RIDE SAFE TRAVEL INSURANCE

Part II of the Policy

"This part of Policy contains the entire list of covers available under the product. However, this policy shall be applicable only for those covers which are mentioned in Part I of the Policy Schedule and for which premium has been accepted by the Company. In any case, details mentioned in Part I of the Policy Schedule shall supersede the details mentioned in Part II of the Policy Schedule."

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:

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.

Definitions

i. STANDARD DEFINITIONS

"Accident" means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

AYUSH Treatment refers to the medical and / or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

"Break in policy" means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.

"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.

"Condition Precedent" shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

"Day Care Centre" means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under-

i. has qualified nursing staff under its employment;

ii. has qualified medical practitioner(s) in charge;

iii. has a fully equipped operation theatre of its own where surgical procedures are carried out;

iv. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

Day Care Centre includes an AYUSH Day Care Centre as defined below:

AYUSH Day Care Centre: AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in- patient services and must comply with all the following criterion:

I. Having qualified registered AYUSH Medical Practitioner(s) in charge;

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

"Day Care Treatment" means to medical treatment, and/or surgical procedure which is:

i. undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and

ii. which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out- patient basis is not included in the scope of this definition.

"Deductible" means cost-sharing requirement under the 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" Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

"Disclosure to Information Norm" means the policy shall be void and all premium paid hereon

shall be forfeited to the Company, in the event of misrepresentation, established fraud or non-disclosure of any material fact by the Insured

"Grace period" means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be fifteen days where premium mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

"Illness" mean a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—

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 your 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

"Injury" means accidental physical bodily harm excluding illness or disease, solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

"Intensive Care Unit" means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

"Life Threatening Medical Condition" refers to a medical condition suffered by the insured which has the following characteristics:

1. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate)
2. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas)
3. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology
4. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

"Loss" means items which are unrecoverable due to circumstances outside the control of the Policyholder or insured.

"**Medical Advice**" means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

"Medical Expenses" means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of an 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.

"Non- Network provider" means any hospital, day care centre or other provider that is not part of the network.

"Notification of Claim" Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

"Outpatient Treatment or OPD" is 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

daycare or in-patient.

Pre-Existing Disease means any condition, ailment, injury or disease:
a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

"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 all waiting periods.

"Room Rent" means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

"Subrogation" shall mean 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.

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

"Unproven/Experimental treatment" means the treatment including but not limited to drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

ii. **SPECIFIC DEFINITIONS**

"**Assistance Service Provider (ASP)**" means such person or persons as may be appointed by the Company from time to time to provide assistance to the Insured in terms of this Policy.

"Ambulance" Ambulance means a road vehicle operated by a licensed/authorised service provider and equipped for the transport and paramedical treatment of a person requiring medical attention.

"Alternative treatments" are forms of treatments other than treatment "Allopathy" or "modern medicine" or "AYUSH".

"Age/Aged" Age or Aged means completed years as at the Commencement Date.

"Baggage and Personal Effects" means luggage and personal possessions like hand baggage or any other baggage belonging to and/or in the lawful custody of the Insured during the Trip.

"Burglary" means any theft following upon actual, forcible and violent entry of and / or exit from the premises with intent to commit a felony and includes housebreaking.

"City of Residence of the Insured" shall mean and include any city, town or village in which the Place of Residence of the Insured is currently located.

"Comatose State/ Coma" is a state of unconsciousness, whereby a person is not able to respond to

external stimuli and cannot initiate voluntary actions.

"Company/We/Our/Us" means the ICICI Lombard General Insurance Company Limited.

"Common Carrier" means any

a) Any bus, coach, ferry, helicopter, hovercraft, hydrofoil, ship, taxi, cab, tram, monorail or train or any other vehicle as specified provided and operated by a carrier duly licensed for the regular transportation of fare paying passengers and/or cargo; and

b) Any aircraft provided and operated by and air line or an air charter company which is duly licensed for the regular transportation of fare paying passengers and/orcargo

"Contents" - In so far as it relates to household (Contents of Property insured), it shall mean the following equipments not used for business purposes and owned by the Insured or his family or for which the Insured and/or his family is legally responsible for –

(i) electronic equipment, household appliances, house hold goods such as furniture, kitchen utensils, fixtures, fittings and interiordecorations;

(ii) personal effects such as clothes and other

articles of personal nature likely to be worn, used or carried but excluding money but including jewelry and valuables. The term shall exclude cash and/or currency and/or cheques

"Co-Payment" is a cost-sharing requirement under a health insurance Policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

Coverage Period Coverage Period means the period specified in the Certificate of Insurance which commences on the coverage commencement date specified in the Certificate of Insurance and ends on the coverage expiry date specified in the Certificate of Insurance.

"Dentist" means the insured's attending dentist or surgeon who is registered or licensed to practice dentistry under the laws of the country in which they practice, other than the policyholder; or the insured; or a member of the immediate family of the insured; or an employee of the policy holder.

"Dependent Child(ren)" means an insured and their Spouse's legal child(ren)including step or legally adopted child(ren)) as long as they are under nineteen (19) years of age or under twenty- five (25) years of age while they are full-time students at an accredited institution of higher learning and in either case, are primarily dependent upon the Insured for maintenance and support. Dependent Child(ren) also means an Insured's legal child(ren) of any age who are Permanently mentally or physically incapable of self- support and are permanently living with the insured.

"Disease" shall mean an affliction of the bodily organs having a defined and recognized pattern of symptoms that first manifests itself during the Period of Insurance and for which immediate treatment by a Medical Practitioner is necessary.

"Doctor" means an Insured's attending doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice, other than:

- The Policyholder; or
- The insured; or
- A member of the immediate family of the insured; or
- An Employee of the Policyholder

The term Doctor specifically excludes persons practicing in non- allopathic fields.

"Electronic Equipment" means any computer (including but not limited to laptops, notebooks and tablets)or communication device such as mobile phones, global positioning devices, personal music/recording/gaming devices, cameras and other electronic items of a similar nature as deemed by Us, which are intended for either personal or businessuse.

"Emergency" shall mean a medical condition of the Insured arising out of a severe Illness (where applicable) or Injury contracted or sustained by the Insured which results in symptoms which occur suddenly and unexpectedly, and requires immediate medical treatment by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

"Family" means the Insured, his/her lawful spouse and their dependent child(ren).

"Geographical Scope of Cover" shall mean the country(ies) or geographical boundaries in which the coverage under the Policy is valid.

"Hospital" means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities and complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;

ii. has qualified medical practitioner(s) in charge round the clock; has a fully equipped operation theatre of its own where surgical procedures are carried out;

iii. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospital includes an AYUSH Hospital as defined below:

AYUSH Hospital: An AYUSH Hospital 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:

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:

i. Having at least 5 in-patient beds;
ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
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.

"Hospitalization" means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

"Immediate Family Member" shall mean an Insured's lawful spouse; parents and children including stepchildren and children legally adopted by the Insured under nineteen(19) or children under twenty five years of age while they are full-time students at an accredited institution of higher learning and in either case are primarily dependent upon the insured for maintenance and support ; siblings; parents; sister(s) in law, brother(s) in law; parents-in-law; legal guardian; ward; step-parents, half-brother, half- sister, fiancé(e), niece, nephew, uncle, aunt, stepchild, grandparent or grandchild

"**Inpatient care**" means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

"Inpatient Treatment" means any medical treatment rendered to the Insured at a Hospital in connection with any Injury resulting in Hospitalization.

"Insured(s)/ Insured Person(s)" shall mean the person(s) whose name(s) are specifically appearing as such in the Policy Schedule and who has booked the ride, purchased insurance, and/or is travelling in the common carrier.

"Insurable Event" shall mean an event, loss or damage for which the Insured shall be compensated under this Policy.

