescription must have been issued prior to the start of treatment and must specify the diagnosis, nature and number of sessions needed.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

53. Wigs and Prosthetic bra following cancer treatment

We will reimburse the eligible expenses incurred whilst on a Trip during the Period of Insurance for the wigs and prosthetic bras for women following cancer treatment upto the amount specified in Policy Schedule/Certificate of Insurance.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section

including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

54. Acupuncture, AYUSH and Chiropractory including drugs and dressings

We will reimburse the eligible expenses incurred upto the amount specified in Policy Schedule/Certificate of Insurance whilst on a Trip during the Period of Insurance, only if the aforementioned treatment is provided by doctors or other therapists who can prove that they have received the requisite training and are licensed or authorised to practice in the country in which treatment is provided. Drugs and dressings as prescribed by such doctors or therapists during the treatment will also be reimbursed.

Part D – Exclusions I.10 and I.18 of the Policy Wordings shall stand deleted to the extent of this Benefit only.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

55. Podiatry

We will reimburse the costs for medically necessary podiatry treatment. Provided that –

- i. These services must be prescribed by a doctor.
- ii. The Prescription must have been issued prior to the start of treatment and must specify the diagnosis, nature and number of sessions needed.
- iii. Medical/surgical condition should not be pre-existing in nature

For this cover, Podiatry Treatment means medical and surgical treatment of disorders of the sole, ankle and leg.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

56. Hearing Aids

We will indemnify the expenses upto the limit specified in Policy Schedule/Certificate of Insurance for a medically prescribed hearing aid, provided-

- i) The need for such hearing aids is at the written advice of the treating Medical Practitioner

- ii) The Deductible/ Co-pay amount mentioned in Policy Schedule/Certificate of Insurance shall be applicable.
- iii) We shall not accept more than one claim under this cover in respect of the Insured person, following from the same illness/injury in one policy period
- iv) We have accepted the claim under C.I.1 Emergency Medical Expenses (Accident & Illness) or C.I.2 Emergency Medical Expenses (Accident Only)
- v) Deafness / illness diagnosed is not due to a Pre-existing condition unless specifically opted

Expenses incurred for replacement batteries for hearing aids will not be reimbursed.

Part D – Exclusions I.12 and III.33 of the Policy Wordings shall stand deleted to the extent of this Benefit only.

If You have opted for the above Benefit, then the claim under the said cover will not be payable under Lifestyle Support.

For Purpose of this cover - A hearing aid is an electronic device worn in or behind the ear for amplifying sound.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

57. Infertility treatment

We will reimburse the expenses upto the limit specified in Policy Schedule/Certificate of Insurance for the following diagnostic tests and treatments to increase fertility, as well as treatments to prevent future miscarriages, investigation into miscarriage and assisted reproduction and related complications:

- Diagnostic investigations, consultations and tests including invasive procedures such as hysterosalpingogram, laparoscopy or hysteroscopy
- Laboratory work
- Prescribed drug treatment but not limited to ovulation stimulation
- In vitro fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Artificial insemination (AI)

Further, We will only pay the benefits as long as:

- The woman is aged under 40 and man under 50 at the time of treatment (first stimulation day in each treatment cycle or first cycle day in case of insemination without hormone stimulation)
- The Insured persons sterile condition is due to organic causes and can only be overcome with the

aid of reproductive help and

- Both the man and woman benefiting from the treatment are insured with Us and are eligible for treatment as per their selected policy benefits

Part D – Exclusions I.7, I.27 and III.10 of the Policy Wordings shall stand deleted to the extent of this Benefit only.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

58. Dialysis

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Treatment for Dialysis on written advice of a Medical Practitioner whilst on a Trip during the Period of Insurance provided that:

- The Injury / illness diagnosed is not due to a Pre-existing condition unless specifically opted.
- The treating Medical Practitioner certifies in writing the requirement of Dialysis with its frequency

This includes pre and post-operative renal dialysis as part of intensive care and for ongoing maintenance while waiting for a kidney transplant for a limit of up to two years.

If You have opted for the above Benefit, then the claim under the said cover will not be payable under Emergency Medical Expenses Accident & Illness/ Emergency Medical Expenses Accident /Out-patient Care/ Out-patient Care for Injury.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

59. CT/MRI/PET Scans

We will indemnify the Medical Expenses incurred in respect of the Insured Person's In Patient / Out-patient / Day Care Treatment which is medically necessary for radiology including CT, MRI or PET scan (or combination of these scans) on the advice of a Medical Practitioner whilst on a Trip during the Period of Insurance provided that:

Part D – Exclusion I.8 of the Policy Wordings shall stand deleted to the extent of this Benefit only.

If You have opted for the above Benefit, then the claim under the cover - Emergency Medical Expenses

Accident & Illness/ Emergency Medical Expenses Accident /Out-patient Care/ Out-patient Care for Injury will not be payable.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

60. Hospice Care

If Outpatient care at home or in the Insured Person's immediate family is not possible and provided that the hospice:

- works together with nursing staff and doctors with experience in palliative medical care, and
- is operated under the professional supervision of a nurse, or other suitably qualified person, with several years of experience in palliative medical care or with relevant qualifications, as well as qualification for supervisory nursing care or a management function

We will reimburse the expenses incurred for accommodation, nursing care and support in according with the patient's state of health for a maximum of 7 weeks.

Benefits for full or part-time inpatient hospice care is only granted if the Insured Person is suffering from an illness which

- is progressive (i.e. continually deteriorating) and has already reached an advanced stage and
- is incurable, so that inpatient palliative care has become necessary, and
- permits a remaining life expectancy of weeks or only a few months.

Hospice benefits are paid for the following illness, among others

- Cancer in advanced stages
- Fully developed infectious AIDS
- Disorders of the nervous system, with unstoppable progressive paralysis
- Chronic kidney, liver, heart, digestive or pulmonary illness in a terminal stage

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

61. Palliative Care

We will Indemnify the amount / number of days specified in Policy Schedule/Certificate of Insurance for palliative treatment following the diagnosis that Insured person's medical condition is terminal and he will no longer receive treatment that will result in a recovery. We pay for your palliative treatment, social, psychological and spiritual care and hospital or hospice accommodation, nursing care and

prescribed drugs and dressings provided that –

- The Injury / illness diagnosed is not due to a Pre-existing condition.
- The treating Medical Practitioner certifies in writing that medical condition is terminal and he will no longer receive treatment that will result in a recovery.

For Purpose of this cover

- Palliative medicines describes the comprehensive active treatment provided to patients whose life expectancy is limited and whose illness can no longer be cured and for whom the purpose of treatment is to achieve the best possible quality of life for the patients and his relatives

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

II. Personal Accident

1. Personal Accident

We shall pay in accordance with the following cover in force under the Policy and as specified in the Policy Schedule / Certificate of Insurance.

a. Accidental Death

If the Insured Person dies within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Trip within the Period of Insurance, We shall pay in accordance with the cover opted for and specified in the Policy Schedule / Certificate of Insurance, if the death is solely and directly due to the Injury and the Insured Person, or his representative arranges for the immediate treatment of the Insured Person in a Hospital.

Event	% Of SI Payable
Accidental Death	100%

b. Permanent Total Disablement

If the Insured Person suffers Permanent Total Disablement (of the nature specified in the table below) within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Trip within the Period of Insurance, We shall pay in accordance with the cover opted for and specified in the Policy Schedule / Certificate of Insurance, provided that Permanent Total Disablement is solely and directly due to the Injury and the Insured Person or his representative arranges for the immediate treatment of the Insured Person in a Hospital.

Event	% Of Sum Insured Payable
Permanent Total Disablement (PTD)	

Loss of sight of both eyes, or actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye, and loss of one entire hand or one entire foot	100%
Loss of sight of one eye, or actual loss by physical separation of one entire hand or one entire foot	50%

For the purpose of this Benefit only, physical separation of a hand or foot means actual severance of hand at or above the wrist, and of foot at or above the ankle.

The criteria for deciding total loss of function of body part or organ for the permanent total disablement shall be based on a certificate from treating Medical Practitioner/ independent Medical Practitioner

c. Permanent Partial Disablement (PPD):

If an Insured Person suffers an Injury due to an Accident that occurs during the Trip and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 12 months from the date of the Accident, We will pay the amount specified in the table below.

If due to any accident, multiple physical and mental functions of the Insured/Insured Person are impaired, the amount payable shall be cumulative sum of the percentage of Sum Insured stated in the Table of Benefits for PPD below, but the total compensation payable for all the Disabilities together shall be up to 100% of the Sum Insured specified in the Policy Schedule/Certificate of Insurance.

If a Claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, our liability to make payment will be limited to the member only and not any of its parts or constituents.

The Sum Insured as specified in the Policy Schedule / Certificate of Insurance shall be the limit per person per Policy period payable only in Indian Currency on the Insured Person's return to India. The Sum Insured shall be Our total, cumulative and maximum liability under this benefit.

Subject to the above, We shall pay to the Insured Person or his/her Nominees or the legal representative, as the case may be, the sum or the sums as set forth in the Table of Benefits below

Table of Benefits for PPD – Total and irrecoverable loss of various parts as given below:	%age of Sum Insured
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Use of a hand or a foot without physical separation	50%
Loss of speech	50%
Loss of toes – all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%

Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three Phalanges	10%
Loss of middle finger or ring finger or little finger – two Phalanges	7%
Loss of middle finger or ring finger or little finger - one phalanx	3%
Loss of metacarpals – first or second (additional) or third, fourth or fifth (additional)	3%
Any other permanent partial Disability	Percentage as assessed by an independent and / or doctor of the Company Physician

This Benefit will be payable provided that:

- The Disability occurs within one year of accident
- The Disability must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the Disability

If a Claim has been made under this Benefit in respect of the Insured Person which does not result in 100% of the benefit amount specified in the Policy Schedule / Certificate of Insurance against this Benefit being paid, then cover for the Insured Person under this Benefit shall continue for the remainder of the benefit amount. Any amounts already paid under this Benefit in respect of an Insured Person during the Period of Insurance shall be subtracted from any further amounts due under this Benefit in respect of the Insured Person during that Period of Insurance.

Our maximum, total and cumulative liability under this Benefit shall not exceed the amount specified against this Benefit in Policy Schedule / Certificate of Insurance.

Our maximum, total and cumulative liability under this Benefit for Insured Person less than 5 years of Age shall not exceed US\$2000 unless specified otherwise in the Policy Schedule/Certificate of Insurance.

2. Personal Accident (Common Carrier)

If an Insured Person suffers an Injury due to an Accident that occurs whilst on a Trip during the Period of Insurance while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly results in the Insured Person's death or Permanent Total Disability or Permanent Partial Disablement (PPD) as specified under 1. Personal Accident and within 12 months from the date of the Accident, We will pay the amount specified in the Policy Schedule/Certificate of Insurance.

The amount payable under this Benefit shall be in addition to any other amounts payable under the Policy in respect of the Insured Person.

3. Broken Bones

If the Insured Person sustains Bodily Injury whilst on a Trip during the Period of Insurance which

directly and independently of all other causes results in broken bones as specified in this Section, then the Company agrees to pay to the Insured Person the compensation stated in the Table of Benefits up to the amount specified in Policy Schedule/Certificate of Insurance.

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

	d) All other fractures	4%
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The Benefit specified above will be payable provided that:

- Any Fracture which results due to any Illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit;
- If an Insured Person suffers a Fracture not specified in the table above but the Fracture is due to an Injury that is suffered during the Period of Cover solely and directly due to an Accident that occurs during the Period of Cover, then Our medical advisors will determine the amount payable, if any

Maximum amount payable in respect of multiple nature of fracture (more than 100%) would be restricted to Sum Insured opted by the Insured for this Benefit as mentioned in the Policy Schedule / Certificate of Insurance.

4. Burns

If the Insured Person sustains Bodily Injury whilst on a Trip during the Period of Insurance which directly and independently of all other causes results in burns, then the Company agrees to pay to the Insured Person the Compensation stated in the Table of Benefits up to the Total Sum Insured in the Schedule provided that:

- The burns are not self-inflicted by the Insured Person in any way; and
- A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of the surface area of the burn to Us in writing.
- If the bodily injury results in more than one of the nature of burns specified below, We shall be liable to pay for only the highest benefit among all.

Maximum amount payable in respect of multiple nature of disablement (more than 100%) would be restricted to Sum Insured opted by the Insured for this Benefit as mentioned in the Policy Schedule / Certificate of Insurance.

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

Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

5. Sports Cover under PA

We shall pay the benefit amount specified in the Policy Schedule/Certificate of Insurance if insured person suffers an Injury whilst participating in Adventure Sports and /or Professional Sports whilst on a Trip during the Period of Insurance which leads to Permanent total /Partial disability and / or death provided that:

- Part D – Exclusions II.6, II.7, II.9 and III.6 of the Policy Wordings shall stand deleted to the extent of this Benefit only.
- The sports activity has been carried out in accordance with the guidelines, codes of good practice and recommendations as laid down by the applicable governing body or authority in respect of that sport.

The amount payable under this Benefit shall be upto the limit as specified under the Policy Schedule/Certificate of Insurance in respect of the Insured Person

Specific Exclusions applicable to this Benefit –

- 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
- 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 Organizers.
- Instruction: Insured Person going against instructions, guidelines or rules of participation issued by the Adventure Sport Centre or Organiser
- Pre Existing Injury: If the Insured is suffering from a Pre Existing Injury that limits their participation in the selected Adventure Sports / Professional Sports.
- Pregnant Women: If the Insured is already pregnant as on the date when the Insured undertook participation.
- Weather Conditions: If there is a public weather advice or prevailing weather conditions which are not suitable for undertaking participation in such activities.
- Within 2 weeks of hospitalization: Participation in any Adventure Sports within 2 weeks or before the end of recouping period as per the advice by the attending Physician, whichever is maximum.
- Injury/Illness is caused to the insured due to his/her own carelessness or covered sports activities are not pursued by the insured in accordance with the rules, regulations and guidelines of the applicable governing body or authority of each such activity.
- Personal Liability arising out of/linked to any adventure sports
- Damage to any sporting equipment while in use; damage or theft of any sporting equipment left unattended.

6. Travel Loan Secure

We shall indemnify the Insured Person, in case the Insured Person has borrowed, for the purpose of this covered Trip, from an NBFC/Bank or any other entity authorized by relevant authorities in India to the extent of Principal Outstanding amount at the time of loss or Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance whichever is lower, due to the following perils:

- a. Accidental Death of the Insured Person,
- b. Permanent Total Disablement of the Insured Person and
- c. Permanent Partial Disablement of the Insured Person within 180 days from the date of such Injury and such bodily injury is the sole and direct cause of his death or permanent total disablement.

The claim proceeds under this Benefit will be paid to the lending entity provided that the Insured Person has assigned the benefits under this Section in favour of the entity.

Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule/Certificate of Insurance.

Our Maximum Liability will be the amount/percentage mentioned as limit of sum insured or sub limit as specified in Policy Schedule/Certificate of Insurance.

A Deductible as specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusions applicable to this Benefit–

No claim under this section would be paid if the death or disablement is due to or caused by

1. Directly or indirectly caused by contributed to related to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof,
2. Due to participation in winter sports, skydiving, parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot holing, hunting or equestrian activities, skiing, diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sports.
3. Any loss falling under Part D – Exclusions of the policy

Specific Condition applicable to this Benefit–

This section does not cover the loan taken from any individual / firm / non-financial institution (including his/ her own firm/ Company) other than Commercial Bank /licensed financial institutions.

7. Loan Protector

If an Insured Person suffers an Injury due to an Accident that occurs whilst on Trip during the Period of Insurance, We will pay an amount equal to the Insured Person's outstanding principal amount of Loan, subject to this amount not exceeding the amount specified in the Policy Schedule/Certificate of Insurance.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under Personal Accident (Accidental Death/ Permanent Total Disability) or Personal Accident (Common Carrier) in respect of that Insured Person;
- b. The amount payable under this Cover Benefit will be in addition to the amount payable under Personal Accident (Accidental Death/ Permanent Total Disability) or Personal Accident (Common Carrier) or any other applicable Cover Benefits;
- c. Any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Cover Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person

Loan: Loan means the sum of money lent at an interest or otherwise to the Insured Person by any bank/financial institution as identified by the Loan Account Number specified in the Policy Schedule/ Certificate of Insurance or certified in writing and provided to Us by the bank/financial institution.

8. Credit Card Secure

In the event of an Accidental Death or Permanent Total Disablement of Insured person, as specified under cover, “Personal Accident (Accidental Death/ Permanent Total Disability) or Personal Accident (Common Carrier)”, we will pay you or your nominee or legal heir, as the case may be, the outstanding balance in your credit card as on the date of the accident, up to the maximum sum insured as specified against this cover in your Policy Schedule/Certificate of Insurance.

This Cover Benefit will be payable provided that:

- a. Any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Cover Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person
- b. Payment for any transaction made after the date of accident.

9. Modification of Residence / Vehicle

We will reimburse the costs incurred up to the limit specified in the Policy Schedule/Certificate of Insurance for improvements to be carried out in the Insured Person’s residence or to the Insured Person’s vehicle for the purpose of easy movement and in carrying out your daily routine activities.

This Cover Benefit will be payable provided that:

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

Specific Condition applicable to this Benefit–

- Any modification should be in compliance with laws and regulations of your home country

Specific Exclusion applicable to this Benefit–

- Purchase of new vehicle or home

10. Child Education Cover:

We will pay the amount specified in the Policy Schedule/Certificate of Insurance in respect of surviving Dependent one child or number of dependent child(ren) specified in Policy Schedule/Certificate of Insurance, irrespective of whether the child is an Insured Person under this Policy, provided that

- a. We have accepted a claim under Personal Accident (Accidental Death/ Permanent Total Disability) or Personal Accident (Common Carrier) in respect of that Insured Person;
- b. The amount payable under this Cover Benefit will be in addition to the amount payable under the Benefit C.II.1(Personal Accident) or any other applicable Cover Benefits;
- c. The dependent child is pursuing an educational course as a full time student at an educational institution and not have any independent source of income
- d. Any Claim towards this cover that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal guardian.

11. Comatose Benefit – Accident Only

If an Insured Person suffers an Injury due to an Accident that occurs whilst on Trip during the Period of Insurance which directly and independently of all other causes results in the Insured Person being in a Hospital in a Comatose State, within one (1) calendar month of the Date of Loss, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule.

Specific Provision applicable to this Benefit–

- 1) In case of successive Comatose State with less than ten (10) Days between each one for a same cause, the Deductible will only apply once, as the Comatose State will be deemed as one.

Specific Conditions applicable to this Benefit–

- 1) The insured person must be admitted in an Intensive care Unit in a Hospital for the entire duration of the comatose state for any cover to be payable
- 2) The Comatose State must be for three (3) months or more for any benefits to be payable.
- 3) Coma resulting out of any medical cause/illness shall not be considered under this cover

Specific Definition applicable to this Benefit–

- 1) Comatose State means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation.

12. Workplace Assault

In the event of the Insured sustaining a bodily injury, whilst on Trip and within the Period of Insurance as a result of being the victim of an assault at the workplace of the insured, We will pay the Insured Person a lump sum amount shown in the Policy Schedule/Certificate of Insurance against ‘Workplace Assault’.

This cover would be payable, provided the resulting bodily injury has led to either total or partial disability which a Doctor certifies in writing will continue for a minimum period of four (4) weeks.

Our Liability to pay under this would be as per the Table as mentioned under cover, “Personal Accident”.

Workplace assault shall mean a physical attack on the Insured in the premises of the workplace, which resulted into a bodily injury causing total or partial disability to the Insured.

13. Felonious Assault

We will compensate you or your nominees or your legal representatives, if while on a Trip during a Period Of Insurance, a felonious assault on you has resulted in your

- Death
- Permanent Total Disability
- Permanent Partial Disability

Our Liability to pay under this would be as per the Table as mentioned under cover, “Personal Accident”.

Specific Conditions applicable to this Benefit–

- We will pay under this benefit if the accidental injury had resulted in death or any other covered disability within 365 days from the occurrence of such injury.
- For covered PTD/Death events, if there were multiple losses/disabilities from any one accidental incident, our liability would be restricted to pay only for the loss, wherein the compensation is the highest.
- For a covered PPD event, if there were multiple losses/disabilities from any one accidental incident, the amount payable shall be cumulative sum of the percentage of sum insured as stated in the PPD table above, but the total compensation payable for all the disabilities together shall be up to 100% of sum insured as specified against this cover in your Policy Schedule/Certificate of Insurance.
- In the event of a permanent total disability, you are under obligation to:
 - Have yourself examined by the panel of doctors as appointed by us.
 - Authorize the empaneled doctors providing treatment or giving expert opinion, to supply the company any information that may be required with respect to the disability.

Specific Exclusions applicable to this Benefit–

- Any loss resulting from an assault for which a police complaint have not been registered, or where a police first information report is not available.
- Losses while you were under the influence of drugs or alcohol
- Any loss when you have committed any breach of law with criminal intent or while participating in an actual or attempted felony, riot or any other crime.
- Any consequential loss.

14. Terrorism Cover

Notwithstanding any of the exclusions mentioned in the policy wordings, It is hereby understood and agreed that in consideration of payment of additional premium, the policy extends to cover claims due

to Terrorism as defined under the Policy for the Insured benefits under Emergency Medical Expenses (Accident & Illness) or Emergency Medical Expenses (Accident Only) or Personal Accident Cover and Personal Accident (Common Carrier) cover of this Policy

III. Travel Covers

1. Trip Delay (Benefit)

In the event of delay of the Common Carrier from the schedule departure time for more than the number of consecutive and completed hours / minutes as specified in the Policy Schedule/ Certificate of Insurance from the declared time of departure or expected time of departure solely and directly whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in Country of Origin in case of overseas travel unless specifically mentioned in the Policy Schedule/ Certificate of Insurance to extend the cover at the Place of Origin in the Country of residence/City of Residence of the Insured and In the event of delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in City of Residence for Domestic Travel due to any perils mentioned below then We shall pay the benefit amount as stated in the Policy Schedule / Certificate of Insurance against this Benefit.

- a. Natural Calamity
- b. Sudden Strike resulting in cancellation of scheduled Common Carrier services
- c. Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary
- d. Mechanical breakdown of Common Carrier
- e. Curfew in home city/departing station or intended destination as per travel itinerary
- f. Civil Unrest, Riot or Commotion in departing station or intended destination
- g. Inclement weather condition at the port of origin or the port of destination
- h. Major Industrial Accident
- i. Any Event leading to airspace or multiple airport closure
- j. Delay caused by operational problems at the Common Carrier end (like crew / staff scheduling issues etc.).
- k. Cancellation or rescheduling of flights done at the instance of the Common Carrier that causes delay.

2. Trip Delay due to Natural Calamity/ Terrorism (Benefit)

In the event of delay of the Common Carrier from the schedule departure time for more than the number of consecutive and completed hours / minutes as specified in the Policy Schedule/Certificate of Insurance from the declared time of departure or expected time of departure solely and directly whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in Country of Origin in case of overseas travel unless specifically mentioned in the Policy Schedule/ Certificate of Insurance to extend the cover at the Place of Origin in the Country of residence/City of Residence of the Insured and In the event of delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in City of Residence for Domestic Travel due to any perils mentioned below then We shall pay the benefit amount as stated in the Policy Schedule/Certificate of Insurance against this Benefit.

- i. Earthquake,
- ii. flood,

- iii. Heavy rains,
- iv. storm
- v. cyclone or tempest
- vi. Terrorism

3. Trip Delay (Indemnity)

In the event of delay of the Common Carrier from the schedule departure time for more than the number of consecutive and completed hours / minutes as specified in the Policy Schedule/ Certificate of Insurance from the declared time of departure or expected time of departure solely and directly whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in Country of Origin in case of overseas travel unless specifically mentioned in the Policy Schedule/ Certificate of Insurance to extend the cover at the Place of Origin in the Country of residence/City of Residence of the Insured and In the event of delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in City of Residence for Domestic Travel due to any perils mentioned below then We shall pay the Reasonable Additional Expenses up to the amount as stated in the Policy Schedule / Certificate of Insurance.

- Natural Calamity
- Sudden Strike resulting in cancellation of scheduled Common Carrier services
- Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary
- Mechanical breakdown of Common Carrier
- Curfew in home city/departing station or intended destination as per travel itinerary
- Civil Unrest, Riot or Commotion in departing station or intended destination
- Inclement weather condition at the port of origin or the port of destination
- Major Industrial Accident
- Any Event leading to airspace or multiple airport closure
- Delay caused by operational problems at the Common Carrier end (like crew / staff scheduling issues etc.).
- Cancellation or rescheduling of flights done at the instance of the Common Carrier that causes delay

then We shall reimburse the Reasonable Additional Expenses towards meals and lodging incurred by the Insured Person up to the limit mentioned in the Policy Schedule / Certificate of Insurance against this Benefit.

Specific Exclusions applicable to Trip Delay (Indemnity), Trip Delay (Benefit) and Trip Delay due to Natural Calamity/ Terrorism (Benefit)

Any Claim in respect of any Insured Person, arising out of or directly or indirectly due to any of the following reasons, shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any contingencies other than those specifically named above.
- ii. The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority.
- iii. Delay caused by Strike or industrial action if already notified at the time the Insured Person booked his/her ticket or paid or committed to other travel and accommodation expenses.
- iv. The failure of the Insured Person to arrive for the Common Carrier's departure in sufficient

time to complete all departure formalities in accordance with the Common Carrier's published time schedule.

- v. Rescheduling of the flight by the flight operator minimum 10 hours prior to the original departure date & time of the booked common carrier is not covered.

4. Common Carrier Delay

After the departure of the Common Carrier from the Place of Origin in which the Insured Person is travelling during the Period of Insurance, if the actual arrival time is later than the scheduled arrival time for more than the number of consecutive and completed hours/minutes as specified in the Policy Schedule / Certificate of Insurance, We shall pay the fixed amount as stated in the Policy Schedule / Certificate of Insurance against this Benefit, if such delay is caused due to the below mentioned events.

