CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

Globetrotter- Overseas Individual Student Travel- Gold Plus Plan

This document provides key information about your policy. You are advised to go through your policy document.

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	**Name of Insurance Product/Policy** Globetrotter- Overseas Individual Student Travel Gold Plus	
2.	**Policy Number** xxxxx	
3.	**Type of Insurance Product/Policy** Both Indemnity and Benefit	
4.	**Sum Insured** Individual Sum Insured - USD XXX -Where each member has a separate sum insured under the policy)	
5.	**Policy Coverage (What the policy covers?)** **Expenses in respect of:** **Health Cover-** **Medical Expenses** • Reimbursement of expenses incurred in case of hospitalization due to an accidental Injury or illness during the policy period • Covers reasonable medical expenses, excluding pre-existing disease with a USD 1 of threshold services unless approved by Third Party Administrator in case of injury or illness. **Transportation** • Covers extra costs for medically necessary transportation from a foreign country to the Insured's permanent residence in India, provided it's deemed essential by the Third Party Administrator and incurred due to an insurable event. **Repatriation of Remains** –	Benefit 1 Extension 2.1 Extension 2.2

	• Compensates for the costs of transporting the deceased Insured's remains to India or, up to an equivalent amount, for local burial or cremation, subject to the specified maximum limit and applicable deductible excess for each claim.	Extension 2.4
	Plus Plans a)Treatment for alcoholism and drug dependency, is covered up to US$ 1,000, limited to inpatient hospitalization of more than 24 hours. b) In-patient medical expenses related to pregnancy are covered up to US$ 500, with a 10-month waiting period. c) Medical expenses for inter-collegiate sports injuries are covered as part of the medical policy, subject to policy terms and conditions. d) Cancer screening and mammographic examinations, recommended by a physician, are covered up to US$ 2,000, excluding preventive health check-ups. e) Childcare benefits include a hospital cash benefit of US$ 100 for hospitalized children above 90 days, lasting more than 2 days, up to a maximum of 7 days	
	Dental Treatment – • Covers acute anesthetic treatment of natural teeth during a trip reimbursed up to specified limit.	Benefit 2
	Total Loss of checked in Baggage- • Compensation for total loss of checked in baggage during trip abroad, limited to destinations in the main travel ticket.	Benefit 3
	Personal Liability • Reimbursement of expenses towards payment of legal liability to a third party during the covered trip arising out of bodily or property damages to third party.	Benefit 4
	Personal Accident-	

	• Compensation for personal accidents i.e. a sudden external event or injuries from excessive exertion during a Trip abroad.	Benefit 5
	Bail Bond • Coverage for the Insured's arrest or detention abroad, for bailable offences, up to the specified maximum in the Schedule, subject to terms, conditions, and a deductible excess per claim as outlined in the policy	Benefit 6
	Study Interruption • Reimbursement of the Insured's Tuition fees in case of study interruption due to specified grounds, such as prolonged hospitalization, terminal sickness, medical repatriation, or the death of an immediate family member or sponsor.	Benefit 7
	Sponsor Protection • The company compensates the insured for Sponsor Protection in the event of the Sponsor's injury resulting in death, reimbursing Tuition Fees for the remaining education period, subject to specified limits and conditions.	Benefit 8
	Compassionate Visit – • Reimbursement of special assistance rendered by an immediate family member to the insured's place of hospitalization for a specified duration if deemed necessary by the treating medical practitioner.	Benefit 9
	Loss of Passport • Reimbursement for actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport	Benefit 10
6	**Exclusions (what the policy does not cover)** **GENERAL EXCLUSIONS (APPLICABLE TO ALL COVERS UNDER THE POLICY):** • Pre-existing events or events outside the coverage period.	General Exclusions

	• Claims during non-compliance with medical advice or engaging in specified treatments or military operations. • Intentional acts, crimes, drunkenness, or addiction-related claims. • Excludes venereal disease, war-related events, terrorism, and damage from nuclear substances. • Sporting activity claims not declared with additional premium. • Alternative treatments other than AYUSH are not covered **Cover specific exclusions-** **Health Cover** • No coverage for sole or partial medical treatment reasons abroad. • Excludes pre-existing conditions and delayed treatment decisions. • No coverage for non-emergency orthopedic, degenerative, or oncological treatments. • Charges exceeding reasonable amounts determined by the administrator are not covered. • Limited coverage for cancer treatment, cosmetic surgery, and rest cures. • Excludes pregnancy-related expenses unless involving life-saving measures. • No coverage for pregnancy symptoms, check-ups, rehabilitation, or prosthetics. **Dental Treatment** • No coverage for treatment reasons abroad. • Excludes pre-existing conditions, delayed treatment, and certain medical expenses. • Limited emergency orthopedic, degenerative, or oncological coverage. • Charges exceeding reasonable amounts not covered. • No non-emergency cancer treatment coverage. • Excludes cosmetic treatments, rest cures, and recuperation at spas. **Total loss of Checked-In Baggage**	Benefit 1 Point 3 Benefit 2 Point 4 Benefit 3 Point 5