"Medical Practitioner" Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license

"**Medical Evacuation**" means immediate transportation of the Insured suffering an Injuryto the nearest Hospital where appropriate medical treatment can be obtained, Scenarios which necessitates the Medical Evacuation of the Insured are:

i. Current hospital where Insured is taking treatment is not equipped enough or lack facilities to carry out further treatment of the Insured
ii. Insured suffering an Injury is stuck or stranded in a remote area which lacks Hospital and the Insured has to be transported to the nearest Hospital on an Emergency basis

"**Medically necessary**" treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which

i. is required for the medical management of the illness(wherever applicable) 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.

"Minor Child(ren)" 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.

"Missed Flight/Common Carrier" shall mean the failure of the Insured to travel by a flight or a Common Carrier being part of the Trip as per the Policy Schedule.

"Money" means coins, bank notes, postal and money orders, travellers' and other cheques, letters of credit, automatic teller machine cards, credit cards, petrol and other coupons etc. in the possession or control of the insured.

"Mugging" shall mean a violent, unprovoked assault or attack by someone upon the Insured covered in this Policy, especially with the intent to rob the Insured.

"Natural Calamities" would be any major adverse event resulting from the natural geological processes of the Earth including and limited to floods/inundation, hurricanes/ tempest, tornadoes, volcanic eruptions, earthquakes, tsunamis.

"**Network Provider**" means hospitals enlisted by an insurer or by an ASP and insurer together to provide medical services to an insured on payment by a cashless facility.

"**Nominee**" means the person(s) nominated by the Insured Person to receive the benefits under this Policy payable on the death of the Insured Person caused by an Accident. For the purpose of avoidance of doubt it is clarified that if the Insured Person is a minor, his legal guardian shall appoint the Nominee.

"Passenger/s" Person who is travelling in the common carrier and is insured under the policy availed by the insured person.

"**Place of Destination"** means the destination place where the journey of the Insured, forming part of the Trip, is scheduled to be concluded through a Common Carrier.

"Place of Origin" means the starting point / place from where the Insured's Trip is scheduled to be undertaken through a Common Carrier which is the main mode of travel during the Trip.

"Place of Residence of the Insured" means the dwellings the Insured is normally residing in currently, and declared as the residential address of the Insured

"Policy" means Policyholder's proposal, the Policy Schedule and other parts of the Policy, Company's covering letter to the Insured and any endorsement attaching to or forming part hereof, either at inception or during the Period of Insurance.

"Policyholder" means the person(s) or the entity named in Policy Schedule to this Policy who executed the Policy Schedule and is (are) responsible for payment of premium(s) on behalf of the Insured Person or otherwise.

"Post-hospitalisation Medical Expenses" Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

"**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, taking into account the nature of the illness/injury involved. "Self Driven-Rental Vehicle" Any vehicle hired or rented by the insured for the purpose of self-driven travel.

"Risk Commencement Date" Risk Commencement Date means the date specified in the Certificate of Insurance on which Our coverage under the Policy in respect of the Insured Person named in the Certificate of Insurance commences.

"Sum Insured" means the maximum amount of coverage in respect of the claims during the Period of Insurance in connection with each of the items of coverage, as specified in Part I of the Schedule to this Policy.

"**Sound Natural Tooth**" means natural tooth that either is unaltered or is fully restored to its normal function, is Disease- free and has no

decay.

"Spouse" means a Insured Person's legally wedded husband or wife

"Travel Period/Trip" Travel Period/Trip means the period of time within the Coverage Period commencing from when the Insured Person leaves for the original departure point to commence the journey in the Common Carrier on which he/she is booked to travel as a passenger, and ending when the Insured Person returns to the original departure point in case of return journey or destination in case of a one way journey, subject to the maximum period of time specified in the Certificate of Insurance. If the Certificate of Insurance specifies that the Policy will only apply to the period during which the Insured Person is travelling on the Common Carrier, then the Travel Period will be limited to commencing from when the Insured Person boards the Common Carrier and ending when the Insured Person alights from the Common Carrier.

Terrorism: means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) will not be considered as an Act of Terrorism. Act of Terrorism also includes any act, which is verified or recognised by the (relevant) government as an act of terrorism.

"Unforeseen Events/Illness" are those events which cannot be anticipated or predicted and does not include acute exacerbation of pre existing conditions/disease/illness or pre-exisitng condition in itself.

"Valuables" shall mean:

i. Electronic and electrical equipments including, but not limited to, photographic equipments, audio equipments, video equipments, computers, mobile phones and similar equipment/gadgets

ii. Telescopes, binoculars, spectacles, sunglasses Watches, jewelry and gems, furs and articles made of gold, silver and other precious stones and metals

iii. Antiques, moulds, designs and other collectibles, sculptures, manuscripts, stamps, collection of stamps, rare books, medals, artificial teeth, prosthetic limbs, hearing aids, membership cards, travel tickets, event tickets, personal Travel documents, business goods or samples or documents

iv. ATM Cards, debit cards, credit cards, bonds, bank treasury or promissory notes, bills of exchange, cheques, banker's cheques, demand drafts, cash and any othersecurities.

"You/Your" You/Your means the policyholder and/or insured named in the Schedule who has concluded this Policy with Us

Scope of cover

The Company hereby agrees, subject to the terms, exclusions and conditions herein contained or otherwise expressed herein, to compensate the Insured for any loss or damage sustained or incurred by such Insured and as described under different Benefits hereunder but not exceeding the Sum Insured as applicable to the respective Sections as specified in the Policy Schedule.

The Deductible as indicated against each Section in the Policy Schedule shall be borne by the Insured in respect of each claim or series of claims arising out of one event.

All benefits in this policy might be subject to co-pay, co- insurance and franchise, wherever necessitated by the Insured, and subject to acceptance by us and consequent incorporation of the same in Part I of the Policy Schedule.

COVER1: HOSPITALIZATION EXPENSES FOR INJURY/ACCIDENTAL MEDICAL EXPENSE

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the

Insured Person to be hospitalized or undergo Day Care Treatment, then we will reimburse the reasonable and customary charges incurred for emergency hospitalization and medical treatment undertaken up to limit specified in Certificate of Insurance / Part I of the Policy Schedule.

If we have accepted a claim under this cover, we will also reimburse Post-hospitalization Medical Expenses incurred for up to 90 days immediately following the Insured Person's discharge from Hospital, or upto the number of days as specified in the Certificate of Insurance / Part I of the Policy Schedule. The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

This Benefit will be payable provided that:

a. The Hospitalization or Day Care Treatment is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

b. The Insured Person is admitted to Hospital or undergoes Day Care Treatment within 7 days of the occurrence of the Accident;

c. We will reimburse only those Medical Expenses that are in- excess of the Deductible for each period of Hospitalization; We will reimburse only those Medical Expenses and Post- hospitalization Medical Expenses that are Reasonable and Customary Charges.

d. The Company shall reimburse the following Hospitalization expenses :

1. Accommodation, boarding and nursing expenses;
2. Diagnostics, tests and / or examination charges;
3. Physician, surgeon, anesthetistfees;
4. Cost of medicines provided by the Hospital /purchased from a registered pharmacy

other than the Hospital as prescribed by the Medical Practitioner attending on the Insured;

Extension covers:

1.a. Mobility Cover:

In consideration of the payment of an additional premium, it is hereby agreed and declared that, notwithstanding anything written in policy contained to the contrary, We will cover any expenditure incurred by the insured towards necessary medical aids including but not limited to wheelchair, crutches, walking sticks, splints etc arising out of an injury inflicted as a result of an accident during the period of travel. The expenses will be reimbursed provided the medical aids are medically necessary as per the written recommendation of the treating Medical Practitioner upto the Sum Insured limit as specified in part 1 of the Policy Schedule. A condition precedent to payment of any claim under this extension is that we should have accepted a claim under cover 1 Hospitalization expenses due to Injury/Accidental Medical Expenses. We will reimburse the reasonable and customary charges incurred upto the limit specified in the Certificate of Insurance/Part I of the policy schedule against Mobility Cover extension

EXCLUSIONS APPLICABLE TO COVER 1

In addition to the General Exclusions listed in this Policy, the Company shall not be liable to make any payment towards expenses incurred by the Insured in connection with or in respect of:

1. Treatment of any Illness or disease or any Pre-Existing Disease
2. Beauty and / or cosmetic treatment and/or reconstructive plastic surgery in any form or manner
3. Any treatment related to general debility, convalescence, and rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
4. Rehabilitation and/or physiotherapy expenses or the cost of prostheses/ prosthetics (artificial limbs) or any Services provided by chiropractor.
5. 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.
6. Vaccination and inoculation of any kind, unless

it is post animal/insect bite.

7. Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury as certified by the attending Medical Practitioner
8. Personal comfort, convenience and hygiene related items and services.
9. Any condition/instances/scenarios where there is no active line of treatment taken by the insured.
10. Any alternative Treatments apart from AYUSH.
11. Any out-of-pocket expenses for necessary medical aids relating to the hospitalization of the Insured due to an injury, unless specifically included as an extension under Benefit 1- 'Hospitalization expenses due to Injury', and the same is mentioned in Part I of the policy schedule.

CLAIMS PROCEDURE APPLICABLE TO COVER

In the event of the insured sustaining any Injury necessitating an Emergency treatment in Hospital, he/she should report the contingency/ claim to the Assistant Service Provider / TPA/Us on the toll free number provided in the "Claim Procedure- General" section.

Documents to be submitted in support of the claim:

1. Medical reports and discharge summary issued by the Hospital furnishing the name of the Insured, period of treatment and details of treatment rendered.(In Original or Scan copies/photo attested by thehospital)
2. Bills / receipts(In Original) for:

a. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered;

b. Fees paid to the medical practitioner, special nursing charges, etc;

c. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;

d. 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 on the Insured.

3. Police First Incidence Report (FIR), in case of any road traffic accident or third-party involvement
4. Post-mortem report in the event of the death of Insured.
5. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.
6. Claim form, either filled manually or digitally by the insured.

In respect of all claims payable hereunder, the Company may make settlement either in the form of cashless treatment facility or by reimbursement of the amount of claim to the Insured, at its sole discretion.

COVER 2- HOSPITAL DAILY ALLOWANCE

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel period and which solely and directly requires the Insured Person to be hospitalized, then We will pay the daily amount specified in the Policy Certificate against this cover for each continuous and completed 24 hours of Hospitalization of the Insured Person.

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

This Cover shall be payable subject to the following:

i. The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating MedicalPractitioner.

ii. We shall not be liable to pay the daily amount for more than 7days or the maximum number of days as specified in the Policy Certificate for each InsuredPerson,

iii. Our liability to make any payment under this cover shall be in excess of the per event Deductible or per event Franchise stated in the Policy Certificate, if applicable.

iv. We shall not be liable to make any payment under this cover, if the Hospitalization has

commenced prior to the commencement of the Period of Cover.

If we have admitted a Claim under this cover, then on the Insured Person/Nominee's advance written request, We may pay the amount directly to the Hospital where the Insured Person was treated, provided that We are able to offer Cashless Facility at that Hospital. If the payment due under this Base Benefit is more than the amount payable to the Hospital, then the balance amount shall be paid directly to the Insured Person/Nominee.

EXCLUSIONS APPLICABLE TO Cover 2

a. Any dental treatment or dental surgery of any kind unless necessitated due to an Accident or specifically covered and specified in the Policy Schedule/Policy Certificate.

b. Any alternative treatments not covered under AYUSH as instituted in a government hospital or any institutes recognised by the government and/or accredited by Quality Council of India / National Accreditation Board of Health

c. All cosmetic/plastic/aesthetic surgeries including lasik surgery, unless necessitated due to Accident.

d. Intentional self injury, suicide or attempt tosuicide.

CLAIMS PROCEDURE APPLICABLE TO COVER NO. 2:

On the occurrence of an Insured Event which may give rise to a claim under the Policy, We shall be provided with the following necessary and mandatory information and documentation specified in relation to the Base Benefit being claimed within 30 days of the occurrence of the Insured Event:

1. Indoor case papers from the Hospital mentioning the diagnosis, date and time of admission and discharge, past medical and surgical history with duration.
2. Hospital discharge summary filled and attested by Hospital.
3. First Information Report (F.I.R.) copy / medico-legal case papers - notarized/ attested by a gazetted officer in case of an Injury.
4. KYC Documents of the Insured Person and claimant
5. Claim form, either filled manually or digitally by the insured.
6. Any other document as required by Us to investigate the claim or Our obligation to make payment for it.

COVER 3- OPD TREATMENT

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to undergo OPD Treatment for any of the treatments/tests/consultations specified in Part I of the schedule/Certificate of Insurance or for treatment of fractures, burns or Dental Treatment then We will reimburse the costs incurred on such Medical Expenses.

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

This Cover Benefit will be payable provided that:

a. The medical treatment undertaken is Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner

b. We will reimburse only those Medical Expenses that are in excess of the Deductible

c. We will reimburse only those Medical Expenses which are Reasonable and Customary Charges.

EXCLUSIONS APPLICABLE TO COVER 3:

We shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Illness or which relate to any Pre-Existing Disease.

CLAIMS PROCEDURE APPLICABLE TO COVER 3:

DOCUMENTS NEEDED IN CASE OF A CLAIM

1. Original bills related to consultation,

diagnostics, tests, medicines etc

2. Prescription of medicine and Tests
3. Claim form, either filled manually or digitally by the insured.
4. Any other document as required by Us to investigate the claim or Our obligation to make payment for it

COVER 4- AMBULANCE AND EMERGENCY EVACUATION

4.A. Ambulance:

If an Insured Person suffers an Injury that occurs due to an Accident during the Travel Period and the Injury solely and directly requires the Insured Person to be transported to a Hospital for Medically Necessary Treatment, We will reimburse the cost incurred for the same upto a maximum limit of the amount specified against this cover benefit in the Certificate of Insurance / Part I of the Policy Schedule in respect of any Ambulance Services used for transportation of the Insured Person from the site of the Accident to the nearest Hospital or from the site of first treatment to a higher centre of care.

This benefit shall be payable subject to the following:

1. We have accepted a Claim under the cover 1 in respect of that Insured Person for the same period of Hospitalization.

2. The transportation in case of movement from the site of first treatment to a centre of higher care is recommended in writing by the treating Medical Practitioner.

3. We shall not be liable to make any payment under this cover, if Hospitalization commenced prior to the commencement of the Period of Cover

4. We will reimburse only those costs that are Reasonable and Customary Charges.

4. B Emergency Evacuation:

We will reimburse the costs incurred for air transportation of the Insured Person during the Travel Period (and an attending Medical Practitioner if it is certified in writing as being medically necessary) including costs incurred for medical care during such transportation, in any of the following circumstances:

a. The Insured Person needs to be evacuated due to an Accident which has occurred during the Travel Period or a Catastrophe which has occurred in the place where the Insured Person is located during the Travel Period

b. The Insured Person needs to be transferred from the place of Accident to the nearest Hospital for medical treatment following an Accident during the Travel Period

c. The Insured Person needs to be transported from the Hospital where the Insured Person is being treated to the nearest Hospital if such medical treatment cannot be provided at the Hospital where the Insured Person is situated.

This Cover Benefit will be payable provided that:

a. The treating Medical Practitioner certifies in writing that the transportation of the Insured Person was required for Medically Necessary Treatment to be rendered

b. We have agreed to the reimbursement of such costs of transportation in writing in advance of the transportation

c. The Hospital to which the Insured Person is proposed to be transported is the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person

d. If the Insured Person is transported to a Hospital which is not the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person then Our liability under this Cover Benefit shall be limited to the amount that would otherwise have been payable to transport the Insured Person to the nearest Hospital

e. We will reimburse only those expenses that are Reasonable and Customary Charges.

EXCLUSIONS APPLICABLE TO COVER 4:
Any evacuation arising due to any reason other than an accident or a natural catastrophe.