- a. Natural Calamity
- b. Sudden Strike resulting in cancellation of scheduled Common Carrier services
- c. Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary
- d. Mechanical breakdown of Common Carrier
- e. Curfew in home city/departing station or intended destination as per travel itinerary
- f. Civil Unrest, Riot or Commotion in departing station or intended destination
- g. Inclement weather condition at the port of origin or the port of destination
- h. Major Industrial Accident
- i. Any Event leading to airspace or multiple airport closure
- j. Delay caused by operational problems at the Common Carrier end (like crew / staff scheduling issues etc.).
- k. Cancellation or rescheduling of flights done at the instance of the Common Carrier that causes delay

This Benefit shall be payable subject to the following:

- 1. The Insured Person shall submit sufficient proof to substantiate the reason for such delay of the Common Carrier unless this proof is available to Us directly from a reliable source in the public domain.
- 2. The delay of the Common Carrier is more than the number of consecutive and completed hours/minutes specified in the Policy Schedule / Certificate of Insurance from the Common Carrier's scheduled time of arrival.
- 3. We shall be liable under this Benefit only upto two delays, encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is issued on a Single Trip or Multi Trip Policy.
- 4. Our maximum, total and cumulative liability to make payment is only in excess of the Deductible of the number of hours as mentioned in the Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each claim made under this Benefit.

Specific Exclusions applicable to this Benefit–

We shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action, or severe weather known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

In case the Insured Person has opted for Trip Delay/ Common Carrier Delay, the highest of the amount applicable will be paid. There will be no cumulative payout under these Benefits and only the highest of the payout applicable will be paid.

5. Flight Delay

In the event of delay of the airlines, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in Country of Origin in case of overseas travel unless specifically mentioned in the Policy Schedule/ Certificate of Insurance to extend the cover at the Place of Origin in the Country of residence/City of Residence of the Insured and In the event of delay of the airlines, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in City of Residence for Domestic Travel, We shall reimburse the Insured Person any reasonable and necessary expenses incurred on any alternate travel booking under any mode of transport (however travel booking superior to original category is not covered) post deduction of compensation offered by service provider/Common Carrier or through any other source, for travelling to the next intended destination as per Insured Person's main travel booking up to the limit of Sum Insured as mentioned in the Policy Schedule/ Certificate of Insurance, if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Any Strike, riots, industrial action at the Port or relating to the Airlines
3. Any delay by the Airlines

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to Us sufficient proof to substantiate the reason for such delay of the Common Carrier unless this proof is available to Us directly from a reliable source in the public domain.
2. The delay of the Common Carrier is beyond 2 hours from the scheduled departure time of the Common Carrier at the Port.
3. We shall be liable under this Benefit for only upto two delays encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy
4. Our liability to make payment is only in excess of the Deductible as mentioned in the Policy Certificate.

A Deductible as mentioned in the Policy Schedule / Certificate of insurance shall be separately applicable for each claim made under this Benefit.

Specific Exclusions applicable to this Benefit–

We shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion

2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.
4. Any delay, which was made public or known to you at least 6 hours prior to the scheduled departure of the Common Carrier.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

TRIP CANCELLATION/ TRIP CURTAILMENT/ TRIP INTERRUPTION

6. Trip Cancellation (Before commencement of Trip)

If the Insured Person's Trip is unavoidably cancelled before the commencement of the Period of Insurance solely and directly as a result of the following:

- a. Perils as specified in the Policy Schedule/ Certificate of Insurance provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
- b. The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.
- c. One or more perils can be chosen from the following list:

Sr No	Perils
1	Major industrial accident
2	Civil Unrest, Riot or Commotion resulting in cancellation of scheduled Common Carrier services or relevant government warning against non-essential travel.
3	Any event leading to airspace or multiple airport closures.
4	Mechanical breakdown of Common Carrier
5	Strike resulting in cancellation of scheduled Common Carrier services.
6	Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary
7	Curfew in home city/departing station or intended destination as per travel itinerary
8	Hospitalization of Insured person / Insured person Immediate family member
9	Death of Insured person / Insured person immediate family member
10	Termination of employment or layoff of the Insured Person
11	Any theft, burglary, fire or allied perils at the insured's place of residence or business.
12	Natural Calamity
13	Inclement weather condition
14	Lockdown in city / state / country mentioned on the original itinerary due to a major outbreak of Infectious disease.
15	Insured person / immediate family member is hospitalised as result of pandemic
16	Cancellation or Interruption of trip due to diagnosis of the insured's Immediate Family

	Member (or relative) with any infectious or contagious disease in the country intended to be visited and which is evident from the confirmed itinerary possessed by the insured.
17	Insured person / immediate family member requiring treatment on OPD basis
18	Epidemic or pandemic as declared by the World Health Organization or Respective country / state Government and travel restrictions imposed by Central or State Government
19	Insured person / immediate family member is quarantined at home for pandemic
20	Any unavoidable or unforeseen reason leading to cancellation of trip

Then, We shall reimburse the non-refundable expenses related to the Common Carrier tickets or/and accommodation and/or scheduled tour booking or/and events paid by the Insured Person following necessary cancellation of the Insured Journey prior to departure.

- i) If a Claim is admitted under this Benefit and the Policy Schedule/Certificate of Insurance specifies that this is a Single Trip Policy, the Policy shall be immediately and automatically cancelled on Our admission of the Claim.
- ii) If a Claim is admitted under this Benefit and the Policy Schedule/Certificate of Insurance specifies that this is an Annual Multi Trip Policy, no other Claim shall be admitted under the Policy in respect of that Period of Insurance.
- iii) Any amount refunded to the Insured Person by the Common Carrier in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Benefit.
- iv) We shall not cover any claim that is caused by or attributable to or arising out of any reason that is foreseeable reason by You with high degree of probability.

7. Trip Curtailment (Cutting short of Trip)

We will reimburse the additional Common Carrier expenses incurred by the Insured Person for his return journey to the Arrival Point along with non-refundable expenses related to the Common Carrier tickets or/and accommodation and/or scheduled tour booking or/and events paid by the Insured Person if it's necessary and unavoidable for the Insured Person to cut short Insured Trip because of the following:

- (i) Perils as specified in the Policy Schedule/ Certificate of Insurance
- (ii) The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.
- (iii) One or more perils can be chosen from the following list:

Sr No	Perils
1	Major industrial accident
2	Civil Unrest, Riot or Commotion resulting in cancellation of scheduled Common Carrier services or relevant government warning against non-essential travel.
3	Any event leading to airspace or multiple airport closures.
4	Mechanical breakdown of Common Carrier
5	Strike resulting in cancellation of scheduled Common Carrier services.
6	Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary
7	Curfew in home city/departing station or intended destination as per travel itinerary
8	Hospitalization of Insured person / Insured person Immediate family member
9	Death of Insured person / Insured person immediate family member
10	Termination of employment or layoff of the Insured Person
11	Any theft, burglary, fire or allied perils at the insured's place of residence or business.

12	Natural Calamity
13	Inclement weather condition
14	Lockdown in city / state / country mentioned on the original itinerary due to a major outbreak of Infectious disease.
15	Insured person / immediate family member is hospitalised as result of pandemic
16	Cancellation or Interruption of trip due to diagnosis of the insured's Immediate Family Member (or relative) with any infectious or contagious disease in the country intended to be visited and which is evident from the confirmed itinerary possessed by the insured.
17	Insured person / immediate family member requiring treatment on OPD basis
18	Epidemic or pandemic as declared by the World Health Organization or Respective country / state Government and travel restrictions imposed by Central or State Government
19	Insured person / immediate family member is quarantined at home for pandemic
20	Any unavoidable or unforeseen reason leading to cancellation of trip

This Benefit is payable provided that:

- (i) We shall not cover any claim that is caused by or attributable to or arising out of any reason that is foreseeable by You with high degree of probability.
- (ii) Non-refundable expenses related to the Common Carrier tickets shall not exceed economy air fare by the most direct route.

8. Trip Interruption

Post commencement of the Trip, if the Insured person was unable to stay in the original booked destination which has been interrupted because of the following

- i. Perils as specified in the Policy Schedule/ Certificate of Insurance
- ii. The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel then we shall reimburse
 1. Reasonable transportation expenses for getting to the place where Insured Person can continue his/her Trip
 2. Reasonable accommodation expenses of the same standard to enable Insured Person to continue his/her Trip
- iii. One or more perils can be chosen from the following list:

Sr No	Perils
1	Major industrial accident
2	Civil Unrest, Riot or Commotion resulting in cancellation of scheduled Common Carrier services or relevant government warning against non-essential travel.
3	Any event leading to airspace or multiple airport closures.
4	Mechanical breakdown of Common Carrier
5	Strike resulting in cancellation of scheduled Common Carrier services.
6	Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary
7	Curfew in home city/departing station or intended destination as per travel itinerary
8	Hospitalization of Insured person / Insured person Immediate family member
9	Death of Insured person / Insured person immediate family member
10	Termination of employment or layoff of the Insured Person

11	Any theft, burglary, fire or allied perils at the insured's place of residence or business.
12	Natural Calamity
13	Inclement weather condition
14	Lockdown in city / state / country mentioned on the original itinerary due to a major outbreak of Infectious disease.
15	Insured person / immediate family member is hospitalised as result of pandemic
16	Cancellation or Interruption of trip due to diagnosis of the insured's Immediate Family Member (or relative) with any infectious or contagious disease in the country intended to be visited and which is evident from the confirmed itinerary possessed by the insured.
17	Insured person / immediate family member requiring treatment on OPD basis
18	Epidemic or pandemic as declared by the World Health Organization or Respective country / state Government and travel restrictions imposed by Central or State Government
19	Insured person / immediate family member is quarantined at home for pandemic
20	Any unavoidable or unforeseen reason leading to cancellation of trip

Specific Exclusions applicable to Benefit - Trip Cancellation / Interruption / Curtailment

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- (ii) Facts or matters of which the Insured Person was aware or should have been aware (by the way of sources such as travel advisories issued by competent / Government authority(s) etc.) might result in the cancellation or curtailment of the trip.
- (iii) Lack in the number of persons required to commence any tour, conference, accommodation or travel arrangement or the negligence of the wholesaler or the operator. The failure of your travel agent to pass on the monies to operators or to deliver promised services
- (iv) Any change of plans or dis-inclination on your part or that of any other passenger to travel.
- (v) Failure to start the journey due to rejection of VISA in case of international travel only.

Claim shall be paid either under Trip Cancellation / Trip Interruption/ Trip Curtailment upto the limit specified in Policy Schedule/ Certificate of Insurance

9. Change Fee Coverage

We shall reimburse the Insured Person, the difference in the fare and the rescheduling charges charged by the Common Carrier to change the travel dates up to a maximum of the Sum Insured subject to the Co-payment as specified in the Policy Schedule / Certificate of Insurance provided, the Trip is rescheduled for a covered reason as stated below:

1. Unforeseen disease, Illness, Injury, or death of the Insured/Insured's Immediate Family Member. Disease, Injury, or Illness must be so disabling as to reasonably causing a Trip to be rescheduled and must be supported by medical records and opinion acceptable to Us.
2. When Insured's Principal residence and/or his intended place of stay at destination is rendered uninhabitable due to Fire, flood, vandalism, or natural disaster and when his place of business is rendered inoperative due to operation of said perils.
3. Termination of employment or layoff affecting the Insured provided that the Insured has been employed with the same employer for at least five continuous years without any break.

4. The Insured and/or his Immediate Family Member have become victim of Felonious Assault 10 days prior to the departure date provided he/they are not principal or an accessory in such Felonious Assault.
5. Inclement weather in the city or primary place of departure and / or at intended destination.
6. Terrorist Incident in the home city and/or at departing station and/or destination listed on the insured's itinerary 3 days prior to the Insured's departure date and resulting that the Insured is unable to move out consequent upon such Terrorist Incident.
7. War like situation with closing of air space at the primary place of departure and / or at intended destination.
8. Civil Unrest, Riot and Strike in the home city and/or at departing station and/or intended destination (as defined in the Policy) of the Insured making the Trip impossible, provided that
 - i. The Govt. of India issues a travel advisory.
 - ii. Airport is shut down forcing the airline to delay the flight for more than 24 hours or to cancel the flight.
 - iii. Curfew is imposed by the City Administration.
9. In the event of refusal of visa application by the concerned authority the Company shall reimburse the Insured Person up to the limit as specified against this Benefit in the Policy Schedule / Certificate of Insurance for expenses which are not recoverable from any other source. However, Insurer will not be liable to pay the benefit, if the visa refusal is due to any of the following reasons:
 - a. Visa application submission prior to issuance of Policy
 - b. Past or current criminal actions of the insured
 - c. Damaged and invalid passport
 - d. Insufficient travel or income documents
 - e. Inability to prove travel itinerary or financial means of subsistence
 - f. Unacceptable birth or marriage certificate
 - g. Any error on the part of the Insured while submission of the documents to the Visa Facilitation Authorities
10. In the event of delay in receipt of Visa from the concerned authority after the commencement of the cover, provided the insured has applied within the stipulated time and documentation as per the visa application norms set by the respective visa authority.

10. Trip cancellation due to domestic disturbances and inconvenience

We shall reimburse the Insured Person any non-refundable charges pre-paid by the Insured Person, more than the Deductible subject to the limit specified in the Policy Schedule / Certificate of Insurance, provided the Insured Person misses his Trip resulting in cancellation of the Insured Trip due to any of the following reasons

1. Loss of passport in India
2. Visa not being accepted by Indian Immigration authorities
3. Loss of wallet and cards while travelling to the international airport
4. Sudden compulsory quarantine or prevention of travel by the Government of India

Specific Condition applicable to this Benefit–

This benefit cannot be opted along with Trip Cancellation: (Before commencement of Trip) or Trip Curtailment: (Cutting short of Trip) or Trip Interruption or All Risk Cancellation

11. Common Carrier Cancellation

We shall reimburse reasonable expenses towards any alternate Common Carrier of the same standard to enable Insured Person to continue his/her Trip or expenses related to reaching the new port arranged by airline in the event, that the Insured Person's booked and confirmed journey is cancelled or original port of departure is changed by the Common Carrier prior to the scheduled departure as specified in the Policy Schedule/Certificate of Insurance provided that:

- i. The Insured Person provides Us with a written proof from the Common Carrier of the cancellation or change of port of the journey unless this proof is available to Us directly from a reliable source in the public domain.
- i. Any amount refunded to the Insured Person by the Common Carrier in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Benefit
- ii. Any alternate travel arrangements offered by the Common Carrier, is not accepted

Specific Exclusion applicable to this Benefit–

We will not pay for any expenses or loss because of:

1. Any cancellation of the journey by the Insured Person.

12. Missed Connection (Indemnity)

In the event of an Insured Person failing to board any Common Carrier onwards to an intended destination due to a delay or cancellation of a prior connecting Common Carrier, including any change of route, non- landing / docking or offloading of passenger due to overbooking, and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Person, We shall reimburse following expenses post deduction of compensation offered by the service provider/Common Carrier or any other source and up to the limits of Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance and subject always to only in excess of the Deductible specified in Policy Schedule / Certificate of Insurance.

13. Missed Connection (Benefit)

In the event of an Insured Person failing to board any Common Carrier onwards to an intended destination due to a delay or cancellation of a prior connecting Common Carrier, including any change of route, non- landing / docking or offloading of passenger due to overbooking, and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Person and such delay is authenticated by the Common carrier in writing, We shall pay a fixed benefit amount specified in the Policy Schedule/Certificate of Insurance subject to the limit of Sum Insured as specified in the Policy Schedule / Certificate of insurance and subject always to only in excess of the Deductible specified in Policy Schedule / Certificate of Insurance.

Specific Conditions applicable to Missed Connection (Indemnity)

- a. Non-refundable, unused portion of the pre-paid expenses but limited to lodging cost and/or the ticket cancellation charges, if these expenses are supported by proof of purchase and are not reimbursable by another source.
- b. Reasonable expenses towards alternative travel bookings made up to such intended destination as may be necessary by any other Common Carrier
- c. Reasonable and necessary costs of up gradation of travel booking to a superior class in the same form of Common Carrier subject to same category of travel booking not being available and same

has been confirmed by the travel service provider.

- d. Necessary expenses incurred towards Reasonable Additional Expenses, if not provided by the Common Carrier or other third party, subject to production of bill/receipts if this cover has been offered on an indemnity basis.
- e. Reasonable and necessary costs of up gradation of accommodation arrangements provided in cases where only partial services are provided by the concerned travel service provider subject to the same category of travel booking not being available and same has been confirmed by travel service provider.

Special conditions applicable to Missed Connection (Indemnity and Benefit)

- a. Such a delay must be authenticated by the Common Carrier in writing.
- b. We shall be liable under this Benefit only if the time gap between the scheduled arrival of the Common Carrier and the connecting flight is more than the number of consecutive hours specified in the Policy Schedule/Certificate of Insurance;
- c. We shall not be liable to make any payment under this Benefit if the delay could reasonably have been foreseen by the Insured Person or if the Insured Person could reasonably have become aware of such delay in advance by the way of sources such as travel advisories issued by competent / Government authority(s)

14. Missed Carrier (Indemnity)

If the Insured Person fails to reach the Place of Origin before the scheduled departure time of the Common Carrier due to any of the following reason

- a. Natural Calamity
- b. Sudden Strike resulting in cancellation of scheduled Common Carrier services
- c. Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary
- d. Mechanical breakdown of Common Carrier
- e. Curfew in home city/departing station or intended destination as per travel itinerary
- f. Civil Unrest, Riot or Commotion in departing station or intended destination
- g. Inclement weather condition at the port of origin or the port of destination
- h. Major Industrial Accident
- i. Any Event leading to airspace or multiple airport closure
- j. Any Injury sustained by the Insured Person due to an Accident during such transit
- k. Delayed arrival of the Common Carrier used to reach the Place of Origin

We shall indemnify the Insured Person for the cost up to direct route economy class airfare actually incurred by the Insured Person to continue the journey to the scheduled Place of Destination up to the limit specified in the Policy Schedule/Certificate of Insurance provided that:

- i. We shall not be liable to make any payment under this Benefit if the delay could reasonably have been foreseen by the Insured Person or if the Insured Person could reasonably have become aware of such delay in advance by the way of sources such as travel advisories issued by competent / Government authority(s) etc.
- ii. There would be a minimum gap as notified by the designated authority to reach the Place of Origin from where the missed Common Carrier was originally scheduled to depart. If the Insured is travelling by a Common or Public carrier to reach the Place of Origin, the Estimated time of arrival (ETA) for the Common or Public carrier at the time of commencement of transit to the Place of Origin should ensure the minimum gap is maintained. The insured person shall provide

an automated system generated evidence of the same Common Carrier at the time of commencing such transit (which is used for transit to the Place of Origin of the booked journey) to the Insurer. If the place of commencement of trip and Place of Origin is beyond the same city/suburban city limits, an additional 30 mins over and above minimum gap shall have to be maintained.

- iii. We shall not accept more than one claim under this Benefit during the Period of Insurance for each Trip;
- iv. Our maximum, total and cumulative liability to make payment under this Benefit shall always be in excess of the Deductible subject to a deduction of and the total amount refunded or returned to the Insured Person by any applicable Common Carrier.
- v. Where this Benefit is in force for the Insured Person, the scope of cover for this benefit shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance as specified in the Policy shall stand amended to the limited extent specified in this Benefit.
- vi. The Insured Person provides Us with a written proof from the Common Carrier (airline only in this case), of the missed departure which the Insured person was expected to travel as a bona fide passenger.
- vii. For this Benefit only a valid and duly registered airline shall be considered as the Common Carrier which commences its Trip from the Place of Origin.

15. Missed Carrier (Benefit)

We shall pay a fixed benefit amount specified in the Policy Schedule/ Certificate of Insurance if the Insured Person fails to reach the Place of Origin before the scheduled departure time of the Common Carrier due to any of the following reason

- a. Natural Calamity
- b. Sudden Strike resulting in cancellation of scheduled Common Carrier services
- c. Act of Terrorism in the city of residence and or departing station or at the intended destination as per travel itinerary
- d. Mechanical breakdown of Common Carrier
- e. Curfew in home city/departing station or intended destination as per travel itinerary
- f. Civil Unrest, Riot or Commotion in departing station or intended destination
- g. Inclement weather condition at the port of origin or the port of destination
- h. Major Industrial Accident
- i. Any Event leading to airspace or multiple airport closure
- j. Any Injury sustained by the Insured Person due to an Accident during such transit
- k. Delayed arrival of the Common Carrier used to reach the Place of Origin

Specific Conditions applicable to this Benefit–

- i. We shall not be liable to make any payment under this Benefit if the delay could reasonably have been foreseen by the Insured Person or if the Insured Person could reasonably have become aware of such delay in advance by the way of sources such as travel advisories issued by competent / Government authority(s) etc.
- ii. There would be a minimum gap as notified by the designated authority to reach the Place of Origin from where the missed Common Carrier was originally scheduled to depart. If the Insured is travelling by a Common or Public carrier to reach the Place of Origin, the Estimated time of arrival (ETA) for the Common or Public carrier at the time of commencement of transit to the Place of Origin should ensure the minimum gap is maintained. The insured person shall provide

an automated system generated evidence of the same Common Carrier at the time of commencing such transit (which is used for transit to the Place of Origin of the booked journey) to the Insurer. If the place of commencement of trip and Place of Origin is beyond the same city/suburban city limits, an additional 30 mins over and above minimum gap shall have to be maintained.

- iii. We shall not accept more than one claim under this Benefit during the Period of Insurance for each Trip.
- iv. Our maximum, total and cumulative liability to make payment under this Benefit shall always be in excess the total amount refunded or returned to the Insured Person by any applicable Common Carrier.
- v. Where this Benefit is in force for the Insured Person, the scope of cover for this benefit shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such a case, the definition of Period of Insurance as specified in the Policy shall be amended to the limited extent specified in this Benefit.
- vi. The Insured Person provides Us with written proof from the Common Carrier (airline only in this case) of the missed departure in which the Insured Person was expected to travel as a bona fide passenger.

Specific Exclusions applicable Missed Carrier (Indemnity) and Missed Carrier (Benefit)

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any contingencies other than those specifically named above.
- ii. Delay caused by Strike or industrial action if already notified at the time the Insured Person booked his/her travel tickets.
- iii. The delay in arrival is caused by or attributable to any deviation from the originally scheduled route at the instance of the Insured Person for any reason whatsoever.
- iv. Any failure to board the booked Common Carrier (airline) other than those directly attributable to the delay in arrival of the earlier Common Carrier.
- v. For this Benefit only a valid and duly registered airline shall be considered as the Common Carrier which commences its Trip from the Place of Origin.

16. Flight Diversion And Cancellation (Benefit)

We shall pay the fixed benefit equal to the amount specified in the Policy Schedule / Certificate of Insurance, if the Insured Person's flight is diverted or the original port of departure is changed / cancelled because of a Major Travel Event, operational, commercial, or technical reason subject to the following:

- (i) Benefit shall not be applicable if such diversion / cancellation is foreseen by the Insured Person or that the Insured Person could have reasonably become aware of such diversion / cancellation in advance.
- (ii) Any deviation from the originally scheduled route done at the instance of the Insured Person for reasons whatsoever.
- (iii) Any occasion when the airline has offered an alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

17. Flight Diversion and Cancellation (Indemnity)

We shall pay the insured for the expenses incurred up to the amount specified in the Policy Schedule / Certificate of Insurance, if the Insured Person's flight is diverted or the original port of departure is changed / cancelled because of a Major travel event, operational, commercial, or technical reason subject to the following:

- (i) Benefit shall not be applicable if such diversion / cancellation is foreseen by the Insured Person or that the Insured Person could have reasonably become aware of such delay in advance.
- (ii) Any deviation from the originally scheduled route done at the instance of the Insured Person for reasons whatsoever.
- (iii) Any occasion when the carrier has offered an alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

The Insured Person may claim only either under "Trip Delay (Indemnity) or Trip Delay (Benefit) " or "Missed Connection (Indemnity) or Missed Connection (Benefit)" or "Missed Carrier (Indemnity) or Missed Carrier (Benefit)" or "Flight Diversion/ Cancellation (Indemnity) or Flight Diversion/ Cancellation (Benefit)" or "Common Carrier Cancellation" and the highest of the amount applicable will be paid. There will be no cumulative payout under these Benefits and only the highest of the payout applicable will be paid.

18. Overbooked Common Carrier (Indemnity)

In the event of the Insured Person being denied boarding of an opted Common Carrier due to over-booking, and no alternative transportation is made available within specific hours specified as deductible in Policy Schedule / Certificate of Insurance from the scheduled departure time of such opted Common Carrier, We shall indemnify the Insured Person for expenses incurred, by the Insured Person subject to evidence of bills/receipts in respect of hotel accommodation if not provided by the Common Carrier or any other third party and purchase of a new ticket for the same category as per the original booking, less refund, if any, obtained from the Common Carrier, subject to the maximum of the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance.

- i) The over-booked details to be obtained by the Insured Person must be verified in writing by the operators of the Common Carrier or their handling agents.
- ii) A Deductible as mentioned in the Policy Schedule/ Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.
- iii) Our maximum, total and cumulative liability shall be in relation to the travel covered by such confirmed booking and provided that Our liability to such additional expenses shall be in limited only to the same class of travel covered by the original confirmed bookings as specified in Policy Schedule/ Certificate of Insurance
- iv) It is a Condition Precedent to Our admission of liability under this Benefit that the Insured Person shall take all steps to fix the primary responsibility for the bouncing of bookings with the Common Carrier and try to recover from them the consequential loss incurred by the Insured Person by way of additional expenses for alternative travel arrangement. Details of the steps taken by the Insured Person shall be furnished to Us.
- v) Any recovery towards additional expenses incurred for alternative travel effected from the Common Carrier, if any, effected from the concerned agencies after settlement of the Claim under the Policy, shall be remitted to Us to the extent of the amount of Claim admitted and paid by Us to the Insured Person.