CLAIMS PROCEDURE APPLICABLE TO COVER 4: **DOCUMENTS NEEDED IN**

CASE OF A CLAIM UNDER THE COVER 4:

1. Original receipt of expenses incurred for Ambulance or air evacuation charges.
2. Police First Incidence Report (FIR), in case of any road traffic accident or third-party involvement
3. Claim form, either filled manually or digitally by the insured
4. Any other document as required by Us to investigate the claim or Our obligation to make payment for it.

COVER 5- PERSONAL ACCIDENT

Cover 5. A Accidental Death

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and if this Injury solely and directly results in the Insured Person's death within 365 days from the date of th e Accident, then we will pay the event amount specified in the Policy Certificate

In the event of a claim acceptance under this Benefit in respect of an Insured Person, if the amount due under this Benefit and claims already admitted under the Policy in respect of the Insured Person cumulatively exceeds the Sum Insured, then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured. On the acceptance of a claim under this Benefit and payment being made under any applicable Benefits, all cover(s) under this Policy shall immediately and automatically cease in respect of that Insured Person.

CLAIMS PROCEDURE APPLICABLE TO COVER 5.A: **DOCUMENTS NEEDED IN CASE OF A CLAIM**

a) Personal Accident (PA) Claim form duly digitally filled & signed by the claimant

b) Death certificate - Notarized/ Attested by a gazetted officer

c) F.I.R– Notarized / Attested bya gazetted officer

d) Police Final charge sheet/ Court Final order - Notarized/ attested by a Gazetted Officer - if applicable - notarized/ Attested by a gazetted officer

e) Post Mortem Report - Notarized/ Attested by a gazette officer

f) Other Document as per Case details - Copy of Treatment papers; if hospitalized,

g) Cancelled Cheque with NEFT Mandate form - duly filled in by the claimant and bank

h) Claim form, either filled manually or digitally by the claimant

i) Any other document as required by Us or the TPA to investigate the Claim or Our obligation to make payment for it

Cover 5. B Permanent Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period which solely and directly results in Permanent Total Disability of the Insured Person which is of the nature specified below, We shall pay to the Insured Person (or his Nominee / legal heir)such a sum as compensation as specified hereunder, in the manner indicated below, on the occurrence of any of the following losses, provide such losses to the Insured Person are total and irrecoverable losses which result solely and directly from an Injury occurring during Travel Period, within 365 days from the date of Accident resulting in such Injury. Provided that the date of occurrence of the Accident falls within the Policy Period:

i) Loss of Use of both eyes, or Physical Separation/ Loss of Use of two entire hands or two entire feet, or one entire hand and one entire foot, or of such Loss of Use of one eye and such Physical Separation/ Loss of Use of one entire hand or one entire foot, then the Sum Insured as stated in the Part I of the Schedule to this Policy hereto as applicable to such Insured Person.

ii) Physical Separation/ Loss of Use of two hands or two feet, or of one hand and one foot, or of Loss of Use of one eye and Loss of Use of one hand or one foot, then the Sum Insured as stated in Part I of the Schedule to this Policy hereto as applicable to such Insured Person.

iii) If such Injury shall as a direct consequence thereof, permanently, and totally, disable the Insured Person from engaging in any

employment or occupation of any description whatsoever, then the Sum Insured as stated in Part I of the Schedule to this Policy hereto as applicable to such Insured Person.

This Cover will be payable provided that:

a. The Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;

b. If the Insured Person dies before a claim has been admitted under this Cover , then no amount will be payable under this Cover ;

c. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Cover shall be limited to the Sum Insured and PTD Sum Insured, if applicable;

d. If a claim is accepted under this Cover in respect of an Insured Person and the amount due under this Cover and claims already admitted under the Policy in respect of the Insured Person cumulatively exceeds the Sum Insured, then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured;

e. If We have admitted a claim for Permanent Total Disability in accordance with this Cover, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies;

f. On the acceptance of a claim under this Cover Benefit, all cover(s) under this Policy shall immediately and automatically cease in respect of that Insured Person after the payment of any other applicable Cover Benefits.

CLAIMS PROCEDURE APPLICABLE TO COVER 5.B: DOCUMENTS NEEDED FOR CLAIM

a. Claim form duly filled & signed by You
b. Disability certificate - by an authorized Medical Practitioner Stating percentage of disablement
c. F.I.R. and Panchnama wherever applicable (original or certified copies)
d. Medical report
e. Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner
f. Original bills from chemists supported by proper prescription
g. Investigation reports like laboratory test, X-rays and reports essential for confirmation of the type and percentage of disability and payment receipts
h. Photo of Insured Person showing the disability
i. Any other document as may be required by Us

Cover 5. C- Permanent Partial Disability

If an Insured Person suffers an injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in Permanent Partial Disability of the Insured person, we shall pay the Insured Person (or his Nominee / legal heir),such Sum Insured as mentioned in Part I of the Schedule to this Policy as applicable to such Insured Person in the manner indicated
below, on the occurrence of any of the following losses, provided
such losses to the Insured Person are irrecoverable losses and result in Loss of Use or Physical Separation which arises solely and directly from an Injury, within 365 days from the date of Accident resulting in such Injury.

For the purpose of this Benefit, Permanent Partial Disablement means total and/or partial irrecoverable loss of use or the actual loss by physical separation of the body parts as specified in the table below:

SR No.	LOSSES COVERED	% OF SUM INSURED payable
1	Loss of one entire hand	70
2	Loss of one entire foot	70
3	Loss of use of one eye	50
4	Loss of all toes	20
5	Loss of great toe – both phalanges	5

6	Loss of great toe - one phalanx	2
7	Other than great toe if more than one toe lost each	5
8	Loss of use of both ears	75
9	Loss of use of one ear	30
10	of four fingers and thumb of one hand	40
11	Loss of four fingers	35
12	Loss of thumb - both phalanges	25
13	Loss of thumb - one phalanx	10
14	Loss of index finger - three phalanges	10
15	Loss of index finger - two phalanges	8
16	Loss of index finger - one phalanx	4
17	Loss of middle finger - three phalanges	6
18	Loss of middle finger - two phalanges	4
19	Loss of middle finger - one phalanx	2
20	Loss of ring finger - three phalanges	5
21	Loss of ring finger - two phalanges	4
22	Loss of ring finger - one phalanx	2
23	Loss of little finger – three phalanges	4
24	Loss of little finger - two phalanges	3
25	Loss of little finger - one phalanx	2
26	Loss of metacarpus - first or second (additional)	3
27	Loss of metacarpus - third, fourth or fifth (additional)	2

This Benefit will be payable provided that:

a. The Permanent Partial Disability continues for a period of at least 180 days from the commencement of the Permanent Partial Disability and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;

b. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disability specified in the table above, then Our medical advisors will determine the degree of disability and the amount payable, if any;

c. We will not make any payment under this Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;

d. On the acceptance of a claim under this Benefit, the Insured Person's insurance cover under this Policy shall continue, subject to the availability of the Sum Insured.

CLAIMS PROCEDURE APPLICABLE TO COVER 5.C: **DOCUMENTS NEEDED FOR CLAIM**

a) PA Claim form duly digitally filled & signed by Insured/ Claimant

b) MLC OR F.I.R.OR PANCHNAMA- Notarised/ Attested by a gazetted officer

c) Disability Certificate issued by Authorised civil surgeon-
Original/ Notarised/ Attested by a gazettedofficer

d) Treatment papers, X-rays films / laboratory test reports and other diagnostic reports to support the claim and percentage of disability

e) Medicalreport

f) Colour Photograph of the injured reflectingdisability

g) Claim form, either filled manually or digitally by the insured/claimant

h) Any other document as required by Us or the TPA to investigate the Claim or Our obligation to make payment for it

COVER 5. D- TEMPORARY TOTAL DISABILITY

If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the

incapacitation of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the weekly amount specified against this Benefit in the Policy Certificate for the duration that the Temporary Total Disablement continues.