19. Over Booked Common Carrier (Benefit)

In the event of the Insured Person being denied boarding of an opted Common Carrier due to over-booking, and no alternative transportation is made available within the specific hours specified as deductible in Policy Schedule/ Certificate of Insurance from the scheduled departure time of such opted Common Carrier, We shall pay a fixed benefit amount specified in the Policy Schedule/ Certificate of Insurance.

The over-booked details to be obtained by the Insured Person must be verified in writing by the operators of the Common Carrier or their handling agents.

20. Missed Event

If the Insured Person is travelling with a Common Carrier to attend an Event and the Insured Person fails to reach the Event whilst on Trip during the Policy Period due to any of the below reasons which are beyond the control of the Insured Person, then We shall reimburse the expenses incurred by the Insured Person towards the Event Ticket purchased before the inception of the Trip up to the limits as specified in the Policy Schedule / Certificate of Insurance

- i. Serious sickness/ Injury leading to Hospitalization or Death of Insured Person or his immediate Family member(s).
- ii. The Public Transport or Common Carrier that Insured Person was travelling to reach the Event venue does not run according to its timetable; or
- iii. The Public Transport or Common Carrier Insured Person was travelling in meets with an Accident or breaks down and there is no alternative transportation available.
- iv. Major Travel Event
- v. We shall not pay, if Cancellation of the Event by the organizer or any related party of the organizer.

21. All Risk Cancellation

In the event of cancellation of the booked tickets of Trip by the Insured Person due to unexpected or unforeseen events / circumstances beyond the control of the Insured Person,

We will extend the coverage to the following benefit which were in force under the Policy:

- a) Trip Cancellation
- b) Common Carrier Cancellation
- c) Hotel/ Private Rental Cancellation

Specific Conditions applicable to this Benefit–

- 1) Cancellation of the tickets by the Insured Person should be done when he/she has become aware that service provided by such ticket cannot be availed.
- 2) Any part of the ticket cost being sponsored by any party other than the Insured Person will be not be compensated for.
- 3) The Insured Person has made cancellation before the specific number of hours prior to the scheduled timing of the services to be availed under the booked ticket as specified in the Policy Schedule / Certificate of Insurance.

Specific Exclusions applicable to this Benefit–

We shall not be liable to admit any claim under this Benefit for

- 1) Any cancellation due to any reason whatsoever initiated by the ticket service provider.
- 2) Any prepaid ticket costs that can be claimed back from the service provider.
- 3) No show by the intended user of the tickets.
- 4) Any contractual breach by Insured Person including but not limited to non-adherence to the terms and conditions of the ticket service provider.
- 5) Circumstances leading to ticket cancellation of which the Insured Person is aware or ought objectively to have been aware, before the Period of Insurance.
- 6) Cancellation of the tickets either wholly or in part done at the instance of the common carrier or by the travel agent or service provider or air transport authority or any government body.
- 7) Any ticket cancellation where Insured Person doesn't affect the cancellation before the scheduled timing of the services

22. Visa Rejection/Denial (Endorsement)

If the Insured Person's application for a visa for a covered Trip is rejected on arrival at the Place of Destination or before travel or entry (Place of Origin) is denied by the issuing authorities or the visa arrival is delayed over the expected days of visa arrival, We will extend the scope of coverage under the following benefits, were in force in respect of the Insured Person for the covered reasons specified in the Policy Schedule/ Certificate of Insurance,

- a. Trip Cancellation
- b. Common Carrier Cancellation
- c. Missed Event
- d. Hotel/ Private Rental Cancellation

We shall not be liable to pay any expenses under this Benefit for:

- a) Any improper documentation submitted by the Insured Person when such documentation was to be required in the visa application form.
- b) If the Insured Person is engaged in any criminal activity or has a criminal history.
- c) Rejection of visa due to non-furnishing of any documents required in the visa application form, as may be specified by the relevant authority.
- d) Visa is being applied and Visa application not filed with the respective Embassy well in advance and as per the prescribed processing time,
- e) Fail to prove the travel itinerary
- f) Visa application was submitted prior to issuance of Policy.
- g) Missed pre-scheduled Appointment

23. Visa Cost Cover

If the Insured Person's application for a visa for a covered trip is rejected on arrival or before travel or Entry into the Place of Origin is denied by the issuing authorities or the visa arrival is delayed over the expected days of visa arrival then, We shall indemnify the costs incurred by the Insured Person towards fees for the applied visa up to the limit as specified in the Policy Schedule / Certificate of Insurance.

We shall not be liable to pay any expenses under this Benefit for:

- a) Any improper documentation submitted by the Insured Person, when such documentation was to be required in the visa application form.
- b) If the Insured Person is engaged in any criminal activity or has a criminal history.

- c) Rejection of visa due to non-furnishing of any documents required in the visa application form, as may be specified by the relevant Authority.
- d) Visa is being applied and Visa application not filed with the respective Embassy well in advance and as per the prescribed processing time,
- e) Fail to prove the travel itinerary
- f) Visa application was submitted prior to issuance of Policy.
- g) Missed pre-scheduled Appointment

24. Hotel Over Booking

We shall pay the following expenses, in the event of hotel booking at the destination point(s) being bounced i.e., Insured Persons could not obtain hotel accommodation services already booked for him on confirmed basis with the suppliers/agents outside country of residence / city of residence due to non-supply of services.

We shall reimburse the following expenses up to the limit specified in Policy Schedule / Certificate of Insurance.

- a) Reasonable cost of transportation expenses to the alternative hotel.
- b) The difference of cost in up gradation to a superior class of accommodation, wherever alternate accommodation is not available on the cost of pre-booked hotel. For this benefit the Insured shall be required to furnish proof that the alternate accommodation on the cost of pre-booked hotel is not available in the form of a certificate issued by the Alternate Accommodation Service Provider.

Our maximum, total and cumulative liability to make payment is only more than the Deductible as mentioned in the Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

25. Emergency Reunion Visit & Resumption Of Trip

We will reimburse the cost of one round Trip economy class air ticket to the Insured Person to return Home to the address specified in the Policy Schedule/Certificate of Insurance for an emergency visit during the Policy Period:

- i. In the Event of death of Insured Person's Immediate Family Member, or
- ii. In case of Hospitalization of the Insured Person's Immediate Family Member for more than seven (7) consecutive days due to Injury or Illness, or
- iii. In case of any calamity or Emergency events like house becoming uninhabitable due to fire or act of God.

This Benefit will be payable provided that:

- i. Your resumption of travel should take place within two (2) months from the date of Your visit to home; and
- ii. at least one month of the Policy Period is available under the Policy Schedule/ Certificate of Insurance/ Existing Policy, where You resume Your travel back to the destination; and
- iii. Your resumption of travel is necessary for official or academic purpose.

26. Loss of Checked-in Baggage (Indemnity)

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, we shall reimburse the Insured Person up to the limit of Sum Insured specified against this Benefit in the Policy Schedule / Certificate of Insurance, subject to the following:

The cover is applicable only at the Intended Destinations and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the Place of Origin, or any other Port in India/ Country of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

- a) In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the claim.
- b) A Deductible as specified in the Policy Schedule /Certificate of Insurance shall be separately applicable for each claim made under this Benefit.
- c) Our maximum, total and cumulative liability under this Benefit in respect of any one Checked- in Baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one Checked-in Baggage, the maximum, total and cumulative liability is up to 100% of the applicable Sum Insured.
- d) We have been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.
- e) If we have made any payment under this Benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become Our property.
- f) Any partial loss of the items contained within the Checked-in Baggage, not amounting to a total and complete loss of such Checked-in Baggage, shall not be payable.
- g) In the event of simultaneous claims under this Benefit as well as under Delay of Checked-in Baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of Checked-in Baggage during any one Period of Insurance.

Specific Exclusions applicable to this Benefit–

We shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by Us.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to Us.
3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
5. Any damage to baggage

27. Loss of Checked-In Baggage (Benefit)

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, we shall pay the lumpsum amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, subject to the following: -

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the Place of Origin, or any other Port in India/ Country of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the Claim.
2. Our maximum, total and cumulative liability under this Benefit in respect of any one Checked-in Baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the maximum, total and cumulative liability is up to 100% of the applicable Sum Insured.
3. The Company has been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.
4. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become Our property.
5. Any partial loss of the items contained within the Checked-in Baggage, not amounting to a total and complete loss of such Checked-in Baggage, shall not be payable.
6. In the event of simultaneous claims under this Benefit as well as under Delay of Checked-in Baggage, the higher of the claims shall be payable by Us in respect of the same item(s) of Checked-in Baggage during any one Period of Insurance.

Specific Exclusions applicable to this Benefit–

We shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by Us.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to Us.
3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
5. Any damage to baggage

28. Damage to Baggage during transit

If the checked-in baggage gets damaged during transit, then the Company would pay the insured a flat benefit amount as mentioned in the Policy Schedule/ Certificate of Insurance.

The admissibility of the claim under this section will be ascertained by the Company on the basis of evidences submitted by the Insured.

This cover is meant only for damage to the baggage and not for the damage of individual's articles contained in the baggage.

Specific Exclusions applicable to this Benefit–

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:

- Any damage which has not occurred in the custody of Common Carrier/ Public Carrier
- Normal wear and tear of the luggage

29. Delay of Checked-in Baggage (Indemnity)

We shall reimburse the Insured Person for reasonable costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured Person for the delay in the scheduled arrival of the Checked-in Baggage caused by a Common Carrier including Mis-direction and Mislaying in delay more than specified no. of hours beyond the deductible as mentioned in the Policy Schedule/Certificate of Insurance at the place of destination specified on Insured Person's valid ticket, whilst on a trip during the Period of Insurance up to the limits specified in the Policy Schedule / Certificate of Insurance.

In addition, We shall reimburse the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier up to the limits specified in the Policy Schedule/Certificate of Insurance. This Cover will not be applicable for a return journey to Country of Residence / City of Residence.

In event of more than one incident of delay of Checked-In Baggage during a Trip, the Company's overall liability shall be limited to loss suffered by the Insured for only one of such incidents of delay of Checked-in Baggage. The amount mentioned is for a single event of delay in case of a Single Trip or single event of delay per trip in case of an Annual multi trip irrespective of pieces of baggage delayed.

Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule / Certificate of Insurance.

This Benefit shall be payable subject to the following:

- a. For each and every claim made under this Benefit, a Deductible of number of hours specified in the Policy Schedule / Certificate of Insurance shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's intended destination.
- b. We shall be provided with proof of such a delay in writing from the Common Carrier.
- c. We shall be provided with the receipts of the purchase of toiletries, medication, and clothing that the Insured Person needed to buy in the duration of such delay.

- d. In the event of simultaneous claims under this Benefit as well as under Loss of Checked-In Baggage, the higher of the claims shall be payable by Us in respect of the same item(s) of Checked -in Baggage during any one Period of Insurance.

Specific Exclusions applicable to this Benefit–

- Delay in delivery of the Checked-In Baggage arising out of and resulting from detention / confiscation by the Common Carrier/ Public Carrier / customs / government agencies / other agencies unless in situations of any social/political instability beyond the control of the insured, necessitating stringent checking, resulting in a delay.
- In case the period of delay does not exceed the deductible time specified in the Policy Schedule/ Certificate of Insurance.
- Delay attributable to damage to Checked-In Baggage warranting an examined delivery by the Common Carrier/ Public Carrier.
- This Cover will not be applicable for a return journey to Country of Residence / City of Residence.

30. Delay of Checked-in Baggage (Benefit)

We shall pay a fixed amount specified in the Policy Schedule/Certificate of Insurance to the Insured Person in the event of the delay in the scheduled arrival of the Checked-in Baggage caused by a Common Carrier Including Mis-direction and Mislating in delay more than specified no. of hours beyond the deductible as mentioned in the Policy Schedule/Certificate of Insurance at the Place of Destination specified on his valid ticket, whilst on a Trip during the Period of Insurance. This Cover will not be applicable for a return journey to Country of Residence / City of Residence.

In event of more than one incident of delay of Checked-In Baggage during a Trip, the Company's overall liability shall be limited to loss suffered by the Insured for only one of such incidents of delay of Checked-in Baggage, or any other number of such instances as specified in Policy Schedule/Certificate of Insurance. The amount mentioned is for a single event of delay in case of a Single Trip or single event of delay per trip in case of an Annual multi trip or the number of incidences as specified in Policy Schedule/Certificate of Insurance, irrespective of pieces of baggage delayed.

This Benefit shall be payable subject to the following:

- a. For each claim made under this Benefit, a Deductible of number of hours specified in the Policy Schedule / Certificate of Insurance shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's intended destination.
- b. We shall be provided with proof of such a delay in writing from the Common Carrier.
- c. In the event of simultaneous claims under this Benefit as well as under loss of Checked-in Baggage, the higher of the claims shall be payable by Us in respect of the same item(s) of Checked -in Baggage during any one Period of Insurance.

Specific Exclusions applicable to this Benefit–

- Delay in delivery of the Checked-In Baggage arising out of and resulting from detention / confiscation by the Common Carrier/ Public Carrier / customs / government agencies / other agencies unless in situations of any social/political instability beyond the control of the insured, necessitating stringent checking, resulting in a delay.

- In case the period of delay does not exceed the deductible time specified in the Policy Schedule/ Certificate of Insurance.
- Delay attributable to damage to Checked-In Baggage warranting an examined delivery by the Common Carrier/ Public Carrier.
- This Cover will not be applicable for a return journey to Country of Residence / City of Residence.

31. Delay of Checked-in Baggage - round trip (Indemnity)

We shall reimburse the Insured Person for reasonable costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured Person for the delay in the scheduled arrival of the Checked-in Baggage caused by a Common Carrier including Mis-direction and Mislaying in delay more than specified no. of hours beyond the deductible as mentioned in the Policy Schedule/Certificate of Insurance at the place of destination specified on Insured Person's valid ticket, whilst on a trip during the Period of Insurance up to the limits specified in the Policy Schedule / Certificate of Insurance.

In addition, We shall reimburse the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier up to the limits specified in the Policy Schedule/Certificate of Insurance.

In event of more than one incident of delay of Checked-In Baggage during a Trip, the Company's overall liability shall be limited to loss suffered by the Insured for only one of such incidents of delay of Checked-in Baggage. The amount mentioned is for a single event of delay in case of a Single Trip or single event of delay per trip in case of an Annual multi trip irrespective of pieces of baggage delayed.

Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule / Certificate of Insurance.

This Benefit shall be payable subject to the following:

- For each and every claim made under this Benefit, a Deductible of number of hours specified in the Policy Schedule / Certificate of Insurance shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's intended destination.
- We shall be provided with proof of such a delay in writing from the Common Carrier.
- We shall be provided with the receipts of the purchase of toiletries, medication, and clothing that the Insured Person needed to buy in the duration of such delay.
- In the event of simultaneous claims under this Benefit as well as under Loss of Checked-In Baggage, the higher of the claims shall be payable by Us in respect of the same item(s) of Checked -in Baggage during any one Period of Insurance.
- This Cover shall also be applicable for a return journey to Country of Residence / City of Residence.

Specific Exclusions applicable to this Benefit–

- Delay in delivery of the Checked-In Baggage arising out of and resulting from detention / confiscation by the Common Carrier/ Public Carrier / customs / government agencies / other agencies unless in situations of any social/political instability beyond the control of the insured,

necessitating stringent checking, resulting in a delay.

- In case the period of delay does not exceed the deductible time specified in the Policy Schedule/ Certificate of Insurance.
- Delay attributable to damage to Checked-In Baggage warranting an examined delivery by the Common Carrier/ Public Carrier.

32. Delay of Checked-in Baggage - round trip (Benefit)

We shall pay a fixed amount specified in the Policy Schedule/Certificate of Insurance to the Insured Person in the event of the delay in the scheduled arrival of the Checked-in Baggage caused by a Common Carrier Including Mis-direction and Mislaying in delay more than specified no. of hours beyond the deductible as mentioned in the Policy Schedule/Certificate of Insurance at the Place of Destination specified on his valid ticket, whilst on a Trip during the Period of Insurance.

This Cover will not be applicable for a return journey to Country of Residence / City of Residence.

In event of more than one incident of delay of Checked-In Baggage during a Trip, the Company's overall liability shall be limited to loss suffered by the Insured for only one of such incidents of delay of Checked-in Baggage, or any other number of such instances as specified in Policy Schedule/Certificate of Insurance. The amount mentioned is for a single event of delay in case of a Single Trip or single event of delay per trip in case of an Annual multi trip or the number of incidences as specified in Policy Schedule/Certificate of Insurance, irrespective of pieces of baggage delayed.

This Benefit shall be payable subject to the following:

- a. For each claim made under this Benefit, a Deductible of number of hours specified in the Policy Schedule / Certificate of Insurance shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's intended destination.
- b. We shall be provided with proof of such a delay in writing from the Common Carrier.
- c. In the event of simultaneous claims under this Benefit as well as under loss of Checked-in Baggage, the higher of the claims shall be payable by Us in respect of the same item(s) of Checked -in Baggage during any one Period of Insurance.
- d. This Cover shall also be applicable for a return journey to Country of Residence / City of Residence

Specific Exclusions applicable to this Benefit–

- Delay in delivery of the Checked-In Baggage arising out of and resulting from detention / confiscation by the Common Carrier/ Public Carrier / customs / government agencies / other agencies unless in situations of any social/political instability beyond the control of the insured, necessitating stringent checking, resulting in a delay.
- In case the period of delay does not exceed the deductible time specified in the Policy Schedule/ Certificate of Insurance.
- Delay attributable to damage to Checked-In Baggage warranting an examined delivery by the Common Carrier/ Public Carrier.

33. Loss of Passport (Indemnity)

If the Insured Person loses / damages his / her original passport whilst on a Trip during the Period of

Insurance, then we shall indemnify the below listed expenses up to the sum insured mentioned in the Policy Schedule / Certificate of Insurance

- i. The necessary costs including documentation and transportation incurred towards issuance of emergency certificate or towards obtaining a new passport or reissuance up to the limit as specified in the Policy Schedule / Certificate of Insurance.
- ii. The actual expenses necessarily and reasonably incurred in connection with obtaining/replacing the lost travel documents/visa.
- iii. The accommodation expenses maximum up to 2 days prior to; in the event where embassy is unable to issue the passport prior to commencement of next intended trip.
- iv. The expenses in issuing new passport in India.

34. Loss of Passport (Benefit)

If the Insured Person lost / damages his/her original passport whilst on a Trip during the Period of Insurance, We shall pay a lump sum benefit amount as specified in the Policy Schedule / Certificate of Insurance.

Specific Exclusions applicable to Loss of Passport (Indemnity & Benefit)

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

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

35. Identity Document Theft/Loss

If the Insured Person loses his original identity proof document (Driving license (including International Driving License), PAN card, Aadhaar or Voter ID card) on account of theft occurring whilst on a Trip during the Period of Insurance, we shall indemnify the necessary costs incurred by the Insured Person towards obtaining a new or duplicate identity proof document.

Specific Exclusions applicable to this Benefit–

We shall not make any payment if the loss of document(s) is –

- i. due to delay or confiscation or detention by customs, police, or other authorities.
- ii. due to its being left unattended or forgotten by the Insured Person in a public place or in a Public Transport.

36. Emergency Accommodation Coverage

We shall reimburse the additional cost of emergency accommodation up to a maximum of the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance upon the occurrence of any of the perils below.

- i) If the Insured Person could not stay in the accommodation originally booked due to fire, flood, earthquake, storm, hurricane, explosion, outbreak of major infectious diseases.
- ii) The Insured Person / Immediate Family Member(s) incur expenses for accommodation due to the Hospitalization and or isolation/quarantine of Insured/ Immediate Family Member(s) in the visiting country where they are travelling together due to any covered Illness/Injury.
- iii) Expenses incurred in accommodation due to a local government body declared lockdown in the visiting city, state or country preventing travel back to India OR a lock down declared by state or government of India.

Additionally, we shall also reimburse the difference of cost between the originally booked Common Carrier for scheduled journey which could not be undertaken, and the alternate Common Carrier arrangements made by the insured Person.

Our liability to make payment is only in excess of the Deductible as specified in Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

37. Hijack Distress Allowance

If the Common Carrier in which the Insured Person is traveling whilst on a Trip during the Period of Insurance on a valid ticket is Hijacked, then We shall pay the daily amount specified in the Policy Schedule/ Certificate of Insurance for each day for which the Insured Person continues to be held captive by the hijackers, provided that:

- i) We shall be liable to make payment under this Benefit only if the Hijack has continued for a period of at least 24 consecutive hours unless a separate period is specified in the Policy Schedule / Certificate of Insurance;
- ii) We shall not be liable to make payment under this Benefit for more than 30 days unless a separate number of days is specified in the Policy Schedule/Certificate of Insurance;
- iii) Our liability under this Benefit in respect of the Insured Person shall not extend beyond the date and time of the Insured Person's release.
- iv) We shall not be liable to make payment under this Benefit in any claim where the Insured Person is considered as the principal or accessory or is in any way involved with the Hijacking.

38. Overseas Travel Service Supplier Insolvency

We shall reimburse the below stated expenses up to a maximum of the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance incurred by the Insured Person in case of pre booked tour by paying an advance with an Overseas Travel Service Provider located at the intended destination(s), provided the Overseas Travel Service Provider turns insolvent and the Insured Person does not get intended service.

- a. We will pay the reasonable cost of such rearrangement but not exceeding the cost that the Insured Person has already incurred for intended journey and should be for the same standard of

transportation and accommodation as was originally booked by the Insured Person for intended journey.

- b. In case of cancellation of journey because of non-rearrangement of scheduled journey, We shall be liable only up to the extent of non-refundable cost of unused travels for which the Insured has already paid, including agent's fee for such cancellation but limited to the amount of commission the agent had earned on pre-paid refundable amount of cancelled travel arrangements.
- c. Any additional expenses necessarily incurred on returning to Insured Person's home including reasonable hotel accommodation and transport expenses

Our maximum total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusions applicable to Overseas Travel Service Supplier Insolvency:

- 1. If insolvency is of any travel agent, tour wholesaler, tour operator or booking agent in India.
- 2. If Insolvency is of a travel services provider, who at the relevant time, the travel services provider was insolvent, or a reasonable person would have reason to expect the travel services provider might become insolvent.
- 3. Accommodation expenses incurred after the pre-decided return date of the trip to insured's town.
- 4. Benefit under this section shall be payable for insured contingencies happening Outside India.

39. Hotel /Private Rental Cancellation (Indemnity)

We shall indemnify the Insured Person for any cancellation charges related to the accommodation booked in advance in a hotel/ Private Rental properties via app/web portal/travel agent for the Period of Insurance solely and directly due to one of the reasons below, provided that Our liability shall be limited to the difference between the actual charges incurred for the reservation of such accommodation and the amounts obtained by refund towards the complete cancellation of the original reservation due to

- (i) Major Travel Event
- (ii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury for at least 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 consecutive days from the scheduled commencement of the Period of Insurance.
- (iii) The Insured Person is Hospitalized in an Emergency due to an unforeseen Illness or Injury (if this Benefit is applicable to the Insured Person along with Emergency Medical Expenses Section or any Injury suffered, and such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days and the treating Medical Practitioner certifies in writing that the Insured Person is not fit to undertake travel.
- (iv) The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.

40. Hotel /Private Rental Cancellation (Benefit)

We shall pay a fixed amount to the Insured Person towards any cancellation charges related to the

accommodation booked in advance in a hotel /Private Rental properties via app/web portal/travel agent for the Period of Insurance solely and directly due to one of the reasons below, provided that Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured specified in the Policy Schedule / Certificate of Insurance.

- i) Major Travel Event
- ii) The Insured Person's Immediate Family Member dies or is Hospitalized in an emergency due to an unforeseen Illness or Injury for at least 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 consecutive days from the scheduled commencement of the Period of Insurance;
- iii) The Insured Person is Hospitalized in an emergency due to an unforeseen Illness or Injury or any Injury suffered and such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days and the treating Medical Practitioner certifies in writing that the Insured Person is not fit to undertake travel.
- iv) The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.

41. Political Risk and Catastrophe Evacuation

We shall indemnify the Insured Person for the actual expenses necessarily incurred by the Insured Person whilst on a Trip during the Period of Insurance to return to the Country of Residence or the nearest place of safety for one of the following reasons, up to the cost of a direct route economy class air fare for the same (one way) or hotel accommodation up to a maximum of 7 days for a limit as specified in the Policy Schedule/Certificate of Insurance:

- (i) Officials of embassy of the Country of Residence of the Insured Person in writing recommend, or a notification is issued by the Government of the city where Insured Person is visiting, that people, which include the Insured Person should leave the city, or
- (ii) A catastrophe (fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic due to contagious disease) has occurred in the city in which the Insured Person is in, necessitating his/her immediate evacuation to avoid risk of personal Injury or Illness to himself/herself.

Specific Exclusions applicable to this Benefit–

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i) The Insured Person violating the laws or regulations of the city/country from which he is to be evacuated or deported or declared as a person non-grata.
- ii) Failure to produce or maintain immigration, work, residence, or similar visas, permits or other documentation.
- iii) Failure to honour any contractual obligation or bond or to obey any conditions in a license.
- iv) If the Geographical Scope specified in the Policy Schedule/Certificate of Insurance is out of India, the Insured Person is a national of the country from which he/she is to be evacuated and if Geographical Scope specified in the Policy Schedule/Certificate of Insurance is within India, the Insured Person is a resident of the city from which he/she is to be evacuated.
- v) Circumstances that resulted in the Insured Person's evacuation being in existence prior to the Insured Person entering the city /country or their occurrence being foreseeable to a reasonable

person before the Insured Person entered the country/ city by the way of sources such as travel advisories issued by competent / Government authority(s) etc.

42. Frequent flyer points

If the Policyholder or the Insured opts for this Cover and had purchased the airline ticket (and/or other Common Carrier/Public Carrier ticket) of the Trip using frequent flyer or similar reward points and the trip is subsequently cancelled as a result of the contingencies mentioned under the base cover of 'Trip Cancellation' or its extension and the loss of such points cannot be recovered from any other source, We will reimburse the Policyholder or the Insured for the booking amount, using the conversion factor of the frequent flyer/reward program service provider, subject to the overall liability of the Company not exceeding the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

43. Kidnap Distress Allowance

If during the Period of Insurance, the Insured person is Kidnapped, We will pay the Policyholder/Nominee a fixed amount as specified in Policy Schedule/ Certificate of Insurance against this Cover for every continuous 24 hour period that the insured is held hostage.

Our maximum liability in the event of this claim will be limited to the Sum Insured mentioned in Policy Schedule/Certificate of Insurance. As a condition precedent to Our liability, We must:

- a) Have sufficient proof that the event has actually occurred
- b) Be given immediate oral and written notice of the event and periodic updates of any activity occurring during the incident
- c) if it is in Your best interests, notify the national or other appropriate law enforcement agency having jurisdiction over the matter

Specific Exclusions applicable to this Benefit–

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:

- 1) Your fraudulent, dishonest or criminal acts
- 2) Events which take place in Your country of residence, any country located in Central or Southern America or Africa, or any country in which United Nations armed forces are present and active
- 3) Actual loss of or damage to property of any description, including intellectual property as a result of the Kidnap and Hostage.

44. Event Cancellation

If a particular event that is a part of the Insured's scheduled trip for which the Insured has a pre-booked ticket and the same event gets cancelled for reasons which are unforeseen and beyond the control of the Insured and which in turn leads to the cancellation of the Insured's trip, then we would consider this cancellation of event as a trigger under 'Trip Cancellation' cover.

The maximum Overall liability of the Company under this Benefit shall not exceed the Sum Insured against 'Trip Cancellation', as specified in Policy Schedule/Certificate of Insurance.

45. Trip Cancellation Plus - Common Carrier/ Public Carrier

If the Insured cancels his pre-booked and pre-paid Common Carrier/ Public Carrier reservation made for his trip, after purchasing the policy and within the number of days from the policy purchase date or before the specific number of hours prior to the scheduled timing of the services to be availed under the booked ticket as mentioned in Policy Schedule/Certificate of Insurance, prior to the journey start date, we will reimburse any non-refundable amount against such reservation, upto the SI limit as specified in in Policy Schedule/Certificate of Insurance.

Co-pay or deductible, if any, as mentioned in in Policy Schedule/Certificate of Insurance shall be applicable.

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with: Any cancellation requested after the deductible duration as mentioned in Policy Schedule/Certificate of Insurance.

46. Trip Cancellation Plus – Hotels/ Other/ Private Rental Accommodation

If the Insured cancels his pre-booked and prepaid reservation of the hotel/other commercial accommodation of the Insured Trip, after purchasing the policy and within the number of days from the policy purchase date or before the specific number of hours prior to the scheduled timing of common carrier to the services to be availed under the booked reservation of the hotel/Private Rental as mentioned in Policy Schedule/Certificate of Insurance, we will reimburse any non-refundable amount against such reservation, upto the Sum Insured limit as specified in Policy Schedule/Certificate of Insurance.

Co-pay or deductible, if any, as mentioned in certificate of Insurance shall be applicable.

Specific Exclusions applicable to this Benefit–

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with: Any cancellation requested after the deductible duration as mentioned in Policy Schedule/Certificate of Insurance

47. Lounge Access / Recreation Cover For Common Carrier/ Public Carrier Delay

The Company shall offer lounge access or fixed amount (as specified in Policy Schedule/Certificate of Insurance), as opted by the Insured or offered by the VAS service provider if the departure of the scheduled common carrier/ Public Carrier is delayed by more than the deductible duration specified in the Policy Schedule/Certificate of Insurance, at the port at the Place of Origin of the Trip or any other port from where the Insured boards the Common Carrier/Public Carrier within the Period of Insurance solely arising out of and consequent upon any of the contingencies specified hereunder:

- a) Delay of the Scheduled Common Carrier/ Public Carrier due to Inclement weather at the port of origin or the port of destination
- b) Delay of Common Carrier/ Public Carrier due to sudden strike or any other action of the employees of the Common Carrier/ Public Carrier which disrupts services

- c) Delay of the Common Carrier/ Public Carrier caused by equipment failure or clearances of the Common Carrier/ Public Carrier.
- d) Delay of the Common Carrier/ Public Carrier caused by operational problems like crew or staff scheduling issues etc.
- e) Delay of the Common Carrier/ Public Carrier due to a Major Travel Event, Civil Unrest, Riots or Commotion at the port of departure or the port of destination.
- f) Cancellation or rescheduling of the flight at the instance of Common Carrier/ Public Carrier that causes delay

The maximum liability of the Company under this Cover shall be the Sum Insured as stated in Policy Schedule/Certificate of Insurance.

The Company's liability under this Cover shall be limited to one delay encountered by the Insured for a single trip policy and two delay instances in case of a round trip policy.

For the purpose of this Cover, the delay would be calculated as the difference between actual departure time and the scheduled departure time of the Common Carrier/ Public Carrier. Actual departure time is the time the Common Carrier/ Public Carrier leaves the Common Carrier/ Public Carrier station or air strip (wheels up) and departs.

However, if the Common Carrier/ Public Carrier informs the Insured regarding the delay in the departure atleast 6 hours in Policy Schedule/Certificate of Insurance, in advance, then the scheduled departure time would be considered as the revised time of departure as communicated and not the initial departure time as mentioned.

Specific Conditions applicable to this Benefit–

On the happening of the contingency covered under this Cover, resulting in the delay of Insured's Trip, immediate notice thereof shall be given to the Company or Assistance Service Provider of the Company.

Specific Exclusions applicable to this Benefit–

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:

1. If Trip of the Insured is delayed for the period lesser than what is mentioned as Deductible against this Cover in Policy Schedule/Certificate of Insurance
2. Arising out of contingencies other than those specifically named herein above.
3. For any departure which is delayed as a result of the insured or any other person accompanying the Insured on the Trip, failing to check in as required by the common carrier/ Public Carrier.
4. Any delayed departure, caused by strike or industrial action known to exist or as anticipated at the time the trip was booked.
5. Any delay due to permanent withdrawal of services of Common Carrier/ Public Carrier which was publicly announced beforehand
6. Any delay caused by any change in laws, regulations etc. which was publicly announced.
7. Any delay that results from a Major Travel Event, Civil Unrest, Riot or Commotion, Strike or

adverse weather conditions, actual or suspected mechanical breakdown / derangement or structural defect of the Common Carrier/ Public Carrier which was publicly known at the time of booking of trip or purchase of this insurance.

48. Cruise Cover - Missed Port Departure

We shall reimburse the following expenses incurred by the Insured Person during the Policy Period in excess of the Deductible specified and up to a maximum of the Sum Insured specified in Policy Schedule / Certificate of Insurance:

In the event where the Insured Person fails to arrive at the Departure Point in time to board the ship on which he has booked to travel on the initial journey of his Trip because of:

- a. The failure of scheduled Public Transport on which the Insured Person is travelling to run according to its timetable
- b. An Accident or breakdown of the vehicle in which the Insured Person is travelling.
- c. An Accident or breakdown occurring ahead of him on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which Insured Person is travelling
- d. Sudden Strike, industrial action or adverse weather conditions

We shall reimburse the Insured Person reasonable additional accommodation (room only) and travel expenses necessarily incurred in joining the cruise ship journey at the next docking port up to the limit specified in Policy Schedule / Certificate of Insurance.

Our maximum, total and cumulative liability to make payment under this Benefit is only in excess of the Deductible as specified in Policy Schedule/Certificate of Insurance.

Specific Exclusions applicable to this Benefit–

1. Claims arising directly or indirectly from:
 - a) Strike or industrial action or air traffic control delay existing or publicly declared by the date this insurance is purchased by insured/insured person or the date insured/insured trip was booked whichever is the later;
 - b) An accident to or breakdown of the vehicle in which insured/insured are travelling for which a professional repairers report is not provided;
 - c) Breakdown of any vehicle in which insured/insured person are travelling if the vehicle is owned by insured/insured and has not been serviced properly and maintained in accordance with manufacturer's instructions; or
 - d) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any such regulatory body in a country to/from which Insured/insured person are travelling.
2. Additional expenses where the scheduled public transport operator has offered reasonable alternative travel arrangements.
3. Additional expenses where insured/insured person planned arrival time at the port is less than 3 hours in advance of the sail departure time if insured/insured person are travelling independently and not part of an integrated cruise package.
4. Anything mentioned in the General exclusions

49. Cruise Cover - Unused Excursions

We shall reimburse the cost of pre-booked excursions, which Insured person was unable to use and which are not refundable from any other source as a direct result of being confined by the medical officer on the ship to insured/insured person own cabin due to an accident or illness which is covered under the Emergency Medical Expenses or Out-patient Care if opted up to a maximum of the Sum Insured specified in Policy Schedule / Certificate of Insurance.

50. Cruise Cover - Cruise Interruption

In the event of Insured/ Insured person requiring hospital treatment on dry land due to temporary illness, the policy shall reimburse the amount specified in the Policy Schedule/Certificate of Insurance, the travel expenses incurred to reach the next port to re-join the cruise. The insured / insured person must submit a certificate from the medical practitioner in attendance to confirm the insured/ insured person's unforeseen illness or injury.

The Claim must be admissible as per the criteria mentioned in Cover Emergency Medical Expenses.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

Specific exclusions

- a) Claims where less than 25% of the trip duration remains.
- b) Any claim arising directly or indirectly from a known medical condition prior to departure
- c) Anything mentioned in the General Exclusion

51. Cruise Cover - Cancellation Cover

We shall indemnify the Insured Person for the expenses incurred by him/ her towards any non-refundable expenses or reasonable additional expenses, the amount specified in the Policy Schedule/Certificate for the accommodation in the city of scheduled embarkation or next scheduled port or reasonable additional expenses for transportation cost to return to Place of Origin, or any other Port in India/ Country of Origin due to cancellation of cruise due to perils given below.

- 1. Cancellation / change of sailing date cruise due to technical, operational, or commercial reasons.
- 2. Operation of Major Travel event
- 3. Cruise company becoming insolvent.

52. Cruise Cover - Missed Shore Cover

If during the Period of Insurance and while on the trip, the vessel on which you are aboard does not visit one of the shore stop promised in the original travel itinerary, we will pay a fixed amount as specified in Policy Schedule/Certificate of Insurance against the 'Missed Shore Cover'

53. Hotel extension due to contingency

The Company shall reimburse the actual expenses for lodging and boarding in the same class type of accommodation (As originally planned), incurred by the Insured for extending the stay at a pre-booked hotel or guest house or any other prepaid accommodation facility subject to the maximum Sum Insured as specified in Policy Schedule/Certificate of Insurance if the departure of the Insured shall be delayed

either at the port at the Place of Origin or at any intermediate ports forming part of the Trip within the Period of Insurance solely arising out of and consequent upon any of the contingencies specified hereunder:

1. Major Travel Events
2. Personal contingencies like Emergency Hospitalisation treatment necessitated to the Insured or Insured's Traveling Companion or death of the travelling companion whilst on the Trip.
3. Cancellation or rescheduling of flights beyond 24 hours, done at the instance of the Common Carrier/ Public Carrier
4. Lost or stolen passport or travel documents.
5. Political risk and catastrophe situations
 - a) Officials in the country where Insured is visiting, recommend that certain categories of persons which include the Insured should leave the country, or
 - b) Insured is expelled from or declared persona non grata in the Country he is in.

Provided that no sum shall be payable by the Company for any delay arising due to perils named herein above in case the Place of Origin also be the City of Residence of the Insured as specified in the Policy. Also provided that the Company's liability under this cover shall be limited to only one delay encountered by the Insured during the entire Period of Insurance in case of single trip policy and a maximum of one hotel extension per trip in case of a multi trip policy and will be subject to the Deductible amount as mentioned against this Cover in the Policy Schedule/Certificate of Insurance.

Specific Conditions applicable to this Benefit–

1. On the happening of any contingency as stated above, resulting in the Insured's decision to delay the departure, immediate notice thereof shall be given to the Company or Assistance Service Provider of the Company.
2. The Insured shall endeavour to prosecute the journey as soon as possible so as to minimize the delay arising out of the contingency.
3. The Insured must have a pre-paid booking in advance at a hotel or guest house or any accommodation.
4. Extended stay at a hotel or guest house or any accommodation shall be of same category/class as the original confirmed bookings and in no case it shall be of higher category/class than the original confirmed bookings.

Specific Exclusions applicable to this Benefit–

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:

- Any delay arising out of contingencies other than specifically named herein above
- Any delay arising out of or is consequent of government regulations or prohibition

IV. Other Covers

1. Personal Liability

The Company shall indemnify the Insured/ Insured Person towards legal liability including defense costs of the Insured Person to a third party for an incident which results in accidental death, injury or damage to the health or property of such third party whilst on a trip abroad during the period of insurance covered by this Policy, up to the sum insured or sub limit specified in the Policy Schedule/ Certificate of Insurance. The incident leading to the legal liability of the Insured/Insured Person should have occurred during the period of insurance and whilst on a trip abroad covered by this Policy.

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

Specific Exclusions applicable to this Benefit–

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

1. Any claim arising from an Insured Person's personal contractual liability or through promises made by the Insured/Insured Person.
2. Any claim of personal liability of the Insured Person towards his/her immediate family, relations and travelling companions, whether personal or official.
3. Any claim resulting from transmission of an illness or disease by the Insured Person.
4. Any claim for damage resulting from professional activities/sports involving the Insured/ Insured Person.
5. Any claim for liability, arising directly or indirectly, from or due to:
 - a. possession of animals, birds, reptiles, insects etc. and their by-products like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
 - b. ownership or possession of vehicles, aircrafts, watercrafts, or activities of the Insured/Insured Person involving parachuting, hand-gliding, hot air ballooning or use of fire arms.
 - c. Any willful, negligent, malicious, or unlawful act.
 - d. Insanity, the use of any alcohol/drugs (except as medically prescribed) or drug addiction.
 - e. Any supply of goods or services on the part of the Insured/Insured Person.
6. Any ownership or occupation of land or buildings other than the occupation of any temporary residence.
7. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Specific Conditions applicable to this Benefit–

1. The Company shall be responsible for contesting unjustified claims against the insured and providing indemnity for the damages, which the Insured/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.
2. The Insured Person does not incur any Defence Costs or expenses, admit liability, or settle or attempt to settle, make any admission, or offer any payment or otherwise assume any contractual obligation with respect to such claim without Our prior written consent.
3. If there is a legal action in process against the Insured/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/Insured Person.
4. The Company will have the right, but in no case the obligation, to take over and conduct in the name of the insured/ insured person the defense 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.

5. The Company shall not settle any claim without the express consent of the Insured Person, but if the Insured Person refuses an available settlement recommended by the Company, then the Company's liability shall be restricted to the amount by which such claim could have been settled
6. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

2. Court Attendance Cover

If during the Period of Insurance and whilst the Insured is on a Journey, and he/she is required to attend court in connection with an event that has resulted in a valid claim under the Personal Liability Cover, We will pay a fixed amount for each day (for meal and travel expenses), the Covered Person attends court, up to the maximum amount as shown in the Policy Schedule/ Certificate of Insurance against the cover 'Personal Liability'

3. Bail Bond

If the Insured/ Insured Person is arrested or detained by Police or Judicial authorities, for any bailable offence whilst on a trip abroad covered by this Policy, the Company shall provide the payment of bail amount to the appropriate authority/court on behalf of the Insured/ Insured Person up to the limit of Sum Insured specified against this Benefit in the Policy Schedule/ Certificate of Insurance. A Deductible of an amount specified in the Policy Schedule/ Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusions applicable to this Benefit–

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/Insured Person for:

1. All non-bailable offences as per the local law of the country in which the incident has taken place whilst the Insured is on a trip abroad
2. Any exclusion mentioned in the "General Exclusions" section of this Policy

This Benefit shall be payable subject to the following:

- i. The Company shall pay or arrange to pay through Emergency Assistance Service Provider to the Judicial Authority / Court directly on behalf of the Insured/Insured Person, the bail amount.
- ii. This benefit would be for bailable offences only.
- iii. The Insured shall appear in the Court on the date specified by the Court for trial and judgment. If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured/Insured Person or otherwise for breach of the terms of such bail bond, then the amount of the bail bond and all cost reasonably incurred by the Company in such behalf will require to be repaid by the Insured to the Company within 1 month after the bail bond is forfeited
- iv. In case of death of the Insured Person, at the first instance, the Immediate Family Member, and in case, where there is no Immediate Family Member, the Insured Sponsor, if any, will be liable to produce the death certificate or the necessary documents, as per the local law, in the Court within 1 month (of such death) for the release of the bail amount to Emergency Service Provider. In case the Insured fails to do so, it is hereby agreed that the Company would have full right and authority to recover the bail amount from the Insured.
- v. The amount will be refunded to the Company or Emergency Assistance Service Provider by the Court with which it was deposited as soon as the Court releases the bail amount with which

- the deposit was made. In no case the amount will be paid out to the Insured/Insured Person.
- vi. In the event the Court releases the bail amount to the Company/Emergency Assistance Service Provider and the bail amount has already been recovered from the estate of the Insured, it shall be paid back to the Insured's legal heir. The judgment shall have no bearing on the refund of the deposit to the Company or Emergency Assistance Service Provider. If the Court imposes any penalty or fine on the Insured/Insured Person at the time of interim order or final judgment, then in that case the Insured Person will not be at the liberty to get the fine deducted or adjusted from the bail amount which was deposited by the Company or Emergency Assistance Service Provider.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

4. Legal Expenses

We shall reimburse the legal costs up to a maximum of the Sum Insured specified in the Policy Schedule / Certificate of Insurance towards expenses incurred by the Insured Person or the legal representative of the Insured Person, as the case may be, towards claims from third parties for compensation for Accidental death, Injury or damage to the health or property of the Insured Person arising due to an injury whilst on a Trip abroad.

Our maximum, total and cumulative liability to make payment under this Benefit is only more than the Deductible specified in Policy Schedule / Certificate of Insurance. A Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for every claim made under this Benefit.

5. Pet Care (Domestic)

We shall reimburse the cost of medical expenses including fees for the Veterinary Doctor towards the medical care and treatment of the pet animal (limited to either cats or dogs maximum up to 3 pets) of the Insured Person up to a maximum of the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance, arising due to an injury sustained whilst under the care of a Professional Care giver, immediate family member/ relative, friend, house servant in India during the Insured Person's Trip abroad during the Period of Insurance.

6. Travel With Pet Cover

It is hereby understood and agreed that if the Insured Person is travelling with his Pet and during the Trip:

- i. If the Insured Person's Pet suffers an Injury or Illness not related or attributed to any pre-existing condition, then We will reimburse the medical expenses incurred towards the inpatient and / or outpatient treatment of the pet, or
- ii. If the Insured Person suffers an Injury or Illness due to which he is admitted in a hospital and there is no one to take care of the pet, then We will reimburse the expenses incurred towards

the safe and comfortable stay of pet at the pet boarding house

Specific Conditions applicable to this Benefit–

- i. The Insured Person's pet has been validly transported and accommodated in accordance with the rules of the Common Carrier, hotel, or other provider of accommodation.
- ii. The Insured Person's pet is maintained by the Insured Person exclusively for company, protection, or entertainment, and not for the purposes of commerce or research.
- iii. Pet is vaccinated as per the Vaccination chart and is older than 90 days.

Specific Exclusions applicable to this Benefit–

1. Any facts or matters of which Insured Person was aware or should have been aware which could have resulted in the injury of the pet
2. Any loss which will be paid or refunded by the hotel, agent or any provider of accommodation, care and carrier.

7. Pet Care due to trip delay

Under this cover we will pay for expenses incurred on food and care-giving to your pet, while you were on a trip abroad and when the return to your city of residence is delayed beyond the minimum deductible hours (as mentioned in your Policy Schedule/Certificate of Insurance against this cover) over your scheduled return time.

Specific Conditions applicable to this Benefit–

- a) For the purpose of payment under this cover, delay will mean the time difference between the scheduled & actual arrival time of common carrier in which you will be travelling to your city of residence.
- b) Pay out under this cover will be in addition to any amount paid under cover "Trip Delay".

Specific Exclusions applicable to this Benefit–

- a) Cover for an endangered, wild or any other animal which you cannot lawfully keep as your pet.
- b) Cover for any delay that you could have foreseen or avoided.
- c) Any delayed departure caused by strike or industrial action known to exist or was anticipated at the time the trip was booked
- d) Any consequential losses.

8. Car Rental Excess Insurance

The Company shall reimburse to the Insured/ Insured Person up to the limit of Sum Insured as specified in the Policy Schedule/Certificate of Insurance, the "Excess Amount" that the Insured is obliged to pay arising from physical loss of or damage to the rental car whilst in the Insured's control and custody during the covered trip. This policy covers the Excess Charge following the theft or damage to Rental car including the undercarriage, windows and tyres. The Insurer's liability to make payment is only in excess of the Deductible as specified in Policy Schedule/Certificate of Insurance.

The insurers will also reimburse to the Insured for the costs of following for which the Insured is liable

in case of insured event:

- **CAR RENTAL KEY COVER:** Replacing a lost or stolen rental car key, including replacement of locks and locksmith charges up to 20% of limit of indemnity under this section
- **MISFUELING COVER:** Cleaning out the engine and fuel system and associated towing costs up to 20% of the limit of indemnity as mentioned in the Policy Schedule/Certificate of Insurance in case the Insured put wrong type of fuel in its rented vehicle.
- **TOWING COSTS COVER:** Towing or recovery costs following an accident or breakdown involving the Rental Vehicle, up to a maximum of 20% of the limit of indemnity under this section.

Under no circumstances the total payment for all above contingencies shall exceed the limit as shown in the Policy Schedule/Certificate of Insurance under this Section.

Specific Conditions applicable to this Benefit–

1. All insured drivers must hold a valid and effective driving license or hold a full internationally recognized license which must be effective at the time of incident.
2. Except with the written consent of the insurers, no person is entitled to admit liability on their behalf or to give any representations or other undertakings binding upon them. The insurer shall be entitled to the absolute conduct, control and settlement of all proceedings arising out of or in connection with claims in the name of the insured person.
3. The insurers may at their option take proceedings in the name of the insured person to recover compensation from any Third party in respect of any indemnity provided under this insurance and any amounts so recovered shall belong to the insurers and the insured person shall render all reasonable assistance to the insurers.
4. The cover under this section will incept from the time the Insured Person takes legal control of Rental Car and will cease at the time Rental Agency assumes back control of rented car, subject always to the condition that the custody of such rental car with the Insured Person is during the period of his covered Trip only.

Specific Exclusions applicable to this Benefit–

The Company shall not be liable in respect of any claim made of:

1. Loss or destruction of or damage to any property whatsoever, or any liability, loss or exposure whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to or arising from
 - (a) ionizing radiation or contamination by radioactivity from any Nuclear fuel or any waste and the combustion of nuclear fuel or
 - (b) the radioactive toxic explosive or other hazardous properties or any explosive nuclear assembly or nuclear component thereof.
2. Operation of the vehicle in violation of the terms of the rental agreement.
3. Automobiles, or other vehicles, which are not rental vehicles and not rented from a licensed rental agency.
4. The rental of certain vehicles namely, motor homes, trailers or caravans, vans, trucks, non-passenger carrying vehicles, vehicles that carry more than 9 people including the driver, motorcycles, mopeds, motorbikes, off-road vehicles and recreational vehicles.
5. Expenses reimbursed by the insured person's employers' Insurer.
6. Applicable to car rental key cover – replacement of locks when only the parts need to be changed.
7. Applicable to misfuelling cover – repair or replacement of any mechanical part or damage to engine

arising from the use of the incorrect fuel, i.e. only cleaning charges are payable under this section.

9. Home Burglary

This Section provides for indemnity, against any loss, destruction or damage to the contents of the Insured Persons' unattended home in India caused by burglary and/or housebreaking specified hereunder whilst the Insured Person is on a trip abroad covered by the Policy. The maximum amount payable under this Section as indemnity is limited to the Sum Insured as specified in the Policy Schedule/Certificate of Insurance in any one Period Of Insurance irrespective of the number of such incidents or occurrences arising out of such incidents.

Specific Exclusions applicable to this Benefit–

We will not be liable for any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Loss or damage caused by the Insured/Insured Person's and/or Insured/Insured Person's employee(s) or agents and / or Insured/Insured Person's family member's direct or indirect involvement in the actual or attempted burglary;
2. 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, jewellery or ornaments, gold bullion
3. Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever.
4. Loss or damage which is recoverable under Fire or Plate Glass Insurance Policy or any other policy.
5. 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, earthquake, flood, storm, volcanic eruption, typhoon, hurricane, tornado, cyclone or other convulsions of nature or atmospheric disturbances.
6. Consequential loss or legal liability of any kind.
7. Loss of money and/or other property abstracted from safe following the use of the key to the said safe or any duplicate thereof belonging to the Insured Person, unless such key has been obtained by assault or violence or any threat thereof.
8. Loss of or damage to any property insured under this policy due to any misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured.
9. Any exclusion mentioned in the 'General Exclusions' section of this Policy

Terrorism Damage Exclusion Warranty: Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance 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 endorsement an act of terrorism means an act, including but not limited to the use of force of 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), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear. The warranty also excludes 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 action taken in respect

of any act of terrorism. If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect

Specific Condition applicable to this Benefit–

- Underinsurance does not apply to this Cover.

Claims Procedure applicable to this Benefit–

- Upon occurrence of the event covered under this Benefit, the Insured shall report to the Assistance Service Provider and furnish the claims form duly completed in all particulars. The Insured shall render all cooperation and assistance to the surveyor appointed by the Company for assessment of loss.
- The Insured shall also report to the police having jurisdiction over the place of loss and shall secure a detailed first information report duly signed by the police authority and forward the same to the Assistance Service Provider immediately thereafter.
- The Insured shall not do anything as regards to the affected property/ premises that shall result in aggravation of loss and shall be wholly guided by the surveyor with regards to preserving the affected property/ premises.
- Documents to be submitted in support of the claim:
 - i. The statement of claim furnishing the details of items lost and the values thereof duly supported by purchase bills wherever available. In the event of the purchase bills not being available, he/she shall render such evidence as may be required by the surveyor for the latter to arrive at the value of the lost items.
 - ii. First Information Report (FIR).
 - iii. Panchnama.
 - iv. Investigation Report by the Police
 - v. Estimate and final bills of repairers.
 - vi. Invoices of owned articles, if required by the Company.
 - vii. And any other document as may be appropriately applicable for the claims preferred under this Benefit of the Policy.