This Benefit shall be payable subject to the following:

i. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the total number of weeks specified in the Policy Certificate for any and all claims arising within the Period of Cover under this Benefit.

ii. If the Injury is sustained to or suffered in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then Our liability under this Benefit shall extend for a maximum period of five (5) weeks.

iii. In the event of any dispute as to the date when the Temporary Total Disablement ceased, such date shall be finally determined by an external Medical Practitioner who certifieseither:

a) the date upon which the Insured Person recovered; or

b) the date upon which the Insured Person recovered as far as he/she will ever recover.

iv. If the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly amount will be payable in respect of that week.

CLAIMS PROCEDURE APPLICABLE TO COVER 5.D:

a) PA Claim form duly digitally filled & signed by Insured/ Claimant

b) Employer certificate declaring loss of working days

c) MLC OR F.I.R.OR PANCHNAMA- Notarised/ Attested by a gazetted officer

d) Disability Certificate issued by Authorised civil surgeon-
Original/ Notarised/ Attested by a gazetted officer

e) Treatment papers, X-rays films / laboratory test reports and other diagnostic reports to support the claim and percentage ofdisability

f) Medical report

g) Colour Photograph of the injured reflecting disability

h) Claim form, either filled manually or digitally by the insured/claimant

i) Any other document as required by Us or the TPA to investigate the Claim or Our obligation to make payment for it

COVER 5. E- COST OF CLOTHING DAMAGE COVER

We will provide a benefit or a part thereof, as SI specified in the certificate of insurance/ Part I of the Policy Schedule on account of any loss/damage to clothes especially uniforms worn by the insured at the time of an accident.

EXTENSION TO COVER 5 - - MODIFICATION EXPENSES

In consideration of the payment of an additional premium, it is hereby agreed and declared that, notwithstanding anything written in policy contained to the contrary, if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the incapacitation of the Insured Person which necessitates a modification to the insured's home and/or owned vehicle we will cover the expenditure incurred by the insured towards the necessary modifications to his/her home and/or owned vehicle provided there is a recommendation of treating medical practitioner certifying the need for such necessary modifications. We will reimburse the reasonable and customary charges incurred upto the limit specified in the Certificate of Insurance/Part I of the policy schedule against Modification Expense.
We will reimburse the loss under this extension subject to prior acceptance of a claim under cover 5.B, 5.C or 5.D

COVER 6- REPATRIATION OF REMAINS

In the unfortunate event of the death of the Insured/Passenger during the Travel Period, the Company shall, reimburse the Nominee, the costs incurred for transporting the remains of the deceased Insured back to place or city of residence of the Insured from the place of death. The maximum liability of the Company is as specified in Part I of the policy schedule against cover 6 'Repatriation of Remains'

EXCLUSIONS APPLICABLE TO COVER 6:

In addition to the General Exclusions listed in this Policy, the Company shall not be liable for the payment of compensation in respect of death:

a. arising from intentional self Injury / suicide / attempted suicide;

CLAIMS PROCEDURE APPLICABLE TO COVER 6:

Documents to be submitted in support of the claim:

1. Photocopy of the death certificate providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the postmortem certificate wherever required, for cases where postmortem is conducted), issued by the appropriate authority where the contingency has arisen.
2. Proof of expenses incurred towards disposal of the mortal remains, ifapplicable
3. The receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased to the City of Residence or Place of Origin of the Insured, ifapplicable.
4. Claim form, either filled manually or digitally by the claimant

Exclusions applicable for Cover 5 & 6

1. Compensation under more than one of the categories of Benefits as specified below in respect of any one Accident / series of Accidents arising out of one event.

2. Amounts related to Medical Expenses

3. Payment of compensation in respect of death or disability

i. Arising from intentional self Injury/ suicide/ attempted suicide, arising from or resulting directly or indirectly from any Illness unless such Illness arose directly as a consequence of an Accident.

ii. Whilst the Insured is under the influence of intoxicating liquor/drugs

iii. Whilst 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 other wise). Directly or indirectly occasioned by, happening through or in consequence of war, invasion, act of foreign enemy, hostilities (whether was be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.

iv. Directly or indirectly caused by or contributed by.

a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

COVER 7- MISSED FLIGHT

We will reimburse the cost of the booking of the missed flight (domestic or international or both, as specified in the certificate of insurance) ticket up to the limit specified in the Certificate of Insurance / Part I of the Policy Schedule on the Common Carrier due to the Insured Person's failure to reach the original departure point of the booked journey on account of the delayed arrival of a public transport or any other Common Carrier that the Insured Person was travelling in as a passenger, or due to any Accident during the CoveragePeriod.

Missed Flight cover starts when the customer books the trip and ends when the trip in the specified common carrier ends(Travel Period), subject to the estimated time of arrival (ETA) at the airport being 60 mins before time of

departure of the flight(or any other duration specified in the Part I of the Schedule) for within city common carrier class (Other than Shared class of common carrier) and 90 mins before time of departure of flight for shared and outstation carrier class. Any delay occurring within the airport premises, not caused by the common carrier used to reach the airport, but resulting into a missed flight will not be covered. The Scheduled departure time can be different for different classes of the same Common Carrier as mentioned in the Part I of the Schedule / Certificate of Insurance. This Benefit covers Domestic, international or both flights as specified in Part I of the policy schedule. Missed flight cover can be claimed only if the destination is specified as airport at the time of booking a ride. If the destination is changed to airport during the ride, 'missed flight/common carrier claims' is not admissible.

The deductible excess(different for domestic and international flights) in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

This Benefit will be payable provided that:

a. The Insured Person provides us with a written proof from the Common Carrier of the missed departure

b. We will reimburse only those expenses that are in excess of the Deductible as specified;

c. We shall only reimburse the non-refundable expenses

d. We shall not accept more than one claim under this Benefit during the Coverage Period.

e. We shall not be liable to reimburse any expenses for any loss which will be paid or refunded by any applicable Common Carrier.

EXCLUSIONS APPLICABLE TO COVER 7:

Any claim occurring due to negligence of the Insured resulting in delay of the Common Carrier scheduled to reach the specified destination

CLAIMS PROCEDURE APPLICABLE TO COVER 7: DOCUMENTS NEEDED FOR

COVER 7 (Missed Flight)

a. Written proof or a no-show certificate from Common Carrier of the missed departure

b. Confirmed ticket of the Missed common carrier, specifying the cost of the ticket

c. Flight Number & Flight PNR

d. Flight departure date and time

e. Claim form, either filled manually or digitally by the insured

COVER 8- LOSS OF BAGGAGE & PERSONAL EFFECTS

We will reimburse the actual loss upon the declaration of the customer, upto the limit of Loss of Baggage & Personal Effects specified in the Certificate of Insurance/ Part I of the Policy Schedule incurred in relation to the permanent and total loss of the Insured Person's luggage and personal possessions during the Travel Period.

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

This Benefit will be payable provided that:

a. Such a loss should have happened due to circumstances beyond the control of the insured e.g. accident of the common carrier in which the insured is travelling, mugging, theft, hold up, etc.

b. The Insured Person provides Us with a written proof of ownership for any item lost which is valued at more than the sum insured amount specified against this benefit in the Certificate of Insurance / Part I of the PolicySchedule.

c. The Insured Person provides Us with a certified copy of the police report filed

d. We will reimburse only those losses that are Reasonable and Customary Charges.

EXCLUSIONS APPLICABLE TO COVER 8:

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

a. Any loss or destruction which will be paid or refunded by the Common Carrier, agent or any other provider of travel and/or accommodation

b. Any loss of Valuables, Money, any kinds of

securities or tickets, electronic equipment unless specified in Part I of the Policy Schedule (Policy Certificate)

c. Any loss of luggage and personal possessions amounting to a partial loss or not amounting to a permanent and total loss

d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

e. Any loss due to theft, burglary or mugging etc. which is not reported to the police authorities within 24 hours of such an incident and a written report being obtained in that regard

Extensions under cover 8: Electronic Equipment cover

The benefit 'Loss of Baggage & Personal Effects' is extended to cover for loss of electronic equipment as specified in Part I of the policy schedule due to theft, burglary, robbery ,mugging, hold up or any similar incidence whereby the insured is carrying the same in his baggage and is on a insured trip. We will indemnify the Insured for the replacement cost of such electronic equipments after accounting for depreciation, unless the insured can produce supporting documents confirming that the purchase of the equipment happened less than 1 year prior to the date of the incident, up to the maximum sum insured under this extension, subject to the overall liability of the Company not exceeding the Sum Insured as specified in the Policy Schedule under this Benefit- 'Loss of Baggage and Personal Effects'.

Any per article limit for electronic equipment in the policy will be specifically mentioned in the Part I of the policy schedule.

Documents needed for the purpose of claim:

1. Copy of FIR lodged with the police in regard with the incident resulting in the saidloss
2. Declaration of the value of item contained in case the total value is less than the SI specified
3. Proof of purchase for items whose value is greater than the SI specified in Part I of the Policy Schedule.
4. Claim form, either filled manually or digitally by the insured
5. Any other document as required by Us to investigate the claim or Our obligation to make payment for it.

COVER 9- FINANCIAL EMERGENCY & EMERGENCY HOTEL REQUIREMENT

This cover is applicable only for outstation travel

A. Financial Emergency Cash

We will reimburse the actual loss incurred in relation to the permanent and total loss of the Insured Person's travel funds due to any pilferage, theft, loss, robbery or dacoity during the Travel Period.

Documents required:

a. The Insured Person should provide Us with a copy of a police complaint reporting the incident.
Exclusions applicable:

b. Any loss which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation;

c. Any loss of Valuables, any kinds of securities or tickets;

B. Emergency Hotel Requirement

We will reimburse the costs upto the limit specified in the Certificate of Insurance/Part I of the Policy Schedule towards the stay of the Insured Person in a hotel, due to the Insured Person or any passenger(s) travelling with the insured in the common carrier, who is also covered under the policy availed by the insured person, suffering Injury in an Accident or Illness or Hospitalization during the Travel Period.

This Cover Benefit will be payable provided that:

a. The Injury or Illness caused to the Insured Person or his/her Immediate Relative must be so disabling as to reasonably require an extension of the stay.

b. We shall not accept more than one claim under this cover during the Coverage Period.

EXCLUSIONS APPLICABLE TO COVER 9

We shall not be liable to reimburse any expenses under this Cover if:

a. Any facts or matters of which the Insured Person was aware or should have been aware might result in a claim being made under this

Cover;

b. Any extension opted in furtherance of business or personal reasons.

CLAIM PROCEDURE APPLICABLE TO COVER 9:

Documents needed in event of claim:

a. Treating doctor's certificate stating the reason of the ailment Treating doctor's certificate stating the inability to travel

b. Actual receipts for the bookings made for hotel stay

c. Claim form, either filled manually or digitally by the insured

d. Any other document as required by Us/TPA to investigate the claim or Our obligation to make payment for it.

COVER 10- LOSS OF HOME CONTENT

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, and subject to the maximum liability of the Company to pay to the Insured, at actuals, for any loss or damage sustained by the Insured during the Travel Period caused by i. Burglary of Contents of the Property insured and/ or ii. Attempted burglary of the Contents of the property insured, provided that the total liability of the Company for such loss or damage shall not exceed the Sum Insured as stated in the Policy Schedule.

The Company's liability under this Benefit shall be limited as follows

i. In case of damage due to attempted burglary, the Company's liability shall be limited to the amount actually payable for repair or replacement of locks, damage to door, or windows, if any.

ii. For settlement of claims under this Benefit, the market value of the jewellery, gold ornaments, silver articles and precious stones kept in the premises of the Insured shall be considered. Maximum value of jewellery, silver articles, precious stones covered will be 25% of total Sum Insured as specified in Part I or ` 1 lakh, whichever is lower.

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

iv. The Company's liability shall be subject to a Deductible amount as specified in the Policy Schedule, for any and all claims arising in a particular year. The Company's liability under this Benefit shall not exceed the Sum Insured as specified in Policy Schedule to the Policy.

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

a. Enter and/or take possession of the insured property, where the loss or damage has happened

b. 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 ordamage

c. Keep possession of any such property and examine, sort, arrange, remove or other wise deal with the same; and,

d. 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.

EXCLUSIONS APPLICABLE TO COVER 10:

The Company shall not be liable to make any payment of expenses under this Benefit incurred by any Insured in connection with or in respect of:

1. Loss or damage caused by direct or indirect involvement of the Insured and/or Insured's domestic staff 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, 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 (unless previously specifically declared to, and accepted by, the Company);
3. The loss or damage occurring while Insured's premises is unoccupied, for a consecutive period of more than 30 days, and if the Insured had not previously informed the Company of the same and obtained its written consent/approval.
4. Loss or damage to any property illegally acquired, kept, stored, or property subject to forfeiture in any manner whatsoever;
5. Theft without actual forcible and violent entry and/or exit from the premises.
6. 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.

CLAIMS PROCEDURE APPLICABLE TO COVER 10:

Upon occurrence of the event covered under this cover, the Insured shall report 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 policy authority and forward the same to the insurance company 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

1. 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.
2. First Information Report;
3. Investigation Report by the Police;
4. Estimate and final bills of repairers;
5. Invoices of owned articles, if required by the Company;
6. And any other document as may be appropriately applicable for the claims preferred under this Benefit of the Policy.
7. Claim form filled either manually/digitally by the insured

COVER 11- OPERATOR DRIVEN CANCELLATIONS

In the event the operator of the common carrier cancels the pre-paid/ pre booked ticket of the common carrier after confirming the same to the insured, we will pay the Insured a benefit amount stated in Part I of the Policy Schedule. This amount can be a flat amount or a percentage of the ticket value or higher/lower of the two as specified in Part I of the policy schedule/policy certificate. This cover also includes cancellations initiated by the operator due to mechanical breakdowns prior or en-route the journey.

a) The maximum payout in case of any of these covers would be limited to the maximum SI limit specified in the Part I of the policy schedule.

b) The deductible if any needed for the cover to trigger will be applicable as specified in Part I of the Policy Schedule

EXCLUSIONS APPLICABLE TO COVER 11:

We will not be covering the cancellations other than the ones initiated by the Operator of the common carrier. For example, natural calamities or cancellations due to or initiated by the insured.

CLAIMS PROCEDURE APPLICABLE TO COVER 11:

Documents needed in event of claim:

a) The confirmed ticket / confirmation of the common carrier in possession of theinsured

b) The confirmation of cancellation of the common carrier should be received, either through the channel partner or through the operatorhimself.

c) Claim form, either filled manually or digitally / confirmation from the insured.

COVER 12- MISMATCH IN CARRIER

In the event of a mismatch in the type of common carrier during travel period vis a vis what was assured or booked for at a cost, a fixed amount limited to a maximum as mentioned in the Part I of the policy schedule will be payable to the insured. This amount can either be a flat amount or a percentage of the ticket value or the difference between the ticket amounts of the two carriers whichever is higher/lower as specified in Part I of the policy schedule/policy certificate The maximum payout in case of any of these covers would be limited to the maximum SI in the policy as specified in the Part I of the policy schedule.

The mismatch in common carrier provided should be ascertained/accepted by the common carrier provider or related aggregator.

EXCLUSIONS APPLICABLE TO COVER 12:

1. Any mismatch in common carrier not ascertained or confirmed by the common carrier aggregator

CLAIMS PROCEDURE APPLICABLE TO COVER 12:

Documents needed in event of claim:

a) The confirmed ticket / confirmation of the common carrier in possession of theinsured

b) The confirmation of mismatch of the common carrier should be received, either through the channel partner or through the operatorhimself.

c) Claim form, either filled manually or digitally / confirmation from the insured.