10. Sponsor Protection

We shall indemnify the Insured Person for the balance fees for regular classroom study for the educational course in the event of the death of the Sponsor directly arising out of and consequent upon an Injury sustained during the Period of Insurance, provided that:

- a. Our cumulative liability under this Benefit shall be limited to the actual unpaid fees for the remaining period of the course or the Period of Insurance, whichever is earlier.
- b. We shall be liable to pay for such fees only after the demand for such fees is raised by the educational institute.
- c. We shall be liable to pay such fees under this Benefit only if the Insured Person continues to be enrolled and attend that course at the educational institute as per the rules of such institute.
- d. If the Insured Person discontinues his studies for any reason, we shall have the right to recover such fees paid by it from the Insured Person.

For the purpose of this Benefit,

“**Sponsor**” shall mean any individual responsible for paying the tuition fees of the Insured Person for his full-time study in a registered educational institution.

Note: Insured Person cannot claim under section – “Sponsor Protection” and section “Study interruption” for the same occurrence/event.

11. Study Interruption

We shall indemnify the Insured Person for the Tuition Fees up to the limit stated in the Policy Schedule/ Certificate of Insurance, that have been paid in advance to the educational Institution that are neither refundable nor recoverable from any other source, because of the occurrence of any of the following events which prevent the Insured Person from continuing his/her study for the remaining part of the term at the educational Institution:

- (i) Hospitalization of the Insured Person for Medically Necessary Treatment of any Injury or Illness suffered (if this Benefit is applicable to the Insured Person along with Emergency Medical Expenses Section or treatment of any Injury suffered for more than 30 consecutive days for either an Injury or Illness or
- (ii) In the case of Medical Evacuation to Country of Residence/City of Residence, or
- (iii) Death of an Immediate Family Member arising out of and consequent upon an Injury sustained during the Period of Insurance.

In the event of a Claim, the Insured Person shall make a request to the educational institute, in writing, seeking a written response from it towards any amount due to the Insured Person by way of refunds. Any such refunds shall be first deducted from the amount payable by Us.

Specific Exclusions applicable to this Benefit–

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any routine physical check-up and/or any treatments or examinations related thereto.
- (ii) Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.
- (iii) Any elective surgery.
- (iv) Any costs in any way related to psychiatric or mental disorder or any costs or periods of residence in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- (v) Any costs relating in any way related to the abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
- (vi) Any treatment which is paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the educational institution to the extent so furnished or paid or under any mandatory government program or facility set up for treatment without cost to any individual.

12. Mugging Cover

We shall pay the lump sum payment as specified in Policy Schedule / Certificate of Insurance in the event of Insured Person being mugged whilst on a Trip during the Period of Insurance.

For the purpose of this Benefit, “Mugging” means a violent, unprovoked attack by a third-party individual who is not an Immediate Family Member, relative, Travelling Companion or colleague of the Insured Person and is evidenced as such in a police report.

Specific Exclusions applicable to this Benefit–

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. 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.
2. Any loss of money, coins or curios, sculptures, manuscripts, securities for money or any other negotiable instrument, stamp, rare books, medals, designs or any other collectibles, deeds, bonds, bill of exchange, share or stock certificates, business books, documents of any kind, unset precious stones, jewelry, ATM or credit or debit cards.
3. Losses arising from any delay, detention, confiscation by customs officials or other public authorities
5. Contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.
6. Any exclusion mentioned in the ‘General Exclusions’ Section of the Policy.

13. Gadget Cover (Indemnity)

We will indemnify the Insured Person for loss incurred due to loss / theft of Gadget during the Trip up to the limit specified in the Policy Schedule / Certificate of Insurance subject to the following:

- i. The Gadget must be owned and accompanied by the Insured Person during the Trip, and You must provide Us with any receipts, documents or proof of purchase, that it is reasonable for Us to determine such ownership or possession.
- ii. The Insured Person must report the loss to the police within 24 hours of becoming aware of the theft and a written police report being obtained in that regard
- iii. Maximum amount to be reimbursed for the Gadget as specified in the Policy Schedule/ Certificate of Insurance shall be at the Market Value before the loss, which will be arrived at by depreciating the value by 25% per annum. However, the maximum liability would be restricted to the Sum Insured.
- iv. We will not pay under this benefit for the loss of more than one Gadget falling under a similar category during the Trip.
- v. Our maximum, total and cumulative liability under this Benefit will be limited to the travel destinations including all halts and via destinations during the Trip

In addition to the General Exclusions listed in the Policy under Part D, we shall not be liable to make any payment under this Benefit if –

- (i) Loss is due to confiscation or detention by customs, police, or other authorities.
- (ii) Loss is due to it being left Unattended or forgotten by the Insured Person in a public place or in a Public Transport.
- (iii) Loss of baggage sent in advance or souvenirs and articles mailed or shipped separately.
- (iv) Loss or damage which is paid or refunded by the Common Carrier, hotel, agent, or any other provider of travel and / or accommodation.
- (v) Loss of software or data in the laptop/ tablet / mobile phone and any consequential loss.

- (vi) Any second hand or refurbished Gadgets.
- (vii) No claims shall be payable for any Gadget which is older than 5 years

14. Gadget Cover (Benefit)

We shall pay a lump sum amount for the actual loss incurred due to loss / theft of Gadget up to the limit specified in the Policy Schedule / Certificate of Insurance subject to the following:

- i. The Gadget must be owned by and accompany the Insured Person during the Trip, and You must provide Us with any receipts, documents or proof of purchase, that it is reasonable for Us to request
- ii. The Insured Person must report the loss to the police within 24 hours of becoming aware of the theft and a written police report being obtained in that regard
- iii. Our maximum, total and cumulative liability would be restricted to the Sum Insured for any gadget not older than 5 years.
- iv. Our maximum, total and cumulative liability will be limited to the travel destinations including all halts and via destinations during the Trip
- v. We shall be provided with the original invoice/receipt evidencing the proof of purchase and ownership of such Gadget, or document evidencing the authorized custody of the same, if such Gadget is provided by his/her employer/business organization.

In addition to the General Exclusions listed in the Policy under Part D, we shall not be liable to make any payment under this Benefit if –

- i. Loss is due to delay or confiscation or detention by customs, police, or other authorities.
- ii. Loss is due to it being left Unattended or forgotten by the Insured Person in a public place or in a Public Transport.
- iii. Loss of baggage sent in advance or souvenirs and articles mailed or shipped separately.
- iv. Loss or damage which is paid or refunded by the Common Carrier, hotel, agent, or any other provider of travel and / or accommodation.
- v. Loss of software or data in the laptop/ tablet / mobile phone and any consequential loss.
- vi. Any second hand or refurbished Gadgets.
- vii. No claims shall be payable for any Gadget which is older than 5 years

15. Digital Camera Insurance

If at any time during the policy period, the digital camera insured as defined in the Policy shall suffer any unforeseen and sudden physical loss or damage from any cause while the Insured Person is on Trip accompanied by such digital camera, other than those specifically excluded, in a manner necessitating repair or replacement, We will indemnify the Insured Person in respect of such loss or damage up to the maximum of the Sum Insured subject to a Co- payment as Specified in the Policy Schedule / Certificate of Insurance.

Specific Exclusions applicable to this Benefit–

We shall not, however, be liable to pay any expenses under this Benefit for

- i. Loss or damage as a direct consequence of the continual influence of operation (e.g., wear and tear, cavitations, erosion, corrosion, incrustation) or of gradual deterioration due to atmospheric conditions.
- ii. any costs incurred in connection with the maintenance of the Digital Camera, such exclusion

- also applying to parts exchanged during such maintenance operations.
- iii. loss or damage for which the manufacturer or supplier of the Digital camera is responsible either by law or under contract.
- iv. loss of or damage to rented or hired Digital Camera for which the owner is responsible either by law or under a lease and/or maintenance agreement.
- v. consequential loss or liability of any kind or description.
- vi. aesthetic defects
- vii. any Digital Single Lens Reflex (DSLR) camera purchased 30 days prior to the inception of this policy.
- viii. Damage due to Pollution: any damage, loss or destruction to the Digital Camera on account of pollution or contamination

Our liability under this Benefit shall be subject to the following specific Conditions applicable to Digital Camera Insurance:

1. In cases where damage to the Digital Camera can be repaired We shall pay the expenses necessarily incurred to restore the damaged camera to its former state of serviceability
2. The cost of any alterations, improvements or overhauls shall not be recoverable under this Benefit
3. In cases where the Digital Camera is subjected to total loss and meanwhile it becomes obsolete, all costs necessary to replace the lost or damaged Digital Camera with a follow-up model of similar type and similar quality will be reimbursed.
4. We will make payments only after being satisfied, with necessary bills and documents that the repairs have been effected or replacements have taken place, as the case may be.

Warranty applicable to this Benefit–

It is warranted that the Maintenance Agreement in force at the inception of this policy is maintained during the currency of this policy and no variation in the terms of the Agreement shall be made without the written consent of the Company being obtained.

For the purpose of this warranty the word ‘Maintenance’ shall mean the following:

1. Safety Checks
2. Preventive Maintenance
3. Rectification of loss or damage or faults arising from normal operations as well as from ageing

16. University Insolvency / Derecognition Of University Or Course

We will reimburse

- i. The actual expenses subject to maximum limit as stated in the Policy Schedule/Certificate of Insurance, incurred towards the tickets of Common Carrier limited to the economy class fare in Common Carrier or/and accommodation expenses for a maximum of 7 days to return to Country of Residence/City of Residence if the University in which the Insured Person has been admitted has become insolvent.
- ii. We shall also indemnify the insured person for the tuition fee up to the limit as stated in the Policy Schedule/ Certificate of Insurance, that have been paid in advance to the educational institution that are neither refundable nor recoverable from any other source.

Note:

- After the settlement of the claim under the Policy, if there is any recovery towards additional expenses from the university, the same shall be remitted to Us to the extent of the claim paid to the

Insured Person.

- 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 University Insolvency and try to recover from them the consequential loss incurred by the Insured. Details of the steps taken by the Insured shall be furnished to the Company
- In addition to the General Exclusions listed under Part D in this Policy, we shall not cover any claim arising out of the Insured Person failing to adhere to the rules of the University or regulation of state in connection with admission.

17. Debit/Credit Card/Forex Card – Fraud

In the event of loss or theft of the Insured Person's bank issued debit/credit/forex card whilst on a Trip during the Period of Insurance, We shall reimburse the financial loss incurred by the Insured Person, arising out of any fraudulent utilization of such card from the time of such loss or Theft being reported until the time of such card being blocked by issuing bank, up to the limit of Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

This Benefit shall be payable subject to the following:

- a) Our maximum, total and cumulative liability to make payment under this Benefit is only more than the Deductible as specified in Policy Schedule / Certificate of Insurance. The Deductible as mentioned in the Policy Schedule / Certificate of Insurance shall be separately applicable for each claim made under this Benefit
- b) All claims made under this Benefit shall be payable in India and in Indian Rupees only.
- c) The loss or Theft is to be reported to the issuing bank and a written police report is to be furnished to the Us.

Specific Exclusions applicable to this Benefit–

We shall not be liable to make any payment for any Claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Claims where the loss can or could have been recovered from any other source.
2. Any claim where loss or theft is not notified to the local police as soon as practicable from the time of the Insured Person becoming aware of the loss or theft.
3. Any costs incurred in procurement of a new card.
4. Any claims arising out of, or in connection with any contractual liability.
5. Any loss or damage of a consequential nature
6. Any financial loss or liability due to misuse of card occurring after the time of reporting the loss or Theft to the issuing bank
7. Any claim, which is in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured Person or by any person acting on behalf of the Insured Person.
8. Any loss falling under – General Exclusions of the Policy.
9. Any claim arising out of a loss where Insured Person has left the card unattended

18. Sports Equipment Cover

We shall reimburse the actual loss incurred in the event of Insured Persons owned or hired sports equipment are lost due to theft or damaged whilst on Trip during the Period of Insurance maximum up to the Sum Insured as specified in the Policy Schedule / Certificate of Insurance

Our maximum, total and cumulative liability to make payment under this Benefit is only more than the Deductible as specified in the Policy Schedule / Certificate of Insurance. A Deductible as specified in the Policy Schedule / Certificate of Insurance shall be separately applicable for each claim made under this Benefit.

Specific Exclusions applicable to this Benefit–

We shall not be liable to make any payments for the following losses:

- i. Any loss due to theft or damage to Insured Person's sports equipment and accessories during Insured Person's entire journey if he does not get a written PIR (Property Irregularity Report) issued by the airline/common carrier. For the purpose he shall be required to lodge the complaint with the airline/common carrier immediately.
- ii. Loss to sports equipment and accessories at any other time if the Insured Person does not report the loss or theft to the local police within 24 hrs of discovering it and get a written police report from them.
- iii. Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
- iv. Loss or damage to sports equipment and accessories left unattended at any place.
- v. Any loss or damage to the property due to confiscation or detention by any authority other than airline.
- vi. Any loss falling under Part D – General Exclusions of the Policy
- vii. Any amount of loss that has already been compensated from the club.
- viii. Sports equipment accessories

Specific Conditions applicable to this Benefit–

1. The Insured Person must keep the damaged property for Our inspection or by Our authorized representative at any time after the loss is reported to the Us
2. The Insured Person shall be required to surrender the said damaged property to Us on demand at the time of final settlement of the claim or We shall deduct an appropriate salvage value from the claim amount admissible at Our sole option.
3. If the claim involves a part of a set of property, our liability shall be limited to the value of that part which has been damaged or lost during the trip.
4. Receipts for items lost, stolen or damaged or proof of ownership should be preserved properly by the Insured Person to substantiate his claim.
5. The Insured Person shall preserve all his recovery rights against the Third Party and shall be required to subrogate the same to Us at the time of settlement of claim.
6. Maximum amount to be reimbursed for the Sports equipment as specified in the Policy Schedule/ Certificate of Insurance shall be at the Market Value before the loss, which will be arrived at by depreciating the value by 25% per annum. However, the maximum liability would be restricted to the Sum Insured specified against this Benefit in the Policy Schedule/Certificate of Insurance

19. Identity Theft

If at any time during the Policy Period, the Insured Person shall incur expenses to resolve the Identity

Theft, then We shall reimburse the following expenses up to a maximum of the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

- a. **Legal Expenses** – We will reimburse the Insured Person for the attorney and court fees incurred by the Insured Person for:
 - i. Defending any suit brought against the Insured by a creditor or collection agency or someone acting on their behalf because of the Identity Theft.
 - ii. Removing any civil or criminal judgment wrongfully entered against the Insured because of the Identity Theft.
 - iii. Challenging the accuracy or completeness of any information in the Insured Person's consumer credit report provided this information is inaccurate and falsely provided to the credit agency or financial institution because of Identity Theft.
- b. **Miscellaneous Expenses** – We will reimburse the following expenses:
 - i. The cost of re-filing applications for credit accounts or banking accounts that are rejected solely because the lender received incorrect information because of Identity Theft.
 - ii. The cost of notarizing documents related to the Insured Person's identity theft, long distance telephone calls, and certified mail reasonably incurred because of the Insured Person's efforts to report an Identity Theft or to correct the financial and credit records that have been altered because of the Insured Person identity theft.
 - iii. The cost of contesting the accuracy or completeness of any information contained in the Insured Person's credit history because of his/her Identity Theft.
 - iv. The cost of a maximum of 4 (four) credit reports from an entity approved by Us. The credit reports shall be requested when you make a Claim.

Specific Exclusions applicable to this Benefit–

We will not pay for any expenses or loss under this Benefit as a result of:

- 1. Monetary losses other than those covered above
- 2. Any physical injury, sickness, disease, disability, shock, mental anguish and mental injury including required care, loss of services or death;
- 3. Requesting credit reports before the discovery of the Insured Person's identity theft.
- 4. Taking time from self-employment or workdays that will be paid for by the Insured Person's employer to correct the financial records that have been altered due to identity theft.

Specific Conditions applicable to this Benefit–

- 1. The fraudulent account must have been opened in the Insured Person's name without your authorization.
- 2. Any false charge or withdrawal from the unauthorized opened account must be verified by the Insured Person's financial institution.
- 3. Coverage for false charges is limited to the amount that the Insured is held liable for by the financial institution.
- 4. We shall be permitted to inspect the Insured Person's financial records, and request such additional proof in relation to the charges, as may be necessary.
- 5. The Insured shall cooperate with Us and help Us to enforce any legal rights the Insured Person or we may have in relation to his/her identity theft; this may include the Insured Person's attendance at depositions, hearings, and trials, and giving evidence as necessary to resolve his/her identity theft.

6. The expenses can be submitted up to 12 months after the Insured Person makes a claim

Our maximum, total and cumulative liability to make payment is only in excess of the Deductible specified in the Policy Schedule / Certificate of Insurance. A Deductible as specified in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

20. Jewellery Insurance

We shall reimburse the loss incurred due to theft or robbery of the Insured Person's Jewelry during the Period of Insurance up to a maximum of the Sum Insured subject to the Co-payment as specified in the Policy Schedule / Certificate of Insurance.

Specific Exclusions applicable to this Benefit–

We shall not, however, be liable for

- a. Jewelry and Valuables not carried by the Insured or locked in a safe deposit box at all times
- b. Jewelry and Valuables shipped in checked-in baggage
- c. Loss or theft which has not been reported to the Policy within 24 hours of discovery.
- d. Loss or damage caused by delay, wear and tear, moth, vermin, atmospheric or climatic conditions, deterioration or electrical or mechanical derangement of any kind. Loss or damage caused by spilled fluid from cosmetic or beverage containers whilst in the baggage
- e. Jewelry of the Insured Person which has been entrusted to a third party.
- f. Claims relating to loss, damage, or theft from an unattended vehicle where the items were in a locked boot and not visible and where entry was affected by violent and forcible means.
- g. Claims arising from confiscation or detention by customs or other lawful officials and authorities
- h. Jewelry items which have not been noted on the police report
- i. Liability in respect of a pair or set of articles where we shall be liable only for the value of that part of the pair or set which is lost or damaged.
- j. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality or increased cost of working
- k. Loss arising out of mysterious disappearance of the Jewelry.

Specific Condition applicable to this Benefit–

It is hereby agreed and declared that the Our maximum, total and cumulative liability in respect of a single claim or a series of claims during the Policy Period shall not exceed the Sum Insured as specified in the Policy Schedule / Certificate of Insurance.

Co-Payment:

It is also hereby agreed and declared that the Insured Person shall be subject to a co-payment as specified in the Policy Schedule / Certificate of Insurance of the admissible claim amount in respect of every claim.

21. Reimbursement Of Golf Fees And Other Non-Transferable Ticket Expenses

If the Insured Person is Hospitalized for treatment of an Illness or Injury suffered (if this Benefit is applicable to the Insured Person along with Emergency Medical Expense (Accident & Illness) or

Emergency Medical Expenses (Accident Only) section immediately and not exceeding 15 days prior to the commencement of the Period of Insurance, We shall indemnify the Insured Person for any cancellation charges related to golf fees and other non-transferable ticket expenses which were already paid in advance for the Period of Insurance, provided that:

- i. The Insured Person's Hospitalization continues for more than 5 consecutive days.
- ii. The cancellation of the proposed golf/other events is solely and directly due to the Insured Person's Hospitalization for Medically Necessary Treatment.
- iii. Our liability shall be limited to the difference between the charges incurred for such golf fees and other non-transferable ticket expenses and the amounts obtained by refund towards the cancellation.

22. Golfer's Hole In One

We will pay the Lump sum amount as specified in the Policy Schedule/Certificate of Insurance to the Insured Person for expenses incurred in celebration of achieving a hole-in-one by the Insured Person during the trip falling under Period of Insurance, anywhere in the world, in a golf course recognized/certified by United States Golfers' Association (USGA) / PGA / other International Golf Associations, anywhere in the world excluding India.

The Claim Payment shall be subject to the full compliance with the terms and conditions and the rules of the tournaments conducted / certified by PGA / United States Golfers' Association (USGA) / Other International Golf Associations.

Specific Exclusions applicable to this Benefit–

We will not be liable for any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- a) Claims where the player has not been listed as a Participant in the Tournament.
- b) Claims originating on a non-Target Hole.
- c) Any claims where the Hole in One has not been correctly adjudicated or failure of the Insured to follow the claims procedure.
- d) Consequential loss of whatever nature arising from the tournaments conducted / certified by PGA/ Other International Golf Associations.

23. Emergency Financial Assistance

If the Insured Person suffers a Financial Emergency whilst on a Trip during the Period of Insurance, then We or the Assistance Service Provider shall co-ordinate with the Insured Person's relatives in his Country of Residence/ City of Residence, to provide emergency financial assistance to the Insured Person provided that:

- i) Our maximum, total and cumulative liability under this Benefit is limited to organizing the delivery of funds received from the Insured Person's relatives to the Insured Person in cash within 7 days from receipt of funds.
- ii) We shall not have or be deemed to have any direct financial liability to the Insured Person under this Benefit.
- iii) This Benefit shall not be available more than once during the Period of Insurance.

24. Cyber Security

We shall reimburse the expenses incurred by the Insured Person during the Policy Period up to a maximum of the Sum Insured specified in Policy Schedule /Certificate of Insurance due to:

- a) any fraudulent and unauthorized access to usage,
- b) deletion or alteration of the Insured Person's personal data stored in his/her computer system including digital devices,
- c) Defense and prosecution costs against identity theft occurring on Insured Person's legitimate Social Media account because of a cyber-attack,
- d) Repeated use of digital communications to harass or frighten the Insured Person,
- e) Computer program received through SMS, File transfer, downloaded programs from internet or any other digital means by the Insured's computer system including his/her digital devices maliciously designed to infiltrate and damage it without the Insured's consent,
- f) Funds wrongfully or erroneously paid by the Insured Person as a direct result of Third Party's unauthorized targeted cyber intrusion into his/her computer system,
- g) Any attempt to obtain Insured Person's sensitive information such as usernames, passwords, and credit card details (and sometimes, indirectly, money), often for malicious reasons, by masquerading as a trustworthy entity through an electronic communication,
- h) A forgery or a wrongful manipulation of an E-mail header so that the message appears to have originated from the actual source
- i) Any liability arising out of unintended publication or broadcasting of any digital content resulting out of a Cyber Attack on your Computer System including Insured Person's digital devices,
- j) A threat to cause a Privacy Breach, Data Breach or Cyber Attack,
- k) Any unauthorized disclosure of your personal data by a third party or any unauthorized access or use of Insured Person's personal data stored in Third Party's computer system.

25. Quarantine Cover

- a) If the Insured Person is quarantined at Hospital/ hotel/ home/ independent facility on advise of the attending doctor at any time during the Trip, the insurer would pay the fixed benefit amount as specified in Policy Schedule / Certificate of Insurance / Pay the actual expenses incurred by the Insured Person up to the limit of Sum Insured as specified in the Policy Schedule / Certificate of Insurance.
and / or
- b) If the regulations permit travel without needing any mandatory quarantine or RTPCR/ any other test to identify whether the person is Covid Positive after landing on the shores of the country abroad or in India, but anytime within 2 days prior to the departure excluding the travel date the regulations mandate either a mandatory quarantine or compulsory RTPCR/ other suitable test for the purpose, the insurer would then pay fixed benefit amount as specified in Policy Schedule / Certificate of Insurance as the inconvenience benefit to the Insured Person/ pay the actual expenses incurred for the purpose, subject to the policy deductible.

26. Loss of keys

We will pay you a fixed amount as specified in your Policy Schedule/Certificate of Insurance, towards any inconvenience caused in obtaining duplicates, if you have lost your home key while it was placed in your lost baggage (either checked in or otherwise).

For us to pay under this coverage, we must have paid for valid claim either under coverage, "Loss of checked in baggage" or under "Loss of Personal belongings".

Specific Exclusion applicable to this Benefit–

- Any partial loss.

27. Loss of ATM cash in transit

Under this cover, we will pay you for any loss of money withdrawn from an ATM or Bank using your card, by way of hold up, robbery or mugging, within a period of 4 hours from such withdrawal and while the withdrawn money was in your possession, up to the maximum sum insured as specified in your Policy Schedule/Certificate of Insurance.

Specific Condition applicable to this Benefit–

You must report such loss within a period of 24 hours from the time of loss, to the police having jurisdiction at the place of loss and obtain a first information.

Specific Exclusion applicable to this Benefit–

- Loss of any money that was not withdrawn from your card.

28. Language Interpreter

We shall indemnify the expenses incurred by You to hire an interpreter to facilitate communication between You and the treating doctor, when You are hospitalized while on a trip and there is no common language that You could speak to communicate with the treating doctor.

Specific Condition

- We will only pay under this cover if the claim is admissible under Emergency Medical Expenses (Accident & Illness) and Emergency Medical Expenses (Accident Only)

29. Avalanche Closure

We will pay the Reasonable extra travel and accommodation expenses that the insured needs to pay if pre-booked adventure sports event is delayed for more than 24 hours from the original schedule because of an avalanche.

Specific Exclusions applicable to this Benefit–

- We will not pay for any claims Arising from activities not defined as Adventure sports.
- To the extent permitted by law, We will not pay unless You obtain a written statement from the appropriate authority confirming that the reason for the delay was related to either an avalanche or bad weather, and how long it lasted.

30. Piste Closure

We will pay up to the amount mentioned in Policy Schedule/Certificate of Insurance if all the lift systems are closed for more than 12 hours as a result of high winds, or not enough or too much snow in your holiday resort. We will pay:

- The cost of transport to the nearest resort, up to the amount shown in the table of benefits for each full 24 hour period; or

- Up to the amount shown in the table of benefits for each full 24 hour period that you are not able to ski and there is no other ski resort available.

PROVIDED that the holiday resort where you are staying must be at least 1000 metres above sea level.