COVER 13- COLLISION DAMAGE WAIVER

In case the insured hires/rents a vehicle towards self-driven travel and the vehicle is accidently damaged, is involved in a collision or is stolen or damaged whilst under their care during the travel period, We will reimburse the insured, for the excess of a self-driven Rental Vehicle i.e. the amount insured is responsible for paying towards repair costs if the rental vehicle suffers any covered damage as per the terms of the rental agreement. The insured is covered only when he/she uses the rental vehicle in the territory specified in Certificate of Insurance/Part I of policy schedule. We will reimburse the reasonable and customary charges incurred upto the limit specified in the Certificate of Insurance/Part I of the policy schedule against the cover “Collision Damage Waiver”

We will not reimburse the excess in the following circumstances:

a) Any costs or charges that do not directly relate to externally caused damage to the rental vehicle including, but not limited to, any costs due to mechanical or electrical failure of the rental vehicle or any parts that need replacing due to wear and tear

b) Any rental of a private vehicle or a vehicle that is not both owned and operated by a Car Rental Company or Agency;

c) Where damage is as a result of wilfully self-inflicted injury or illness; alcoholism or the use of alcohol or drugs (other than drugs taken in accordance with treatment prescribed and directed by a registered medical practitioner, but not for the treatment of drug addiction);

d) Where damage is as a result of exposure to unnecessary danger except in an attempt to

save human life;

e) Where damage arises from operation of the rental vehicle in violation of the terms of the rental agreement, including transporting contraband or illegal trade;

f) Where expenses are assumed, waived or paid by the car rental company or agency or its insurer or a third party insurer of an involved vehicle;

Claims procedure applicable for cover 13:
Documents required in the event of aclaim

1. Police First Incidence Report (FIR), in case of any road traffic accident or third-party involvement
2. Rental agreement/declaration proving hire of vehicle from authorized auto rentalcompany
3. Claim form duly filled and signed by theclaimant
4. Confirmation from rental company on charges pressed in event of collision

GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY):

The Company shall not liable for any loss or damages:

1. In relation to the events occurring prior to the Date of Commencement of Insurance or after the Date of Expiry of Insurance or Travel period as mentioned in Part I of the Schedule to this Policy.If the claim be in any respect fraudulent, or if any false declaration be 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 be occasioned by the willful act, or with the connivance of the Insured, all benefits under this Policy shall be forfeited.
2. If the Insured:

a. Is traveling against the advice of a MedicalPractitioner;

b. Is receiving, or is on a waiting list to receive, specified medical treatment declared in a Medical Practitioner's report orcertificate;

c. Has received terminal prognosis for a medicalcondition;

d. Is taking part in a naval, military or air force operation;

3. In relation to eventsarising:

- out of any intentional self-Injury, suicide or attempted suicide, intoxication by liquor ordrugs.
- due to involvement or participation of the Insured directly or indirectly in murder, or criminal assault or the like or any breach oflaw.
- out of venereal disease and/or any mutant derivative or variations thereof howsoevercaused.

4. Injury that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority;
5. In relation to events arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

   a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuelor

   b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
6. Pertaining to involvement or participation in activities that are against local laws, rules and/ or regulations specified by any government agency.
7. Any alternative Treatments not covered under AYUSH as instituted in a government hospital or any institute recognized by the government and/or accredited by Quality council or India/National accreditation board of health.

GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

1. The insurance under the Policy shall not attach to any Trip that shall have commenced prior to

the Date of Commencement of Insurance or Travel period by the common carrier as specified in Part I of the Schedule under the Policy.

2. Deductible shown against the respective items of cover in the schedule of the Policy shall be applied separately for each and every claim referred under the respective sections.

3. The Insured shall, at all times, act as if uninsured and shall take all steps as are necessary to avoid occurrence of any contingency covered hereunder and to avert and / or minimize a loss otherwise payable under the Policy.

CLAIM PROCEDURE – GENERAL: APPLICABLE TO ALL BENEFITS UNDER THIS POLICY

1. On facing a contingency which shall result in a claim under any of the Sections under this Policy, immediate notice thereof shall be given by the Insured to Us through our In-house claim processing team / Third Party Administrator as appointed by the Company on the details of which are furnished hereunder and after furnishing to them the identity as required by them shall get the claim registered. Failure to send such immediate notice may prejudice the Insured's claim under the Policy.

(Details of in-house claim processing team/TPA are as provided in the policy certificate). Our Toll Free– 1800 2666

Email Id – customersupport@icicilombard.com

2. Documents of claim appropriate for each contingency and the consequent loss as listed in the respective sections of this Policy shall be forwarded to e Us /Third Party Administrator and in no case beyond a period of 30 days from the date of such return. In case the Trip is terminated anytime before the completion of the Trip covered hereunder, the Insured shall submit all the documents as soon as such termination shall take place, and in no case beyond a period of 30 days from the date of such termination.

3. While simultaneously lodging a claim under the relevant section under this Policy the Insured shall also take all steps to recover the loss from whosoever has been responsible for such loss caused to the Insured. The Insured shall then pursue his / her claim with the Company for the amount in excess of what has been recovered thereon. If the claim shall in advance of any such recovery have been settled under this Policy, the Insured shall undertake to repay to the credit of the Company the surplus of any amount that he / she recovered jointly under Policy as also from other sources. The appropriate documents in connection with such steps taken by the Insured vis-à-vis the agencies responsible for the loss as more explicitly described under the respective sections shall be submitted to the Company as and when available. If at anytime during the Period of Insurance, or anytime thereafter, the Insured shall commit any established fraud or resort to means which are established as fraudulent to recover any claim under this Policy, Insured's right to all benefits under this Policy shall be forfeited.

4. **Claim Documentation:**

In addition to the documents as specified and provided under each cover herein above, any other document(s) that the Company requires from the Insured to process the claim and prove the authenticity of the loss may be asked for. If the Third Party Administrator or the Company request that bills/vouchers in a local language/ vernacular be accompanied by an appropriate translation, then the costs of such translation must be borne by the Insured.

5. **Obligations of the Insured:**

Claims for insurance must be submitted to Us / the Third Party Administrator not later than one (01) month after the completion of the treatment or transportation to the City of Residence, or in the event of death, after transportation of the mortal remains/ burial.

The Insured shall provide Us / the Third Party Administrator on demand any information that is required to determine the occurrence of the

insurable event or the Company's liability to pay the benefits.

If requested to do so by Us/Third Party Administrator, the Insured shall be obliged to undergo a medical examination by a Medical Practitioner designated by Us/ Third Party Administrator.

We /The Third Party Administrator is authorized by the Insured to take all measures that are suitable for loss prevention and claim minimization, which includes the Insured's transportation back to the City of Residence or to the Place of Origin of the Insured.

The Company shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached by the Insured.

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

If the Insured has any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.

In so far as an Insured receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable, if any.

Claims to the insurance benefits may be neither pledged nor transferred by the Insured.

8. In addition to the documents specified under the individual covers, the insured/claimant may be required to submit the following:

a. KYC documents of the insured/claimant
b. Account details for electronic fund transfer (EFT mandate form and/or cancelledcheque)
c. Any other documents required by us to investigate the claim.

9. All claims documentation specified within the relevant Section of the Policy for the Base Benefit/Extension being claimed must be submitted in full. The final decision to waive the requirement for any specified claim documents rests with Us.

10. If any Claim is not made within 30 days of the Insured Event, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the insured/claimant's control.

11. The directions, advice and guidance of the treating Medical Practitioner shall be followed by the Insured Person.

12. We shall make the payment of Claim that has been admitted as payable by Us under the Policy within 15 days of submission of the claim along with the claim form and documents.. Any rejections if done, would be provided with proper reasons by Us within 15 days of submission of the claim along with the claim form and documents.

13. The admissible Claim amount will be calculated post applicability of Deductible, Co-pay, Sub-limit if any and as specifically defined in PolicySchedule.

14. You/the Insured Person must take all reasonable steps or measures to minimise the quantum of any Claim that may be covered under the Policy. If so requested by Us, the Insured Person will have to undergo a medical examination from Our nominated Medical Practitioner, as and when We consider reasonable and necessary to obtain an independent opinion for the purpose of processing any Claim. The cost of such examination will be borne by Us Any notice or declaration for Your attention shall be deemed served if sent by Us to You at Your latest known address.

15. Any payment due to You under this Policy shall be paid to You by Us. However, We also reserve Our right to pay the Claim directly to the Hospital or to the Nominee (as named in the Policy Schedule). The receipt by You or Hospital or the claimant/Nominee shall be considered as a complete discharge of Our liability against any Claim under the Policy.

16. We shall have no liability under this Policy, once the Sum Insured, as stated in the Policy

Schedule, is exhausted by You.

17. 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.

Cashless Facility

Cashless Facility is only available at specific Network Providers (The list of Network Providers is available on Our website). In order to avail of Cashless facility, the following procedure must be followed:

a) Insured Person/claimant must contact Us or Our in house claim processing team or TPA accompanied with full particulars namely, Policy Number, Insured Person's name, relationship with Insured Person, nature ofIllness Injury, name and address of the Medical Practitioner/ Hospital, and any other information that may be relevant to the Illness Injury/ Hospitalization.

b) The request must be made at least within 24 hours of Hospitalization.

c) In case, the amount payable under a Benefit/Extension is more than the actual expenses incurred by the Insured Person at the Network Provider, there will be a part payment upto the actual expenses to the Network Provider, and remaining claim payment will be made to the Insured Person.

d) To avail of Cashless facility, the Insured Person/claimant is required to produce the policy certificate (physical or online), as provided with this Policy, subject to the terms and conditions for the usage of the said certificate

e) Please note that rejection of a pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement, within the prescribed timelines, which shall be considered subject to the Policy limits and relevant conditions.

Settlement/Rejection of Claim –The settlement of reimbursement claims would be done by Us within 15 days from the receipt ofclaim along with claim form and documents., Any rejections if done, would be provided with proper reasons by Us. The role of the TPA (if any) would be limited to facilitate the flow of information between You and Us.

Part III of the Policy

STANDARD TERMS AND CONDITIONS:

1. Incontestability and Duty of Disclosure:
The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation or established fraud or non-disclosure of any material facts in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being established as fraudulent or if it is established that any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

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

3. Observance of terms and conditions
The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

4. Material change
The Insured shall immediately notify the Company by fax and in writing of any material change in the risk, and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safe operation of the Insured items or trade or business practices thereby containing the circumstances that may give rise to the claim, and the Company may adjust the scope of

cover and / or premium if necessary,accordingly.

5. Records to be maintained

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of the Policy furnish such information as the Company may require.

6. No constructive Notice

Any knowledge or information of any circumstances or condition in connection with the Insured in possession of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

7. Notice of charge etc.

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured or his legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

8. Special Provisions

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

9. Overriding effect of Part II of the Schedule

The terms and conditions contained herein and in Part II of the Schedule shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Schedule, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover/terms and conditions contained in Part II of the Schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

10. 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:

a. Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Part II of the Schedule.

b. 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 12) as provided in this Part.

c. 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.

d. 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.

11. 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.

12. Position after a claim

The Insured shall not be entitled to abandon any insured item/property whether the Company has taken possession of the same or not. As from the day of receipt of the claim amount by the Insured 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.

13. 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.

14. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organization , and the Insured shall execute and deliver instruments and papers necessary to secure such rights.

The Insured and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

15. Condition of Average

If the insured property be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss or damage accordingly. Every item, if more than one in the Policy, shall be separately subject to this condition.

16. Fraudulent claims

If any claim is in any respect established as fraudulent, or if any false statement, or declaration is made or used in support thereof, or if it is established that any fraudulent means or devices are used by the Insured or anyone acting on his/her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

17. Cancellation/termination

The insured may cancel the policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts ,established fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on

cancellation on grounds of mis-representation, non-disclosure of material facts or established fraud.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

18. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit to the jurisdiction of the Courts in india and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

19. Arbitration clause

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

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy with respect to the quantum dispute that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

20. The list of excluded items would be as per the Annexure A, attached along with these policy wordings. In case of any variation, such specific list would be annexed along with the policy documents

Sl No.	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy	SUGGESTIONS (Payable/Non Payable)

21. Multiple Policies

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 treated as the primary Insurer and 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.

22. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to In case of the Insured, at the address specified in Part I of the Schedule.

In case of the Company:

ICICI Lombard General Insurance Company Limited. ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

23. Customer Service

If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

24. Grievances

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

Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com

ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16

Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064

There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf.

If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance officer at the details provided in the below link:

https://www.icicilombard.com/grievanceredressal.com

If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255

Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman

List of offices of the Insurance Ombudsmen

SN	Centre	Address & Contact
1	AHMEDABAD	Insurance Ombudsman 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 Jurisdiction : Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	BENGALURU	Insurance Ombudsman 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 Jurisdiction :Karnataka.
3	BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan

		Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in Jurisdiction : Madhya Pradesh, Chhattisgarh.
4	BHUBANESWAR	Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in Jurisdiction : Odisha.
5	CHANDIGARH	Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector-17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in Jurisdiction : Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
6	CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in Jurisdiction : Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).
7	DELHI	Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in Jurisdiction : Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.

8	GUWAHATI	Insurance Ombudsman 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 Jurisdiction : Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	HYDERABAD	Insurance Ombudsman 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 Jurisdiction : Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
10	JAIPUR	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141-2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in Jurisdiction : Rajasthan.
11	KOCHI	Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in Jurisdiction : Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in Jurisdiction : West Bengal, Sikkim, Andaman & Nicobar Islands.

13	LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in Jurisdiction : Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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.
14	MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in Jurisdiction : Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
15	NOIDA	Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan 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 Jurisdiction : State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, 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.
16	PATNA	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in Jurisdiction : Bihar, Jharkhand.
17	PUNE	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.: 020-24471175 Email: bimalokpal.pune@cioins.co.in Jurisdiction : Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).
18	THANE	Insurance Ombudsman Office of the Insurance Ombudsman, Shri Umesh Sinha, Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane - 400604. Email: bimalokpal.thane@cioins.co.in Jurisdiction : Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.

The updated details of Insurance Ombudsman are available on IRDA website:www.irdai.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, website of the Company www.icicilombard.com or from any of the offices of the Company. "For updated list of ombudsman details kindly visit https://www.cioins.co.in/Ombudsman"

Annexure-A

List I – Items for which coverage is not available in the policy

	Item
	BABY FOOD
	BABY UTILITIES CHARGES
	BEAUTY SERVICES
	BELTS/ BRACES
	BUDS
	COLD PACK/HOT PACK
	CARRY BAGS
	EMAIL / INTERNET CHARGES
	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
	LEGGINGS
	LAUNDRY CHARGES
	MINERAL WATER
	SANITARY PAD
	TELEPHONE CHARGES
	GUEST SERVICES
	CREPE BANDAGE
	DIAPER OF ANY TYPE
	EYELET COLLAR
	SLINGS
	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
	Television Charges
	SURCHARGES
	ATTENDANT CHARGES
	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED

	CHARGE)
	BIRTH CERTIFICATE
	CERTIFICATE CHARGES
	COURIER CHARGES
	CONVEYANCE CHARGES
	MEDICAL CERTIFICATE
	MEDICAL RECORDS
	PHOTOCOPIES CHARGES
	MORTUARY CHARGES
	WALKING AIDS CHARGES
	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
	SPACER
	SPIROMETRE
	NEBULIZER KIT
	STEAM INHALER
	ARMSLING
	THERMOMETER
	CERVICAL COLLAR
	SPLINT
	DIABETIC FOOT WEAR
	KNEE BRACES (LONG/ SHORT/ HINGED)
	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
	LUMBO SACRAL BELT
	NIMBUS BED OR WATER OR AIR BED CHARGES
	AMBULANCE COLLAR
	AMBULANCE EQUIPMENT
	ABDOMINAL BINDER
	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
	SUGAR FREE Tablets

	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
	ECG ELECTRODES
	GLOVES
	NEBULISATION KIT
	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
	KIDNEY TRAY
	MASK
	OUNCE GLASS
	OXYGEN MASK
	PELVIC TRACTION BELT
	PAN CAN
	TROLLY COVER
	UROMETER, URINE JUG
	AMBULANCE
	VASOFIX SAFETY

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

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,
	HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

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