31. Search and rescue benefits

Under this cover we will pay for expenses incurred to launch an extensive search and rescue operation by professional rescue team in case stranding of the insured while in a remote location while participating in an adventure sports activity due to avalanche or bad weather while performing a covered adventure sport while you were on a trip abroad.

Specific Exclusions applicable to this Benefit–

- We will not pay for any claims arising from activities not defined as Adventure sports.

32. Rental Vehicle Return

If during the Period of Insurance during the trip:

- a. The rental vehicle in custody of the insured meets with accident, is damaged or is involved in a collision which directly results in a delay in returning the vehicle to the rental company within the stipulated time as per the rental vehicle hiring agreement.
- b. The rental company presses charges for delayed return

We will indemnify the insured for the delay charges asked by the rental company for such delayed return of the vehicle, upto the Sum Insured limit specified in Policy Schedule/Certificate of Insurance. If mentioned specifically in Policy Schedule/Certificate of Insurance, in place of reimbursing the charges, we will provide a flat benefit amount to the insured in the event any delay charges are asked by the rental company. This Cover shall trigger only if a claim under the cover 'Car Rental Cover' is triggered and is admissible and payable by Us.

Specific Exclusions applicable to this Benefit–

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:

- i) Any delay in return of the rental vehicle necessitated by any reason other than an accident, collision or damage. Delay due to traffic, personal contingencies, weather conditions etc. will not be covered.
- ii) Any claim in case you are operating the rental vehicle in violation of terms of rental agreement with the rental vehicle service provider
- iii) Any claim arising out of violation of law, rules or regulations of the country
- iv) Any loss or damage arising from wear and tear, gradual deterioration, latent damage or defect

33. Fire and Allied Perils (Buildings and Contents)

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Period of Insurance.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

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

		c. defects in the construction known to You.
13	Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

Definitions applicable to this Benefit-

Home Building - Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.

Home Contents - Those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.

General Contents - General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

Valuable Contents - Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

Home Building Cover

1. What We cover

We cover physical loss or damage, or destruction of Your Home Building because of any Insured Event listed above.

2. Your Home Building

- a. Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.
- b. Your Home Building includes
 - i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
 - ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
 - a) garage, domestic out-houses used for residence, parking spaces or areas, if any
 - b) compound walls, fences, gates, retaining walls and internal roads,
 - c) verandah or porch and the like,
 - d) septic tanks, bio-gas plants, fixed water storage units or tanks,
 - e) solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
- c. Your Home Building does not include Contents of Your Home.

3. Use for residence

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee or employee.
- b. We will not pay if
 - i. Your Home Building is used as a holiday home, or for lodging and boarding, or
 - ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self-employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

4. Sum Insured

The Sum Insured for the Home Building Cover will be as mentioned in the Policy Schedule and will be the maximum amount payable in the event the Home Building is a Total Loss.

5. What We pay

- a. If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
- b. The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover.
- c. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
- d. If only an additional structure is destroyed, We will pay You an amount equal to the cost of construction of the additional structure.

Home Contents Cover

1. What We cover

We cover the physical loss or damage to or destruction of the General Contents of Your Home caused by an Insured Event as listed above. Valuable Contents of Your Home are not covered under this Policy

2. Sum Insured

The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.

3. What We pay

- a. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b. The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover.

Specific Exclusions applicable to this Benefit–

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless
 - i. the pollution or contamination itself has resulted from an Insured Event, or
 - ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Costs, fees or expenses for preparing any claim.

Specific Conditions applicable to this Benefit–

1. You must:
 - a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
 - b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
 - c. ensure that unauthorized persons do not occupy Your Home Building.
2. You must inform Us immediately if
 - a. You change Your address,
 - b. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
 - c. You change the use of Your Home Building.

3. You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.
4. Underinsurance does not apply to this Cover.
5. If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end. If We pay the total Sum Insured for any claim, this Cover will end.
6. The Policy will end
 - i. if You change the use of Your Home Building from personal residence to any other purpose, or
 - ii. if You use any item of Home Contents for use that is not personal.
7. This Policy will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The Policy will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.

Claims Procedure applicable to this Benefit-

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that You must do, and that You must not do. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

1. Immediate notice to Us

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
 - i. the Policy Number,
 - ii. Your name,
 - iii. details of report to the police that You made,
 - iv. details of report to any Authority that You made,
 - v. details of the Insured Event,
 - vi. a brief statement of the loss,
 - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
 - viii. details of loss or damage under any Optional Cover or Add-ons,
 - ix. submit photographs of loss or physical damage, wherever possible.

2. Steps to prevent loss and damage

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

3. Immediate notice to Authorities

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

4. Submit claim

- a. Claim form:
 - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
 - ii. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- b. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

5. Establish loss

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

6. Fraudulent claim

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i We will not pay,
- ii We can cancel the Policy: in such a case, You will lose all benefits under this Policy and premium that You have paid, and
- iii We can also inform the police, and start legal proceedings against You.

7. Other insurance

- a. If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Policy, You have a right to ask for settlement of Your claim under any of these policies.
- b. If You choose to claim under this Policy from Us, We will settle Your claim within the limits and the terms and conditions of this Policy.
- c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
- d. We will ensure that Our actions do not impose any liability on You.

8. Recovery action by Us

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

34. Loss of Personal Belongings

We will indemnify the insured up to the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance for the loss or damage to Personal Belongings due to theft, larceny, robbery or hold up at international airport and or anywhere outside India during the Policy Period.

Coverage under this benefit will also include devices of personal use viz Mobile, Laptop, iPad, i-Pod, E-Reader, Camera etc.

Specific Conditions applicable to this Benefit–

- Insured need to submit documents evidencing ownership of the item(s) to Us.

- In the absence of supporting bills, the maximum liability will not individually or in the aggregate exceed the 10% the Sum Insured or the amount claimed by the insured, whichever is lower.
- We shall indemnify for replacing the item(s) with value of the insured items as new less allowance for betterment, wear and tear and depreciation as per scale of depreciation shown below or the value which can be realized from the market for such insured item immediately before occurrence of damage whichever is lower.

Age of the Item	Depreciation Percentage
Up to 180 days	15%
181 days to 1 year	25%
> 1 Year <= 2 Years	40%
> 2 Year <= 3 Years	50%
> 3 Year <= 4 Years	60%
> 4 Year <= 5 Years	70%
Above 5 Years	75%

- In cases where the lost item has become obsolete, all costs necessary to replace lost item with a follow-up item of similar type and similar quality will be reimbursed subject to a maximum of 50% of the cost of the follow up model.
- Our maximum liability shall not exceed the Sum Insured stated in the Policy Schedule/Certificate of Insurance

Specific Exclusions applicable to this Benefit–

We will not be liable for any loss in connection with the following:

1. Any loss of item sent in advance or mailed or shipped separately
2. Any item that was in a baggage lost by common carrier
3. Loss, delay or confiscation or detention by customs, police or public authorities.
4. Any loss of software or data in laptop/ tablet/camera/mobile and any consequential loss.
5. Loss due to negligence of the insured, or acting in a non-prudent manner, or leaving personal belongings unattended.
6. Loss to Jewellery, coins or curios, Gold or silver or any precious metals or articles made from any precious metals; bonds, cheques, money, financial loss on account of loss of debit card, credit card, pre- paid/ forex cards or any other negotiable instrument.
7. Loss to Hired or borrowed property or equipment or Personal belongings entrusted to a third party.

This cover is also available as a fixed benefit option upto the sum insured specified in the Policy Schedule/ Certificate of Insurance or under the special conditions of the Policy Schedule/ Certificate of Insurance & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims, documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

35. Up-Gradation to Business Class

We shall indemnify the Insured Person for the actual expenses incurred by the Insured Person for up-gradation to a business class air ticket by the most direct route from the place of Hospitalization of the

Insured Person to the Country of Residence/City of Residence, provided that:

- (i) The Insured Person is Hospitalized for Medically Necessary Treatment which is required in an Emergency for treatment of any Injury or Illness suffered (if this Benefit is applicable to the Insured Person along with Section Emergency Medical Expenses (Accident & Illness)) or treatment of any Injury suffered if this Benefit is applicable to the Insured Person along with Section Emergency Medical Expenses (Accident Only)) by the Insured Person whilst on a Trip during the Period of Insurance and such Hospitalization continues for at least a period of 5 consecutive days or as specified in the Policy Schedule/Certificate of Insurance;
- (ii) The Insured Person's return air travel to the Country of Residence/City of Residence shall commence not later than 20 days from the discharge of the Insured Person from Hospital.
- (iii) If the Insured Person's air ticket can be upgraded from economy class to business class, our maximum liability under this Benefit shall be limited to the difference in cost between the economy class air ticket and business class air ticket;
- (iv) If the Insured Person's direct route economy class air ticket cannot be up graded, then Our maximum liability under this Benefit shall be limited to the cost of cancellation and the difference between the cost of the new direct route business class airfare and the refund amount received on the economy class ticket cancelled.
- (v) We shall not be liable to make any payment under this Benefit if the Insured Person was originally booked to return to the Country of Residence on a business class air ticket.
- (vi) We have accepted a Claim for the same period of Hospitalization of the Insured Person under Section Emergency Medical Expenses (Accident & Illness) or Emergency Medical Expenses (Accident Only) as applicable.
- (vii) In case any Claim is accepted under this Benefit, no expense of airfare shall be payable under Benefit – "Extended Cover in the Country of Residence"

36. Automatic Extension

We shall automatically extend the Period of Insurance for coverage under Emergency Medical Expenses (Accident & Illness) or Emergency Medical Expenses (Accident Only) (as applicable) for the Insured Person without payment of any extra premium for up to number of days specified in the policy after the date of expiry of the Period of Insurance as specified in the Policy Schedule / Certificate of Insurance provided that:

- i) We have admitted a Claim under Emergency Medical Expenses (Accident & Illness) or Emergency Medical Expenses (Accident Only) OR
- ii) There is a delay or cancellation of the departure of the Common Carrier in which the Insured Person was booked and scheduled to return to the Country of Residence/City of Residence and such delay was beyond the control of the Insured Person and no alternative transportation was available to the Insured Person to return to the Country of Residence/City of Residence.

37. Emergency Cash Allowance

If the Insured has suffered a financial emergency following incidents like theft/ robbery/ burglary of luggage/ money or hold up as a consequence of which the Insured is left without any Travel Funds (Including and not limited to cash, travellers' cheque, debit/credit card, forex card) whilst on an Trip during the Period of Insurance, the Company shall provide an amount upto the Sum insured specified in Policy Schedule/Certificate of Insurance against this cover or amount of cash carried by You on the Trip, whichever is lower.

The claim payment would be made on a pro- rated basis of the Sum Insured amount proportionate on the original total trip duration vis-à-vis the remaining number of travel days.

In order for the Insured to be covered under this cover, the incident leading to the loss of money should be reported to local police within 24 hours of it occurring and obtaining a First Information Report (FIR).

The Company's liability under this Cover shall not be for more than one incident of Financial Emergency during the whole Period of Insurance hereunder, irrespective of whether the Policy is Single-trip Policy or Multi-trip Policy.

The Company shall not be liable for Financial Emergency arising out of any actions on part of the Insured including but not limited to wager, lottery, gambling, betting.

Should it come to notice at a later date after payment of compensation by the Company to the Insured that the declaration of the Insured in connection with the Financial Emergency is false/unsubstantiated; the Company shall be entitled to recover the sum paid hereunder in addition to retaining its right of action against the Insured for damages.

There is a provision to credit the eligible amount in case of claim, in a pre-issued travel card or any such financial instrument provided during policy issuance.

Specific Exclusions applicable to this Benefit–

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:

- No claim shall be admitted under the Policy unless a complaint is lodged with the police authorities and copy of the first information report is furnished to the Company.
- No claim shall be payable under this Cover for need arising anywhere in the Country of Residence of the Insured.
- No claim shall be admitted under this Cover that is reported to the Company or Assistance Service Provider more than 48 hours after the incident of theft or burglary of luggage/money.
- Any loss of Money that was not in the personal custody of the Insured Person
- In event the Insured traces or recovers the lost Money which is the subject matter of claim hereunder, either in part or in full, any time before a settlement of claim is made by the Company the state of the Financial Emergency shall be deemed to be extinct and no claim shall lie against the Company. Further in the event of the Company having made settlement of the claim prior to such discovery of the lost Money the Insured shall repay to the Company the total amount of settlement made by the Company

V. Value Added Services

In addition to the coverage mentioned in this Policy Schedule/ Certificate of Insurance, We will be offering Value Added Services as below, Insured can choose to opt for any of the sections or any combination thereof basis additional payment of premium.

A. Value Added Services for Insured

- EAP/Online Services

- 24 hours phone and email service
- Information on medical infrastructure
- 2nd opinion and monitoring the course of treatment
- Assumption of cost guarantee
- Organizational support in case of bereavement, share of repatriation cost
- Procurement of vital medicine
- Organising return journey
- Help in psychological problems attributable to stay abroad
- Document depot
- Organising help in the event of legal difficulties
- Procurement and intercultural training
- Annual Health assessment
- Pre-Trip Visa Information
- Pre-Trip weather information and exchange rate services
- Pre-Trip Information on location/city, documentations, general country info, airport and terminal, trip planning and local culture
- Health Card in Physical Form
- Doctor on call services
- Medical Assistance Services
- Medical Service Provider Referral
- Arrangement of Hospital Admission
- Arrangements of Appointments with Local
- Medical Practitioners for Treatment
- Medical Translation Service
- Chat with Medical Practitioners
- Arrangement of Compassionate Visit
- Arrangement of Return of Minor Child
- Arrangement of Parent Accommodation
- Inoculation and Visa Requirement Information
- Emergency Document Delivery
- Embassy Referral
- Pro-Active alerts and flight booking assistance in case of trip delay which might cause missed connection
- Information on upcoming events in the country of visit
- Legal firm referral in case of personal liability and bail bond claims
- Interpreter referral and document translation services
- Lost Luggage Assistance and luggage tracking services
- Lost Passport Assistance and Passport Tracking services
- Identity Theft Assistance
- Road Side Assistance
- Telephone medical advice/Virtual Medical Assistance
- Discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty or hotel or any travel related services and skin-clinics
- Discounts on medical equipment or medicines

B. Medical Concierge services for Dependents back home

- Tele-medical information

- Medical Service provider referral and appointment with local doctors for treatment
- Home nursing assistance care
- Monitoring assistance
- Evacuation/ Repatriation services

C. Lifestyle Services for dependents in India

- Gift/Flower Delivery Assistance
- Dining Referral and Reservation Assistance
- Business Services
- Special Events and Performance Assistance
- Home Movers Assistance
- Plumbing Assistance
- Electrical Assistance
- Pest Control Assistance
- Home Cleaning Assistance
- Electrical Gadget Repair Assistance
- Diet and Nutrition Consultation

D. Automotive assistance for dependents in India

- Minor on the spot repair
- Breakdown Services & Towing
- Flat tyre service
- Battery Service / Jumpstart

It is agreed and understood that:

- The Insured Person is free to choose whether or not to obtain the additional services and, if obtained under this Benefit, then whether or not to act on it.
- This Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.
- We do not provide the services under this Benefit or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same or the use to which the services under this Benefit are put.
- We do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any service under this Benefit or for any consequences of actions taken or not taken in reliance thereon.
- The Insured Person shall indemnify Us and hold Us harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or service provider or for any consequences of any action taken or not taken in reliance thereon.

Terms for admissibility of Claim under this Benefit:

- Claim under this Benefit can be made only under Cashless Facility. We or Assistance Service Provider shall arrange for the above mentioned services to the Insured Person; on utilizing these services, the Insured Person shall make payment for the services (if any), directly to the service provider.
- Payment of Claims for this Benefit are not subject to the Sum Insured.

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the Assistance Company shall act in a medical or legal capacity on behalf of You only. The Assistance Company assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. You shall not have any recourse to the Assistance Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom. You are responsible for the cost of services arranged by the Assistance Company on behalf of You or a covered Immediate Family Member.

The Assistance Company will access this Policy and/or other insurance Policy benefits to which You may be entitled, and/or Your credit cards or other forms of financial guarantees provided by you, in order to facilitate payment for such services.

E. Emergency Cash Transfers and Advances

The Company shall provide an assistance service when the Insured Person requires emergency cash, following incidents like theft/ burglary of luggage/ money or hold up whilst on a trip covered hereunder. The Assistance Service Provider shall co-ordinate with the Insured Person's relatives in his Country of Residence to provide emergency cash assistance to the Insured Person as per his requirement, but not exceeding the limit specified in the Policy Schedule/Certificate of Insurance, subject to the following conditions:

- No claim shall be admitted under the Policy unless a complaint is lodged with the police authorities and copy of such complaint/ first information report is furnished to the Company.
- No claim shall be payable under this Benefit for need arising after return of the Insured to the Country of Residence of the Insured.
- As soon as the need arises, Insured Person shall call up Assistance Service Provider on the telephone number indicated in the Policy Schedule/Certificate of Insurance.
- The Assistance Service Provider shall verify the details of the Insured and seek information on the amount of cash required as well as local contact in India who can provide payment security including delivery charges through credit card or close relatives.
- The Assistance Service Provider shall organize cash delivery after obtaining payment security from Insured or his/her local contact as informed by the insured.

PART D: EXCLUSIONS

I. Exclusions Applicable to Section C.I: Medical Covers

Unless otherwise mentioned in the Policy Schedule/ Certificate of Insurance, the Company shall not be liable to make any payment towards expenses incurred by the Insured in connection with or in respect of

1. Any claim due to or arising out of pre-existing medical condition/ailment whether declared or undeclared is not covered unless specifically covered under the policy
2. Treatment of orthopaedic, degenerative and oncological (Cancer) diseases unless such treatment pertains to Life Threatening Medical Conditions or measures solely taken to relieve acute pain and, in any case, excluding chemotherapy or radiotherapy expenses.
3. Treatment taken from anyone who is not a Medical Practitioner or a Medical Practitioner who is practising outside discipline for which he is licensed or any kind of self-medication.

4. Treatment for any dental Illness/ Injury.
5. Beauty and/ or cosmetic treatment and/ or reconstructive plastic surgery in any form or manner unless such surgery is necessitated due to an accidental injury and prescribed in writing by treating medical practitioner as a primary line of treatment
6. Any treatment related to general debility, convalescence, and rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
7. Pregnancy and resulting childbirth, voluntary termination of pregnancy, miscarriage or disease of the female organs of reproduction and any fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy. However, the exclusion does not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Doctor.
8. Routine physical tests and/ or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient.
9. Vaccination and inoculation of any kind, unless it is post animal bite.
10. Rehabilitation and/ or physiotherapy expenses or the cost of prostheses/ prosthetics (artificial limbs) or any services provided by chiropractor.
11. Self-inflicted Illness or Injury.
12. Cost of spectacles/ contact lenses, hearing aid.
13. Hospitalisation expenses of donor.
14. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.
15. Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity.
16. Any treatment/ surgery for change of sex or treatment/ surgery/ complications/ Illness arising as a consequence thereof.
17. Personal comfort, convenience items or services, cosmetics, food stuff, guest services and hygiene related items and services.
18. Any non-allopathy treatment/ alternative treatments other than AYUSH treatment. AYUSH treatment should also be medically necessary under the written advice of a medical practitioner.
19. Any claim for an incident which happens during the Trip that results from taking part in any Adventurous Sports/ activities unless specifically covered
20. Any claim resulting from a tropical disease / contagious disease where you have not had the recommended inoculations and /or taken the recommended medication as per the government advisory issued by the country where You are travelling
21. Any incident which happens after the Trip duration limit as shown on your Policy Schedule/Certificate of Insurance (except period of automatic extension)
22. Any medical treatment which was not medically necessary or could reasonably have been delayed until the Insured Person's return to India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Company and shall be in accordance with accepted standards of medical care.
23. Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury/Illness as certified by the attending Medical Practitioner.
24. Whilst the Insured is engaging in aviation / ballooning - while mounting into or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) or involved in any kind of activities, as defined in our list of hazardous activities, unless specifically opted for and covered under Sports Injury /Illness (Adventure and/or Professional Sports) cover/ Sports Injury (Adventure and/or Professional Sports) cover on prior intimation to the company and payment of applicable additional premium.
25. Any condition/instances/scenarios where there is no active line of treatment taken by the insured.

26. Any out-of-pocket expenses for necessary medical aids relating to the hospitalization of the Insured due to an injury, unless specifically included in the extension "Lifestyle support" the same is mentioned in the Policy Schedule / Certificate of Insurance.
27. Sterility, infertility, venereal disease or any sexually transmitted disease other than HIV/ AIDS.
28. Treatment relating to birth defects and all congenital illnesses/defects/anomalies.
29. Any treatment related to sleep disorder or sleep apnea syndrome
30. Stem cell implantation, harvesting, storage or any kind of treatment using stem cells
31. Any procedure or diagnostic test for gender detection of fetus/unborn child.
32. Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons unless specifically opted and specified in the Policy Schedule/ Certificate of Insurance
33. Prosthesis and Corrective Devices - Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth, and all other similar external appliances and or devices whether for diagnosis or treatment.
Any expenses incurred on prosthesis, corrective devices, external durable medical equipment like wheelchairs, walker, belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer or thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants unless specifically opted for by paying additional premium.
34. All non-medical expenses listed in Annexure II of the Policy

II. Exclusions applicable to Section C.II: Personal Accident

Unless otherwise specified explicitly in the Policy Schedule/ Certificate of Insurance we shall not be liable to make any payment for any claim in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Hospitalization consequent to any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing.
2. Disease, Injury, death or disablement directly or indirectly due to war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other end's invasion, act of foreign enemy hostilities or civil commotion or rebellion, military, naval or air service or breach of law, hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a Scheduled Airline or whether such an aircraft has a single engine or multiengine;]
3. Circumcision or strictures, vaccination, inoculation, sex change, beauty treatment of any description, intentional self-injury, dissipation, general debility, "run down" conditions and "general overhaul", intemperance, use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them.

4. Any Injury present prior to the commencement of Period of Insurance, whether or not if the same has been treated, or for which Medical Advice, diagnosis, care or treatment has been sought before the commencement of this Policy. Any Illness, complication or ailment arising out of or connected to such Injury.
5. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, Illness, Hospitalization of Insured Person
 - i. from intentional self-injury, suicide or attempted suicide;
 - ii. whilst under the influence of intoxicating liquor or drugs;
 - iii. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world
 - iv. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a Scheduled Airline or whether such an aircraft has a single engine or multiengine;]
 - v. directly or indirectly caused by venereal disease except HIV/ AIDS;
 - vi. arising or resulting from the Insured Person committing any breach of law.
6. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), of Insured Person from participation in Adventurous Sports unless specifically covered under the Policy.
7. Payment of compensation in respect of Injury, disease, Illness, Hospitalization of Insured Person from participation in Adventure Sports, unless specifically covered under the Policy.
8. Arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, nuclear weapon materials or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission or nuclear fusion.
9. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.
10. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, Illness, Hospitalization of Insured Person resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of Nuclear, Chemical, Biological Terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
 - i. For the purpose of this exclusion "Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by 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 or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

- ii. "Chemical" agent shall mean any compound, which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants, or material property.
- iii. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause Illness and/or death in humans, animals or plants.

11. Insured Person engaged in any travel unless he is travelling as fare paying passenger

III. General Exclusions – Applicable To All Sections

Unless otherwise specified explicitly in the Policy Schedule/ Certificate of Insurance we shall not liable for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

1. Any claim relating to events occurring before the commencement of the Trip covered hereunder and any time after the completion of the Trip at any port at the Country of Residence / City of Residence of the Insured mentioned hereunder unless specifically opted for (Visa denial, Home to Home cover)
2. A claim which is fraudulent in any respect, or if any false declaration has been made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under the Policy or if the loss or damage is occasioned by the wilful act, or with the connivance of the Insured.
3. Where the Insured Person is travelling against
 - the advice of a Physician;
 - receiving or on a waiting list for receiving specified medical treatment;
 - travelling for the purpose of obtaining treatment (medical tourism);
 - has received a terminal prognosis for a medical condition.
 - Traveling to country which falls in negative country list
4. Any Pre-existing Condition or any complication arising from it except for life saving unforeseen emergency or unless specifically covered under the policy.
5. Congenital anomalies or any complications or conditions arising therefrom.
6. Any claim relating to Adventure Sports or Hazardous Activities, unless specifically covered in the Policy.
7. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or Illness, or sexually transmitted conditions other than HIV/ AIDS
8. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip.
9. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.
10. Pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; This however does not include ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Physician.
11. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion.
12. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline.

13. Any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power.
14. Any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected Act of Terrorism.
15. The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials. (However, the above only applies if 50 or more persons sustain death within 90 Days of the date of the incident).
16. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
17. Performance of manual work for employment or any other potentially dangerous occupation.
18. Payment of compensation in respect of Illness/ Injury arising or resulting from the Insured committing any breach of law with a criminal intent.
19. Any Policy which is bought after the insured person has left the country of residence / or after commencement of Travel
20. Travel by any insured person against whom general or special travel restrictions have been imposed.
21. Expenses related to any unproven treatment, services, and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

PART E. GENERAL TERMS AND CLAUSES - APPLICABLE TO ALL SECTIONS

These terms and conditions have general application to this coverage as a whole, and they apply regardless of the number of Benefits that are operative under this Policy.

1. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Fraud

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

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

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

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

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

5. Multiple Policies

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

6. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

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

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

8. Nomination

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

9. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Website: www.zurichkotak.com

Toll free: 18002664545

E-mail: care@zurichkotak.com

Courier: Zurich Kotak General Insurance Company (India) Limited, 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra, India.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievanceofficer@zurichkotak.com

For updated details of grievance officer, kindly refer the link:

<https://www.zurichkotak.com/customer-support/grievance-redressal-process>

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@zurichkotak.com

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

The details of the Insurance Ombudsman is available at:

<https://www.zurichkotak.com/customer-support/grievance-redressal-process>

The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen: www.cioins.co.in/ombudsman

The details of the Insurance Ombudsman is available at Annexure I

Grievance may also be lodged at Bima Bharosa Portal– <https://bimabharosa.irdai.gov.in/>

10. Claim Settlement (Provision for Penal Interest)

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

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

11. Trip Type

The Policy Schedule/Certificate of Insurance will specify whether Single Trip Cover or Annual Multi Trip Cover is in force for the Insured Person.

12. Geography

This Policy applies to events or occurrences taking place anywhere in the world including Republic of India as specified in the Policy Schedule / Certificate of Insurance.

13. Co-payment

Notwithstanding anything to the contrary in the Policy, it is hereby agreed and declared that the Insured Person shall bear a Co-payment as specified in the Policy Schedule/Certificate of Insurance on each and every Claim made under the Policy and Our liability shall be restricted to the balance amount payable on the Claim.

14. Deductible

The claim amount assessed by Us for a particular claim shall be reduced by the Deductible as specified in the Policy Schedule/Certificate of Insurance. We shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.

15. Material Change

Material information to be disclosed to Us includes every matter that You are aware of or could reasonably be expected to know that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk and the terms of acceptance of the risk.

16. No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our personnel and not specifically informed to Us by You shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

17. Terms and condition of the Policy

The terms and conditions contained herein and in the Policy Schedule/Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document.

18. Duties of the Insured on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy the Insured shall:

- Forthwith file/ submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in the Policy.
- Allow the Surveyor or any agent of the Company to inspect the lost/damaged properties premises/ goods or any other material items, as per 'the Right to Inspect' Clause as provided in this Part.
- Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties under 'Rights of the Company on Happening of Loss or Damage' Clause as provided in this Part.
- Not abandon the Insured property/ item 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 does not comply with the provisions of this Clause or other obligations cast upon the Insured under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.

19. Rights of the Company on acceptance of claim

On the happening of loss or damage, or circumstances that have given rise to a claim under this Policy, the Company may:

- Enter and/ or take possession of the Insured property, where the loss 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 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 of 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. 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 requirement of the Company, or shall hinder or obstruct the Company in the exercise of the powers hereunder, all benefits under the Policy shall be forfeited at the option of the Company.

20. 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 be permitted at all reasonable times to examine into the circumstances of such loss. The Insured 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 the Policy.

21. Position after a claim

The Insured shall not be entitled to abandon any Insured item/ property till the time the Company has taken possession of the same. As from the day of receipt of the claim amount by the Insured as determined by the Company to be fit and proper, the Sum Insured for the remainder of the Period of Insurance shall stand reduced by the amount of the compensation.

22. 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 thereon.

If in any case the Company shall be unable to reinstate or repair the Insured property/ item hereby insured, 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 the Policy.

23. Contribution

If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would but for the existence of this Policy) and the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, in the same Claim (in whole or in part), then We shall not be liable to pay or contribute more than Our ratable proportion of any Claim.

However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable.

24. 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 and Health sections of the policy.

25. Cause of Action/ Currency for payments

No claim shall be payable under this policy unless the event or occurrence giving rise to the claim occurs in the geographical scope specified in the Policy Schedule/Certificate of Insurance.

Cashless claims will be paid to overseas facility in the respective currency of the country. All payments shall be made as per Indian regulations applicable from time to time.

For the purpose of reimbursement claim payments, all currencies shall be converted to Policy Sum Insured Currency and later to Indian Rupees (INR). The reimbursement claim amount will be paid only to the Indian Bank account and in Indian Currency.

26. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with Indian law and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

27. Arbitration clause

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

Note: The above Arbitration Clause is not applicable to retail/individual policyholders.

28. Communications & Notices

Any communication, notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

In Your case, at Your last known address per Our records in respect of this Policy.

In Our case, at Our address specified in the Policy Schedule/Certificate of Insurance.

No insurance agent, broker or any other person is authorised to receive any notice on Our behalf.

29. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified in the Policy Schedule/Certificate of Insurance, during normal business hours or contact Our call centre.

30. Electronic Transactions

You agree 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 centers, teleservice 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, 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.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by the Insured.

31. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate in the case of any Insured Person's demise during the policy period/year:

Termination of cover takes place on account of death of the insured person and pro-rata refund of premium of deceased insured person is processed for the unexpired policy period, provided no claim has been made. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

32. General Conditions

The following General Conditions shall be applicable to all Benefits and Specific Terms and Clauses under the Policy.

- a) The Insured Person's cover under the Policy shall not attach to any journey that has already commenced prior to the Policy Period Start Date or prior to the commencement of the Insured Person's cover under the Policy unless there is continuous coverage in case of a multi-trip policy.
- b) The Policy in so far as it relates to a Single Trip, shall be initially issued for a maximum period as stated in Policy Schedule/Certificate of Insurance.
- c) For Extension: Extension of the Policy shall, if required, be granted at the sole discretion of the Company, provided that the period of extension shall in no case exceed maximum days as specified

in the extended Policy Schedule/Certificate of Insurance or the total Period of Insurance shall not exceed the maximum trip duration specified in the Policy Schedule/Certificate of Insurance and shall be dependent on the plan available with the group administrator. Further, no extension of the Policy beyond the initial period shall be considered in respect of those fixed benefit covers under which claims shall have been reported by the Insured during the initial Period of Insurance. Rendering of the format for the extension of cover duly completed and submission of complete particulars of indemnity claims if any reported by the Insured or pending report by the Insured for contingencies occurring during the initial Period of Insurance shall be a condition precedent to consideration by the Company of the extension of insurance beyond the initial period and subject to express warranties/clauses/conditions/exclusions.

- d) All requests for extensions must be made at least 1 day before the expiry of the original Period of Insurance and accompanied by all the following information and documentation:
 - a) Details of complete particulars of all Claims if applicable.
 - b) A good health declaration in respect of the Insured Person.
- e) This product may be withdrawn / modified by Us after due approval from the IRDAI. In case this product is withdrawn / modified by Us, this Policy can be extended under the then prevailing product, or its nearest substitute filed with and approved by IRDAI. We shall duly intimate You at least three months prior to the date of such withdrawal / modification of this product and the options available to You at the time of extension of this policy
- f) Extension shall automatically be granted except on ground of fraud, moral hazard or misrepresentation or claim lodged under the policy or non-co-operation by the Insured Person.
- g) In case of any major claim under the existing policy, the policy can be extended with exclusion of the ailment/injury on account of which the claim was lodged under the expiring policy.
- h) If the Insured /Insured Person does not 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.
- i) Assignment: The Policy and the benefits under this Policy can be assigned only in accordance with applicable law.
- j) Grace Period & Renewal:

The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of any event that occurred during the Grace Period. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by the Insured Person. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

- k) Cancellation / Termination -

a. The Policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall –

- For 1 year Policy/ Upto 1 year Policy- Refund proportionate premium for unexpired policy period subject to no claim(s) were made during the policy period.
- For Multi Year Policy -
 - For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
 - For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

b. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

1) Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

PART F. CLAIM INTIMATION, ASSESSMENT AND MANAGEMENT

Upon the occurrence of any event, Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, You, or Insured Person (or the Nominee or legal heir if the Insured Person is deceased) shall undertake all the following in addition to any specific requirements specified within the Benefit under which the Claim is made:

1. Claims Intimation

- a) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, You or Insured Person (or the Nominee or legal heir if the Insured Person is deceased), shall notify Us either at Our call center or in writing immediately and in any event within the timeframe (if any) specified in the Benefit under which the Claim is made.
- b) It is agreed and understood that the following details are to be provided to Us at the time of intimation of the Claim:
 - 1. Policy Number and Certificate of Insurance.
 - 2. Claimant's Name.

3. Name of the Insured Person in respect of whom the Claim is being made.
 4. Nature of Illness or Injury or contingency for which Claim is being made and the Benefit under which the Claim is being made.
 5. Date of admission to Hospital or loss.
 6. Name and address of the attending Medical Practitioner and Hospital (if applicable).
 7. Any other information, documentation or details requested by Us or the Assistance Service Provider.
- c) Any event that may give rise to a Claim under a Hospitalization benefit has to be notified to Us or the Assistance Service Provider, within 48 hours of Hospitalization or before discharge (whichever is earlier). However, we shall examine and relax the timeframe specified for Claim intimation depending upon whether the reasons for delay are beyond the control of the claimant.

2. Claims Procedure

- a) **Cashless Facility:** Cashless Facilities are available only at Our Network Providers or the Assistance Service Provider. The Insured Person can avail of this Cashless Facility at the time of admission into a Network Provider, by completing the following procedure:
1. Pre-authorization: You or Insured Person must call Us/ Assistance Service Provider's call center specified in the Certificate of Insurance and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least within 24 hours of admission to Hospital.
 2. We shall process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which Cashless Facility is sought to be availed. We or the Assistance Service Provider shall confirm in writing authorization or rejection of authorization to avail Cashless Facility for the Insured Person's Hospitalization.
 3. If the request for availing Cashless Facility is authorized by Us or the Assistance Service Provider, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by Us for availing Cashless Facility. Payment in respect of all Deductibles/Co-payments (if applicable) shall be made directly by You or the Insured Person to the Network Provider.
 4. If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to Us to determine the admissibility of the Claim or if the treatment has not taken at a Network Provider, payment for the treatment shall have to be made by You or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to Us which shall be considered by Us subject to the terms, conditions and exclusions under the Policy.
 5. It is agreed and understood that in all cases where availing of Cashless Facility has been authorized in writing by Us, all the information and documentation specified below shall be submitted to Us or the Assistance Service Provider immediately and in any event before the Insured Person's discharge from Hospital:
 - i. Duly filled and signed Claim form.
 - ii. Duly filled and signed 'Release of Medical Information Form'.

b) It is agreed and understood that:

1. When authorizing the availing of Cashless Facility under this Policy, We may authorize You or the Insured Person's request for direct settlement of admissible Claims resulting from the Hospitalization in accordance with the agreed charges and the terms and conditions between the

Network Provider and Us. If this authorization is provided then, We shall directly pay all amounts payable in accordance with the terms and conditions of the Policy to the Network Provider to the extent the Claim is admissible under the Policy.

2. We may modify or add to the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any Network Provider. The updated list would be available at Our or Assistance Service Provider's website or call center.
3. Before availing the Cashless Facility, You or the Insured Person is required to check the applicable list of Network Providers for the area where the Cashless Facility is intended to be availed through the call center number as provided in the Certificate of Insurance.

c) Reimbursement:

1. It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified against the Benefit and Section F.3.3 below shall be submitted (at the Insured Person's expense) to us immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss, whichever is later.

3. Policyholder's or Insured Person's or Claimant's duty at the time of Claim

It is agreed and understood that as a Condition Precedent to Our liability in respect of a Claim to be considered under this Policy:

1. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
2. The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice, or guidance.
3. Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Section F.3 of the Policy and the specific procedures and timeframes specified under the respective Benefit under which the Claim is being made.
4. The Insured Person shall, at Our request and at Our cost and expense, submit himself / herself for a medical examination by Our/Assistance Service Provider's nominated Medical Practitioner as often as We consider reasonable and necessary.
5. We/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
6. We shall be provided with complete documentation and information which We have requested to establish Our liability for the Claim, its circumstances and its quantum.
7. Report any information/document which helps the insurance system to eliminate bad practices in the market.

4. Claim Assessment

All admissible Claims under this Policy shall be assessed by Us in the following progressive order:

1. If the provisions of the Contribution Section in Section E.II.13 are applicable, Our liability to make

payment under that Claim shall first be apportioned accordingly.

2. If any sub-limits on Medical Expenses are applicable in accordance with Part C.I, Our liability to make payment shall be limited to such extent as applicable.
3. The Deductible shall be applied to each Claim that is either paid or payable (and not excluded), under this Policy. Our liability to make payment shall commence only once the amount of the Claim payable or paid exceeds the Deductible.
4. Co-payment shall be applicable on the amount payable by Us after applying Section F.4(1), (2) and (3).

5. Payment terms

- i) We may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to You.
- ii) The obligation of the Company to make payments to the Insured Person in respect of claims made shall be to make payment in Indian Rupees and after the Insured Person's return to India only. For all admissible Claims, the exchange rate as follows shall be applied:
 - Reimbursement (indemnity) – Date of Invoice
 - Fixed Benefit – Date of occurrence of insured event.
- iii) If the Assistance Service Provider or We request that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by You or the Insured Person.
- iv) The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Policy Terms and Conditions or any Benefit applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Period of Insurance for the Insured Person.
- v) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted or if the benefit amount under the applicable Benefit as specified in the Policy Schedule/Certificate of Insurance is exhausted.
- vi) If the Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- vii) For Cashless Facility Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- viii) For the reimbursement Claims, We shall pay to the Insured Person unless specified otherwise in the Certificate of Insurance. In the event of death of the Insured Person, unless specified otherwise in the Certificate of Insurance, We shall pay to the Nominee (as named in the Certificate of Insurance) and in case of no Nominee to the legal heir of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

6. Claim Documentation

You or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his/her expense) give the documentation specified below and any additional information or documentation specified in the Benefit and/or Optional Extension under which the Claim is being made to Us or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury/Illness or treatment or loss.

- i) Duly completed and signed Claim form, in original.
- ii) Copy of first and last page of passport copy with entry/exit stamp.
- iii) Any other document as required by Us or Assistance Service Provider.
- iv) Additional documents as specified for each Benefit.
- v) Original pathological or diagnostic reports, discharge summary, Day Care summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital as applicable.
- vi) Copy of e-ticket / boarding pass.
- vii) NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee (where applicable) with pre-printed name, if name is not pre-printed please provide copy of bank passbook / bank statement.

Note: All invoices and bills should be in Insured Person's name or as per the documents mentioned in the respective Benefit. Depending on the nature of the Claim, treatment undertaken or illness, there would be a possibility of seeking more information / document from the Claimant concerned without prejudice to his interest and the same shall be requested by any means of recognized communication channels. However, claims filed even beyond the timelines mentioned above will be considered if there are valid reasons for the delay.

It is a Condition Precedent to Our liability under this Benefit, that the following necessary information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

Benefits	Documents Required
Medical Covers	<ol style="list-style-type: none"> 1. Original pathological or diagnostic reports, admission and discharge summary, day care summary, ROMIF, attending physician statement, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital. 2. Original bills and receipts for: <ol style="list-style-type: none"> a. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered. b. Fees paid to the Medical Practitioner and for special nursing charges. c. Charges incurred towards all test and / or examinations rendered in connection with the treatment. 3. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.
Medical Evacuation	<ol style="list-style-type: none"> 1. Medical reports 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. Documentary proof for all expenses incurred towards the Medical Evacuation.

Repatriation of Mortal Remains	<ol style="list-style-type: none"> 1. Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death. 2. Copy of the post-mortem report/ certificate (wherever applicable); 3. Documentary proof for expenses incurred towards disposal of the mortal remains. 4. In case of transportation of the body of the deceased to the Country of Residence/ City of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and for the transportation of the mortal remains of the deceased. 5. Copy of Embalming certificate
Dental Expenses	<ol style="list-style-type: none"> 1. Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital, discharge summary, day care summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital. 2. Original Bills and receipts for: <ol style="list-style-type: none"> i) Fees paid to the Medical Practitioner and special nursing charges. ii) Charges incurred towards all test and / or examinations rendered in connection with the treatment; iii) Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person. 3. Any other information or documentation related to the treatment taken.
Daily Allowance	<ol style="list-style-type: none"> 1. Copy of pathological and diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.
Out-Patient Care	<ol style="list-style-type: none"> 1. Original pathological and diagnostic reports, consultation detail, case papers and prescriptions issued by the treating Medical Practitioner or Hospital. 2. Original bills and receipts for: 3. Charges paid towards medical services rendered. 4. Fees paid to the Medical Practitioner and for special nursing charges. 5. Charges incurred towards all test and / or examinations rendered in connection with the treatment. 6. Charges incurred towards medicines or drugs purchased from a registered pharmacy duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.
Return Of Minor Child	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Original ticket used for the return travel of the children to the Country of Residence/City of Residence. 4. Copy of passport of the children with entry and exit stamp.

Compassionate Visit - Travel	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by an additional member during the entire period of Hospitalization. The certificate shall also specify the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Original ticket with invoice used for the travel by the Immediate Family Member. 4. Copy of passport of Immediate Family Member with entry and exit stamp.
Compassionate Visit - Emergency Hotel Accommodation / Extension	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Original bill and receipt or letter obtained from the hotel and/or guest house and/or any other paid
Replacement Of Staff	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Original ticket used for the travel by the staff member. 4. Copy of passport of the staff member with entry and exit stamp 5. Certificate by You along with the copies of the contracts supporting the immediate need for replacement of the Insured Person. 6. Letter from human resources department of the organization confirming the replacement details
Maternity Cash Benefit	<ol style="list-style-type: none"> 1. Copy of original consultation detail and case papers issued by the treating Medical Practitioner or Hospital. 2. Copy of original bills and discharge summary. 3. Certificate/letter of delivery of the child.
Child Care (Accommodation)	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Additional expenses for the accommodation of the parent in Hospital
Health Checkup	<ol style="list-style-type: none"> 1. Payment receipt of Health Check-up of the Insured Person. 2. Imaging reports / lab reports
Custodial Care	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner recommending that services of a non-medical individual be provided to the Insured Person at his home. 2. Discharge summary from the Hospital furnishing details including the date of admission and date of discharge. 3. The non-medical individual bill and payment receipt as may be applicable.

Personal Accident Cover and / or Personal Accident –Common Carrier	<ol style="list-style-type: none"> 1. Medical reports giving the details of the Accident, nature of the Injury, the extent of disability (if applicable) and the details of treatment provided. 2. Death certificate (if applicable). 3. Post-mortem report/certificate (wherever applicable). 4. Police report (wherever applicable). 5. Medical Practitioner's certificate stating the reasons for and the extent of the Injury. 6. Copy of discharge summary (if available). 7. Treating Medical Practitioner's certificate describing the disablement. 8. Disability certificate from a civil surgeon. 9. Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay.
Trip Delay / Common Carrier Delay	<ol style="list-style-type: none"> 1. Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay. 2. Bills for the expenses like food, accommodation etc. incurred by the Insured Person
Flight Delay (Indemnity)	<ol style="list-style-type: none"> 1. All original bills and receipts for additional reasonable and necessary transportation expenses. Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent or other similar establishment or any other insurance Company providing reimbursement to you for the loss
Trip Cancellation/ Trip Curtailment/ Trip Interruption	<ol style="list-style-type: none"> 1. Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation. 2. Ticket / boarding pass issued by the Common Carrier indicating the cost of ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating cancellation charges retained by the Common Carrier. 3. Boarding pass in original for return journey from the place of cancellation to the Country of Residence/City of Residence which indicates the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the journey. 4. A declaration from the Insured Person furnishing the circumstances that compelled him/her to cancel the journey. 5. Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his/her Immediate Family Member. 6. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating the cancellation charges retained. 7. Boarding pass in original for return journey from the place of cancellation to the Country of Residence/City of Residence of the Insured Person together with the receipts for the refunds obtained towards the unfulfilled portion of the journey.

Change Fee Cover	<ol style="list-style-type: none"> 1. Proof of death or hospitalization of Insured Person or of Immediate Family Member (if applicable) Medical reports and doctors' statement if trip is cancelled or interrupted due to medical reasons. (If applicable) 2. Termination letter from the Company if trip is cancelled due to employments. (if applicable) Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable) 3. Reason for refusal or delay of Visa from the concerned authority 4. Newspaper cutting/Media report - Depending upon the peculiarity of the case 5. Police report (wherever applicable) 6. Tickets originally booked and rescheduled
Trip Cancellation Due To Domestic Disturbances And Inconvenience	<ol style="list-style-type: none"> 1. Copy of complete schedule itinerary for all the sectors 2. FIR/Copy of police report mentioning the reason of loss of passport, wallet and cards as applicable 3. Property Irregularity Report issued by the Common Carrier. 4. Original Certificate from airline authorities stating that baggage has been lost along with compensation details 5. Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage.
Common Carrier Cancellation	<ol style="list-style-type: none"> 1. Written proof from the Common Carrier of the cancellation of the journey
Missed Connection	<ol style="list-style-type: none"> 1. Confirmation from the Common Carrier of the delay as to the expected time of arrival and the actual time of arrival at Place of Destination; 2. Copy of unused ticket for the missed flight; 3. Certificate from the Common Carrier of the missed flight that the fare for the part of the journey covered by the missed flight is forfeited in full or in part together with the amount of forfeiture; 4. Original used ticket obtained afresh towards the alternative flight for the part of the journey covered by the missed flight indicating the amount paid as fare.
Missed Carrier	<ol style="list-style-type: none"> 1. Confirmation of the delay from the Common Carrier which is used for transit to the Place of Origin of the booked journey as to the scheduled ETA and the actual time of arrival at Place of Origin. 2. During transit Accident of Vehicle resulting in hospitalization of Insured or an admissible claim in the motor insurance policy along with the FIR proving that the insured was involved in an Accident with a third party," 3. Copy of unused ticket for the missed Common Carrier. 4. Certificate from the missed Common Carrier that the fare for the part of the journey covered by the missed Common Carrier (airline) is non-refundable or is forfeited (in full or in part) together with the amount of forfeiture. 5. Original used ticket obtained afresh towards the alternative Common Carrier for the part of the journey covered by the missed Common Carrier

Flight Diversion & Cancellation	<ol style="list-style-type: none"> 1. Confirmation from the airlines mentioning the scheduled arrival time and the actual arrival time along with detailing the circumstance of delay 2. Proof of cancellation charges levied by the carriers 3. Medical reports and doctors if applicable 4. Termination letter from the company if applicable 5. The original tickets of the insured and the travelling if applicable 6. Police report confirming the incident/government order if applicable
Over Booked-Common Carrier	<ol style="list-style-type: none"> 1. Copies of boarding pass, ticket, and baggage tags. 2. Original letter from the concerned Airline confirming the overbooked flight & when the next alternative transportation is available with refund or compensation amount if any. 3. Money receipt in original for the expenses made towards reasonable additional cost incurred for staying in a similar hotel or purchasing a new ticket Original Air ticket/itinerary, where you were originally supposed to travel
Missed Event	<ol style="list-style-type: none"> 1. Copy of Event ticket paid in advance 2. Documentary proof of death, serious Illness/Injury 3. of Self or Family Member 4. Proof of delay of Public Transport (Schedule flight) to get to Event 5. Proof of delay of Vehicle met with Accident or breakdown.
All Risk Cancellation	<ol style="list-style-type: none"> 1. Copy of complete schedule itinerary for all the sectors 2. Copy of Passport with visa entry and exit stamp 3. 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
Visa rejection/denial	<ol style="list-style-type: none"> 1. Visa rejection letter from issuing Authority (wherever applicable) 2. Expected days of Visa arrival letter (wherever applicable) 3. Copies of correspondence with the authorities/others certifying the reason of denied entry on proper Visa (wherever applicable) 4. Ticket Itinerary 5. Receipts of Visa application & other charges 6. All original bills and receipts of booked and confirmed tickets of transport, accommodation or amusement
Hotel over booking	<ol style="list-style-type: none"> 1. A declaration from the Insured Person that he / she has strictly complied with the rules laid down by the Common Carrier or accommodation provider relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation. 2. A confirmation from the Common Carrier of the bounced booking having occurred solely at their instance and responsibility. 3. A confirmation from the accommodation provider of the bounced booking having occurred solely at their instance and responsibility. 4. The Insured shall lodge his / her claim on the Common Carrier and / or the accommodation provider in writing Statement of Claim for the expenses incurred;
Emergency Reunion & Resumption Of Trip	<ol style="list-style-type: none"> 1. Attested copy of Death Certificate by issuing authority 2. Cause of death issued by treating doctor 3. Relationship proof with insured

Loss Of Checked-In Baggage	<ol style="list-style-type: none"> 1. Property irregularity report issued by the appropriate authority. 2. Voucher of the Common Carrier for the compensation paid for the non-delivery/short delivery of the Checked-In Baggage. 3. Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non- delivery 4. / Short delivery of the Checked-In Baggage. 5. Statement of claim furnishing the details of items contained in the Checked-In Baggage and the values thereof (excluding Valuables). Values of the items shall represent their market value after allowing for age and usage. 6. In case of items of individual value equal to or more than US\$ 100 / INR 5,000 contained within the Checked-In Baggage, proof of ownership in the form of purchase bill (or any other proof to the satisfaction of Us/Assistance Service Provider). 7. A valid ticket / proof of travel to the location the Insured Person is traveling as a bona fide passenger.
Delay Of Checked-In Baggage	<ol style="list-style-type: none"> 1. Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked- In Baggage; 2. Voucher of the Common Carrier for the delay in delivery of the Checked-In Baggage; 3. Copies of correspondence exchanged, if any, with the Common Carrier in connection with the delay in delivery of the Checked-In Baggage; 4. A valid ticket / proof of travel to the location the Insured Person is traveling as a bona fide passenger.
Emergency accommodation coverage	<ol style="list-style-type: none"> 1. Authentication letter from the Common Carrier on the Inclement weather 2. News Paper cutting or media coverage available in the public domain on the occurrence of the Insured Contingency details.
Hijack distress allowance	<ol style="list-style-type: none"> 1. Letter from the Common Carrier authorities confirming the event. 2. Valid ticket or certificate from the Common Carrier establishing the Insured Person's bona fide travel in the affected Common Carrier.
Overseas Travel Service Supplier Insolvency	<ol style="list-style-type: none"> 1. Copy of complete schedule itinerary Copy of new itinerary in case trip got reschedule along with boarding passes 2. 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. 3. All original bills and receipts for expenses which got forfeited, non-refundable in nature. 4. All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges

Hotel /Private Rental Cancellation:	<ol style="list-style-type: none"> 1. Original bill and receipt or letter obtained from the hotel and/or Private Rental properties (available on payment of fees) indicating the amount paid for the accommodation, the refund given, and the cancellation charges retained. 2. Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation. 3. A declaration from the Insured Person furnishing the circumstances that compelled him/her to cancel the journey. 4. Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his/her Immediate Family Member. 5. Any other document related to cancellation
Political risk and catastrophe evacuation	<ol style="list-style-type: none"> 1. Official Declaration by embassy of the Country of Residence of the Insured Person/ Notification from Government. 2. Original invoice of hotel accommodation during the period the Insured Person is unable to return to the Country of Residence/City of Residence. 3. Original ticket(s) used for the travel back to the Country of Residence/City of Residence.
Cruise cover	<ol style="list-style-type: none"> 1. Booking confirmation 2. Written proof from the public transport on the Accident, Breakdown of the Common Carrier 3. Money receipt in original for the expenses made towards the extra cost of travel and accommodation 4. Medical Report on the illness or accidental injury suffered by the insured from the Medical Officer of the ship (if applicable)
Sponsor Protection	<p>(i) In relation to the Sponsor</p> <ol style="list-style-type: none"> 1. Medical reports specifying the details of the Accident and the nature of Injury. 2. Death Certificate. 3. Post-mortem certificate / report (wherever applicable). 4. Police report (wherever applicable). <p>(ii) In relation to Unpaid Fees</p> <ol style="list-style-type: none"> 1. Demand letter from educational institute. 2. Copy of the original fee schedule. 3. Certificate from educational institute establishing the continuity of studies. 4. Last semester passing certificate. 5. Documentary proof of last fee paid by the Sponsor. 6. Letter from school / college authority informing about the balance tuition fees, if any, for the course.
Study Interruption	<p>(i) In relation to Death of the Immediate Family Member</p> <ol style="list-style-type: none"> 1. Medical reports giving the details of the Accident and nature of Injury. 2. Death Certificate. 3. Post-mortem certificate (wherever applicable). 4. Police report (wherever applicable). 5. Proof of relationship. <p>(ii) In relation to Hospitalization of Insured Person</p> <ol style="list-style-type: none"> 1. Original pathological or diagnostic reports, discharge summary, indoor

	<p>case papers and prescriptions issued by the treating Medical Practitioner or Hospital.</p> <ol style="list-style-type: none"> 2. Original bills and receipts for: 3. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered. 4. Fees paid to the Medical Practitioner and for special nursing charges. 5. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. 6. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person. <p>(iii) In relation to Fees</p> <ol style="list-style-type: none"> 1. Demand letter from educational institute raising such demand. 2. Copy of the original fee schedule. 3. Certificate from Educational Institute establishing the discontinuity of studies and re-admission to the same semester under the same course. 4. Last semester passing certificate. 5. Documentary proof of last fee paid.
Mugging Cover	<ol style="list-style-type: none"> 1. Police report issued by the police having jurisdiction at the place of loss. 2. Evidence of report by the traveler's cheque issuing authority or the agent of traveler's cheque issuing authority. 3. Detailed statement of the Insured Person for the occurrence of event. 4. Bills/evidence of purchase of traveler's cheques/instruments, currency exchange. 5. Copy of passport signifying the latest entry and exit out of the country of visit where the incidence mentioned under this Benefit has occurred. 6. Copy of passport signifying the latest entry and exit out of Republic of India.
Identity document theft /loss	<ol style="list-style-type: none"> 1. Copy of the police report (wherever applicable); 2. Original receipt for payment of charges to the authorities for obtaining a new or duplicate identity proof document.
Gadget cover	<ol style="list-style-type: none"> 1. Copy of FIR, final Police report attested by respective authorities regarding loss of gadgets along with list of lost gadgets.
Digital camera insurance	<ol style="list-style-type: none"> 1. Proof of Ownership 2. Bills and documents for the repairs or replacements made, as applicable 3. Job sheet detailing about the repairs or replacement
University insolvency / derecognition of university Or course	<ol style="list-style-type: none"> 1. Proof of University being Insolvent 2. Recovery from the University towards expenses covered under the Policy
Legal expenses	<ol style="list-style-type: none"> 1. Medical report from the attending doctor abroad. 2. Death Certificate (For Death Case) 3. Post Mortem Report (For Death Case) 4. Copy of FIR / Police Report 5. Sequence of events 6. Certificate of disability from civil surgeon in India or any other equivalent recognized doctor authorized by state government. 7. Original invoices and receipts of legal expenses

Debit / Credit Card / Forex Card - Fraud	<ol style="list-style-type: none"> 1. Copy of first information report/policy report. 2. Bank Statement on the transactions made without Insured authorizing the same.
Sports equipment cover	<ol style="list-style-type: none"> 1. Copy of Hire Agreement in case of hired sports equipment or original proof of ownership Receipts for items lost, stolen or damaged
Identity theft	<ol style="list-style-type: none"> 1. Police Report 2. Provide proof that it was necessary to take time away from the Insured's work if a claim is made under lost wages. The Company will ask the Insured to submit proof from the Insured's employer that the Insured took unpaid days off, and Insured must have this information notarized. 3. Submit copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss;
Travel Loan Secure (In INR)	<ol style="list-style-type: none"> 1. Documents as per Personal Accident Section Loan Statement from the Bank with the Outstanding Principal Loan Amount details
Jewellery insurance	<ol style="list-style-type: none"> 1. Police Report 2. Proof of Ownership with Bills and Receipts
Home care	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner recommending that medical services of a qualified nurse be provided to the Insured Person at his home. 2. Discharge summary from the Hospital furnishing details including the date of admission and date of discharge. 3. The Qualified Nurse's bill and payment receipt.
Reimbursement of golf fees and other non-transferable ticket expenses	<ol style="list-style-type: none"> 1. Documentation confirming the payment of the pre- paid golf fees and other pre-paid non-transferable ticket expenses. 2. Medical certificate from the attending Medical Practitioner confirming the reason and length of time the Insured Person would be unable to play golf and/or attend the program for which the ticket was already purchased. 3. Attested copy of hospital discharge summary pertaining to the same period of Hospitalization of the Insured person.
Loss of passport	<ol style="list-style-type: none"> 1. Copy of the police report (wherever applicable); 2. Statement of claim for the expenses incurred; 3. Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport; 4. Copy of new passport; 5. Copy of old passport, if available
Up-gradation to business class	<ol style="list-style-type: none"> 1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. 2. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 3. Copy of the economy class air ticket issued by the Common Carrier indicating the cost the ticket and receipt for the refund of the fare of the Common Carrier and the cancellation charges retained. 4. Boarding pass and copy of business class ticket 5. confirming the return journey and the cost of ticket.
Emergency cash advance	<ol style="list-style-type: none"> 1. A copy of the complaint lodged with the police authorities or the first information report.

Mid trip medical cover/continuance in India	<ol style="list-style-type: none"> 1. Passport copy signifying the last date of entry and exit out of India. 2. Passport copy signifying the last date of entry and exit out of country of visit. 3. Documents as specified for Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment) (as applicable).
Lifestyle Support	<ol style="list-style-type: none"> 1. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. 2. Medical advice of medical practitioner furnishing the requirement of the lifestyle support as mentioned in this section
Cyber security	<ol style="list-style-type: none"> 1. Police Report 2. Documentary committed
Quarantine cover	<ol style="list-style-type: none"> 1. Medical Certificate from the treating doctor requiring quarantine 2. Bills of expenses incurred for quarantine in a facility 3. Regulations of the country where the insured is travelling and regulations of country of residence 4. Details of Travel Tickets
Missed shore cover	<ol style="list-style-type: none"> 1. Travel Itinerary stating the shores to be covered as provided by the cruise operator 2. Documented confirmation from operator mentioning missed shores vis-à-vis original Travel Itinerary 3. Confirmed cruise ticket along with the confirmation of you boarding the cruise vessel
Kidnap distress allowance	<ol style="list-style-type: none"> 1. Proof of kidnap along with police FIR 2. Confirmation of duration for which the insured is kidnapped
Child care expenses due to hospitalization	<ol style="list-style-type: none"> 1. Original pathological or diagnostic reports, admission and discharge summary, day care summary, ROMIF, attending physician statement, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital. 2. Original bills and receipts for: 3. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered. 4. Fees paid to the Medical Practitioner and for special nursing charges. 5. Charges incurred towards all test and / or examinations rendered in connection with the treatment. 6. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.
Damage To Baggage	<ol style="list-style-type: none"> 1. Proof of damage to the baggage during the transit certified by the common carrier/ Public Carrier or with a picture of the damaged baggage taken during the same trip 2. Visual evidence should show the bag bearing the airline/common carrier/ Public Carrier tag /whereby the name and destination of the passenger should be visible. 3. Any other document as required by the ASP / TPA / Insurer
Court Attendance Cover	<ol style="list-style-type: none"> 1. Proof of judicial decision rendered by a Court of law or any other such Legal document 2. And any other document as may be appropriately applicable for the

	claims preferred under this section of the Policy
Rental Vehicle Return	<ol style="list-style-type: none"> 1. Police First Incidence Report (FIR), in case of any road traffic accident or third-party involvement or theft 2. Rental agreement/declaration proving hire of vehicle from authorized auto rental company 3. Confirmation from rental company on charges pressed in event of collision 4. Photographs of the damage to the rental vehicle (and images of the vehicle before the incident if available) 5. The accident report from the car rental company or agency 6. Invoices/Receipts/other documents confirming the amount you have paid in respect of damage for which the car rental company or agency holds you responsible
Home to Home Cover	1. Documents As per Emergency Medical Expenses & Personal Accident
New Born Baby cover	<ol style="list-style-type: none"> 1. Completed claims form 2. Documents like payment receipts, bills, invoices and other supporting documents as applicable, needed for reimbursement 3. Account Details / Cancelled Cheque
Trauma Counselling	<ol style="list-style-type: none"> 1. Completed claims form 2. Documents like payment receipts, bills, invoices and other supporting documents as applicable, needed for reimbursement 3. Account Details / Cancelled Cheque
Event Cancellation	<ol style="list-style-type: none"> 1. Proof of Event booking 2. Event cancellation confirmation from organizer 3. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
Trip Cancellation Plus - Common Carrier/ Public Carrier	<ol style="list-style-type: none"> 1. Cancellation request from the customer 2. Confirmation from the common carrier/ Public Carrier regarding ticket cancellation 3. Confirmation of the non-refundable amount due after ticket cancellation 4. Any other documents that may be needed
Trip Cancellation Plus- Hotels/ Other Accommodation	<ol style="list-style-type: none"> 1. Cancellation request from the customer 2. Confirmation from hotel regarding cancellation of the reservation 3. Confirmation of the non-refundable amount due after cancellation of the reservation 4. Any other documents that may be needed
Lounge Access / Recreation Cover For Common Carrier/ Public Carrier Delay	<ol style="list-style-type: none"> 1. Confirmation of delay of the Trip from the Common Carrier/ Public Carrier detailing the circumstances of delay. The confirmation of this delay can either be procured by the Insured from the Common Carrier/ Public Carrier or We will use the Scheduled / Actual departure time of the Common Carrier/ Public Carrier as recorded by independent external agencies for determining the admissibility of claim. 2. The insured would have to provide documentary evidences to support that he / she reached the scheduled port of departure on time. The evidence could be a stamped boarding pass etc. 3. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

Excess Medical Cover Coverage	<ol style="list-style-type: none"> 1. Claim form duly filled and signed along with attending Medical Practitioner statement 2. Policy Copy of both Insurance (Indian & Foreign) 3. 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 4. Hospital bills with proper description of services rendered and payment receipts towards expenses incurred Original payment receipt establishing amount settled by insured 5. Copy of passport, visa with entry and exit stamp 6. Cancelled cheque of the insured 7. Any other documents as required while processing the claim
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Annexure I
Details of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District
Ahmedabad: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. 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 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chattisgarh.
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 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 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
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, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
Lucknow: Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
Noida: Office of the Insurance Ombudsman, Bhagwan	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly,

Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Patna: Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar and 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, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Annexure II

List I - List of non-medical expenses

Sr. No.	Items	Remarks
1	Baby Food	Not Payable
2	Baby Utilities Charges	Not Payable
3	Beauty Services	Not Payable
4	Belts/ Braces	Payable for cases who have undergone surgery of Thoracic or Lumbar Spine.
5	Buds	Not Payable
6	Cold Pack/Hot Pack	Not Payable
7	Carry Bags	Not Payable
8	Email / Internet Charges	Not Payable
9	Food Charges (other than Patient's Diet Provided by Hospital)	Not Payable
10	Leggings	Payable in case of Bariatric and Varicose Vein Surgery
11	Laundry Charges	Not Payable
12	Mineral Water	Not Payable
13	Sanitary Pad	Not Payable
14	Telephone Charges	Not Payable
15	Guest Services	Not Payable
16	Crepe Bandage	Not Payable
17	Diaper Of Any Type	Not Payable
18	Eyelet Collar	Not Payable

19	Slings	Not Payable
20	Blood Grouping and Cross Matching of Donors Samples	Not Payable
21	Service Charges Where Nursing Charge Also Charged	Post Hospitalization Nursing Charges Not Payable
22	Television Charges	Not Payable
23	Surcharges	Not Payable
24	Attendant Charges	Not Payable
25	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)	Not Payable
26	Birth Certificate	Not Payable
27	Certificate Charges	Not Payable
28	Courier Charges	Not Payable
29	Conveyance Charges	Not Payable
30	Medical Certificate	Not Payable
31	Medical Records	Not Payable
32	Photocopies Charges	Not Payable
33	Mortuary Charges	Payable Up to 24 Hrs, Shifting Charges Not Payable
34	Walking Aids Charges	Not Payable
35	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
36	Spacer	Not Payable
37	Spirometre	Not Payable
38	Nebulizer Kit	Not Payable
39	Steam Inhaler	Not Payable
40	Armsling	Not Payable
41	Thermometer	Not Payable
42	Cervical Collar	Not Payable
43	Splint	Not Payable
44	Diabetic Foot Wear	Not Payable
45	Knee Braces (Long/ Short/ Hinged)	Not Payable
46	Knee Immobilizer/Shoulder Immobilizer	Not Payable
47	Lumbo Sacral Belt	Payable for cases who have undergone Surgery of Lumbar Spine
48	Nimbus Bed Or Water Or Air Bed Charges	Not Payable
49	Ambulance Collar	Not Payable
50	Ambulance Equipment	Not Payable
51	Abdominal Binder	Payable in case of post-surgery patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc
52	Private Nurses Charges- Special Nursing Charges	Not Payable

53	Sugar Free Tablets	Not Payable
54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Not Payable
55	ECG Electrodes	Not Payable
56	Gloves	Sterilized Gloves Payable / Unsterilized Gloves not payable
57	Nebulisation Kit	Not Payable
58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc.]	Not Payable
59	Kidney Tray	Not Payable
60	Mask	Not Payable
61	Ounce Glass	Not Payable
62	Oxygen Mask	Not Payable
63	Pelvic Traction Belt	Payable in case of PIVD requiring traction
64	Pan Can	Not Payable
65	Trolley Cover	Not Payable
66	Urometer, Urine Jug	Not Payable
67	Ambulance	Payable - Ambulance from home to Hospital or inter-hospital shifts is Payable/ RTA - As Specific Requirement for critical injury is Payable
68	Vasofix Safety	Not Payable

List II – Items that are to be subsumed into Room Charges

Sr No	Item
1	Baby Charges (Unless Specified/Indicated)
2	Hand Wash
3	Shoe Cover
4	Caps
5	Cradle Charges
6	Comb
7	Eau-De-Cologne / Room Freshners
8	Foot Cover
9	Gown
10	Slippers
11	Tissue Paper
12	Tooth Paste
13	Tooth Brush
14	Bed Pan
15	Face Mask
16	Flexi Mask
17	Hand Holder
18	Sputum Cup
19	Disinfectant Lotions

20	Luxury Tax
21	Hvac
22	House Keeping Charges
23	Air Conditioner Charges
24	Im Iv Injection Charges
25	Clean Sheet
26	Blanket/Warmer Blanket
27	Admission Kit
28	Diabetic Chart Charges
29	Documentation Charges / Administrative Expenses
30	Discharge Procedure Charges
31	Daily Chart Charges
32	Entrance Pass / Visitors Pass Charges
33	Expenses Related To Prescription On Discharge
34	File Opening Charges
35	Incidental Expenses / Misc. Charges (Not Explained)
36	Patient Identification Band / Name Tag
37	Pulseoxymeter Charges

List III – Items that are to be subsumed into Procedure Charges

Sr No.	Item
1	Hair Removal Cream
2	Disposables Razors Charges (For Site Preparations)
3	Eye Pad
4	Eye Sheild
5	Camera Cover
6	Dvd, Cd Charges
7	Gause Soft
8	Gauze
9	Ward And Theatre Booking Charges
10	Arthroscopy And Endoscopy Instruments
11	Microscope Cover
12	Surgical Blades, Harmonic scalpel, Shaver
13	Surgical Drill
14	Eye Kit
15	Eye Drape
16	X-Ray Film
17	Boyles Apparatus Charges
18	Cotton
19	Cotton Bandage
20	Surgical Tape
21	Apron
22	Torniquet
23	Orthobundle, Gynaec Bundle

List IV – Items that are to be subsumed into costs of treatment

Sr No.	Item
1	Admission/Registration Charges
2	Hospitalisation For Evaluation/ Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges
5	Bipap Machine
6	Cpap/ Capd Equipments
7	Infusion Pump– Cost
8	Hydrogen Peroxide\Spirit\ Disinfectants Etc.
9	Nutrition Planning Charges - Dietician Charges- Diet Charges
10	Hiv Kit
11	Antiseptic Mouthwash
12	Lozenges
13	Mouth Paint
14	Vaccination Charges
15	Alcohol Swabs
16	Scrub Solution/ Sterillium
17	Glucometer& Strips
18	Urine Bag

Annexure III - Adventure sports activity list

ADVENTURE SPORTS, ACTIVITIES & EXPERIENCES	Level
Abseiling (rappelling, rapping, rap jumping, deepelling, abbing); see also Climbing, and Mountaineering	2
Acrobatics	1
Aerial safari	2
Aerobics	1
Air guitar	1
Alpine ski touring (see Skiing)	1
American football (Gridiron)	1
Angling (see Fishing)	1
Athletics	1
Australian Rules Football (AFL)	1
Backpacking (2,000 up to 4,500 meters)	1
Backpacking (4,500 up to 6,000 meters)	2
Backpacking (Above 6,000 meters)	4
Badminton	1
Ballooning (See Hot air ballooning)	1
Banana boat rides	1
Baseball	1
Basketball	1
Biking (see Cycling, Mountain biking or Snow biking)	1

Black water rafting (cave tubing) (grades 1-5)	3
Boating (see Speed boating, Sailing)	1
Bobsled/Bobsleigh	3
Bouldering (see Rock climbing)	1
Bowling (lawn, ten-pin, nine-pin, candlepin, duckpin and five-pin bowling, bowls, petanque & boules)	1
Boxing (gym or outdoor training)	2
Bungee/bungy jumping	1
Bushwalking (2,000 up to 4,500 meters)	1
Bushwalking (4,500 up to 6,000 meters)	2
Bushwalking (Above 6,000 meters)	4
Camel riding/trekking	2
Camping up to 4,500 meters (see also Hiking and Mountaineering)	1
Camping 4,500 up to 6,000 meters (see also Hiking and Mountaineering)	2
Camping above 6,000 meters (see also Hiking and Mountaineering)	4
Canoeing (inland/coastal waters, grades 1-3 only)	1
Canyon swing	1
Canyoning	2
Capoeira dancing (see Dance)	1
Cave diving / Cavern diving	2
Caving (sightseeing/tourist attraction)	1
Cheerleading	1
Clay pigeon shooting	1
Climbing (see Rock climbing or Ice climbing)	1
Cricket	1
Croquet	1
Curling	1
Cycling (2000 to 4,500 meters – all styles including touring and organised tours)	1
Cycling (4,500 up to 6,000 meters – all styles including touring and organised tours)	2
Dance (ballet, ballroom, capoeira, salsa, interpretive dance)	1
Darts	1
Dirt boarding	1
Diving (see Scuba diving, High diving, Cave diving, Free diving)	1
Dodge ball	1
Dogsledding (on recognised trails)	1
Dragon boating (inland or coastal waters only)	1
Dune buggy	2
Elephant riding/trekking	2
Equestrian activities (see Horse Riding)	1
Fell running/walking (see Hiking)	1
Fencing	1

Fishing	2
Fitness training	1
Floorball	1
Fly by wire	1
Flying (as a fare paying passenger in a licensed scheduled or chartered aircraft or helicopter)	1
Flying (as a passenger of a private light aircraft)	1
Football (Soccer) including 5 a side	1
Free diving (up to 50 meters)	3
Frisbee	1
Glacier walking/ice walking	2
Gliding	2
Go karting	2
Golf	1
Gym training (aerobics, spinning, Zumba, body pump, weight training, cross training, crossfit) (See also Boxing and Martial arts)	1
Gymnastics	1
Handball	1
Hang gliding	3
High diving up to 10 meters	1
Hiking 2,000 metres up to 4,500 metres (scrambling, hillwalking) on recognised routes	1
Hiking 4,500 up to 6,000 metres (scrambling) on recognised routes	2
Hiking above 6,000 metres (scrambling) on recognised routes	4
Hockey	1
Horse riding (leisure/social, non- competitive equestrian, dressage, show jumping, eventing)	1
Hot air ballooning (ballooning)	2
Hunting (excluding big game hunting and hunting in India)	1
Hydrofoiling (see Water skiing)	1
Ice climbing (see Rock climbing and Mountaineering)	1
Ice hockey	1
Ice skating (indoor or outdoor) on a commercially managed rink	1
Ice walking (see Glacier walking)	1
In.-line skating (see Roller skating or Roller blading)	1
Jet boating (inland/coastal waters only)	3
Jet skiing (inland/coastal waters only)	3
Kayaking (inland/coastal waters, grades 1- 3 only)	1
Kite boarding (on land or water)	2
Kite buggy	1
Kite flying	1
Kite surfing	1
Kite wing (land, water)	1
Korfball	1

Lacrosse	1
Land surfing	1
Martial arts training	3
Martial arts training (non-contact)	1
Moped riding/Scooter biking	1
Motor racing experience (passenger only)	1
Motor biking	1
Motor biking pillion passenger (see Motor biking)	1
Mountain biking (up to 4,500 meters — all styles including touring and organised tours)	1
Mountain biking (4,500 up to 6,000 meters — all styles including touring and organised tours)	2
Mountaineering up to 6,000 meters (with ropes, picks or specialist climbing equipment)	3
Mountaineering above 6,000 meters (with ropes, picks or specialist climbing equipment)	4
Netball	1
Obstacle course/assault course/trim trail (see Outdoor endurance)	1
Orienteering	1
Outdoor endurance	1
Outrigger canoeing (inland or coastal waters only)	1
Outward Bound	1
Paint balling/airsoft	2
Parachuting	2
Paragliding/parapenting	3
Parasailing/Parascending	3
Quad biking (ATV upto 700 cc)	1
Racquetball	1
Rambling (See Hiking)	1
Rap jumping	3
Rifle rango/sports shooting	2
Myer boarding/hydro speeding (grades 1-3)	2
Rock climbing (bouldering)	1
Rock climbing (indoor)	2
Rock climbing (outdoor traditional/sport climbing/bolted/aid climbing/free climbing): see also Mountaineering	3
Roller hockey	1
Roller skating	1
Rollerblading	1
Rounders	1
Rowing/sculling (inland/coastal waters)	1
Rugby (League/Union)	1
Running/jogging (up to marathon distance)	1
Safari tours	1

Sail boarding (see Wind surfing)	1
Sailing	1
Sandboarding/sand skiing	1
Scuba diving (upto 50 meters)	2
Sculling (see Rowing)	1
Sea Kayaking/ Sea Canoeing (see Kayaking)	1
Segway tours	1
Shark cage diving (see Scuba diving)	1
Skateboarding (ramp, half pipe, skate park, street)	1
Skiing / snowboarding (on piste, off piste, heli-skiing, heli-boarding)	2
Skydiving (solo)	3
Sledding/Tobogganing/Snow Sledges/ Snow Sleighs (on snow)	2
Sleigh rides	1
Snooker	1
Snorkelling	1
Snow biking (on piste or off piste within resort boundaries)	3
Snow kiting	3
Snow rafting	3
Snowmobiling	2
Soccer	1
Softball	1
Speed boating (inland/coastal waters only)	1
Spelunking (see Caving)	1
Squash/racquetball	1
Stand up paddle surfing/paddle boarding	1
Stilt walking	1
Stoolball	1
Surf boat rowing	1
Surfing	1
Swimming	1
Swimming with whales/whale sharks (inside or outside coastal waters)	1
Table tennis	1
Tandem skydiving	2
Tchoukball	1
Ten pin bowling (see Bowling)	1
Tennis	1
Theme parks / fairgrounds	1
Tough Mudder (see Outdoor endurance)	1
Trail bike riding (see Motor biking)	1
Tramping (see Hiking)	1
Trekking (see Hiking)	1
Tubing on rivers (see also Black water rafting)	2
Tubing on snow	3

Ultimate Frisbee	1
Via Ferrata	2
Volleyball	1
Wake skating (see Water skiing)	1
Wakeboarding (see Water skiing)	1
Walking (see Hiking)	1
War games/military simulation (see Paint balling/airsoft OR Rifle range/sports shooting)	1
Water skiing/wakeboarding	1
Weight training (see Gym training)	1
White water kayaking/canoeing (see Kayaking/Canoeing)	1
White water rafting (grades 1-5)	3
Windsurfing (inland or coastal waters only)	1
Working - Non-manual work	1
Working - manual work	1
Yachting (see Sailing)	1
Yoga (class, alone/home practice)	1
Yoga (teaching)	1
Zip line (Flying Fox)	1
Zorbing	2
Swimming (man-made swimming pool)	1
Aqua zorbing (man-made swimming pool)	1
Land zorbing (200 FT)	1
Underwater walk	1
Artificial rock climbing	1
Buggy Ride	1
Swoop Swing (100 Ft)	1
Dirt Biking	1
Gyro	1
Rodeo-Bull ride	1
Bubble Soccer	1
Rocket Ejector	1
Hard ball Net cricket	1
Foosball	1
Ski racing	2
Piloting aircraft	3
Power lifting	4
River boarding	2
River bugging	2