	• No coverage for valuables, money, securities, tickets, or undeclared items. • Requires a Property Irregularity Report for loss of property. • Partial losses within checked-in baggage are not covered. • Items valued over US $100 need proof of ownership. • Excludes losses from customs or public authorities. • Loss from complete/partial damage of checked-in baggage is not covered. • Checked-in baggage losses within the Republic of India are excluded.	
	Personal Liability • No coverage for contractual or promised liabilities. • Excludes personal liability to family, relations, and travel companions. • Claims from transmitting illnesses are not covered. • Professional activities-related claims are excluded. • Liability from specific activities and possessions is not covered. • Wilful, malicious, or unlawful acts are excluded. • Excludes liability related to alcohol/drug use or addiction. • Claims related to goods/services supply or land/building ownership are not covered	Benefit 4 Point 6
	Personal Accident • Excludes accidents related to consciousness disturbances. • Damage from curative measures, radiation, infection, or poisoning, unless from an accident. • Limits liability to avoid exceeding death benefit sum. • No additional claims after an admitted and payable death claim. • Excludes accidents during aircraft operation or parachuting, except as a commercial aircraft passenger. • No coverage for accidents related to pregnancy, childbirth, venereal disease, or infirmity	Benefit 5 Point 7 Benefit 6 Point 8
	Bail bond	

	• Non bail-able offences **Study Interruption** • Doesn't cover routine check-ups, trips for medical purposes, cosmetic surgery, elective surgery, rest cures, alcohol/drug-related issues, treatment by family members, specific hazards (e.g., skydiving), accidents from consciousness disturbances, health damage from non-accident-related curative measures, claims after death admission, aircraft-related accidents (except as a passenger on a commercial flight), pregnancy-related claims. **Loss of Passport** • Expenses related to the loss of a passport due to delay, confiscation, detention by authorities, or theft unless reported to the police within 24 hours. It excludes losses from unattended passports and non-forcible theft from private places	Benefit 7 Point 9 Benefit 10 Point 12
7.	**<u>Waiting period</u>** • **<u>Time period during which specified diseases/treatments are not covered</u>** • **<u>It is counted from the beginning of the policy coverage</u>** **Initial waiting Period:** 10 months in case customer has opted for "Inpatient medical expenses related to pregnancy" cover. **Specific Waiting periods (Not applicable for claims arising due to an accident):** Not Applicable **Pre-existing diseases:** Not Applicable	
8.	**<u>Financial limits of coverage</u>** **<u>Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</u>**	

	The policy will pay only up to the limits specified against the covers in Part 1 of the policy schedule. **Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)** Copayment is specific to each coverage and is outlined in Part 1 of the policy schedule. **Deductible (It is a specified amount:** - **Up to which an insurance company will not pay any claim, and** - **Which will be deducted from total claim amount (if claim amount is more than the specified amount)** Deductible is specific to each coverage and is outlined in Part 1 of the policy schedule. **Any other limit (as applicable)** Not Applicable	
9.	**Claims/Claims Procedure** Claims (if approved) shall be paid through Cashless facility or Reimbursement of benefits, up to an amount as specified for said cover. **Turn Around Time(TAT) for claim settlements-** Cashless Claims: Notify us through our Assistance Service Provider within 24 hours of emergency hospitalization to avail cashless facility. If You notify pre authorization request for cashless facility through our Assistance Service Provider along with complete set of documents & information, We will decide within 1 hour of the actual receipt of such pre authorization request. Further, we shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital. Reimbursement Claims:	General Conditions: Settlement/Rejection of claims General Conditions: Claims Procedure

	Claims will be processed within 15 days from receipt of claim along with claim form and documents. Reasons for rejections (if any) will be provided. **Claims Procedure-** **Network hospital details** In order to get the referral of nearest hospitals insured has to reach out to our assistance service provider at the below coordinates. Insured can also get the network hospital list on the web link. HELPLINE NUMBERS- In USA and Canada: + 1 844 871 1200(Toll-free) From the rest of the world: +91 124 4498778 (With Call back facility) In India: 1800 102 5721 (Toll-free and accessible in India only) Fax: +91 124 4006674 E-mail: icicilombard@falck.com E-claim web link: https://fgaindia.com/FalckMLink/ Customer needs to reach out to Falck for assistance. Once the necessary details are obtained, Falck will provide the claim form & procedure to the customer.	
10.	**Policy Servicing** • You may contact us through Our website www.icicilombard.com (Customer Support section) or call us at toll Free no: 1800 2666, or email to customersupport@icicilombard.com.	Part III of schedule Grievances 1.28
11.	**Grievances/Complaints** 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	Part III of schedule Point 1.28

	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.	
12	**<u>Things to remember</u>** **Free Look cancellation:** Every insured of new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such	Part III of schedule Point 1.27

	policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges. **Policy renewal:** Except on grounds of established fraud or misrepresentation or non-disclosure, renewal of your policy shall not be denied, provided the policy is not withdrawn. **Migration and Portability:** Not Applicable. **Change in Sum Insured:** Not Applicable	Part III of schedule Point 1.24
12.	**Your Obligations** • 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 on non-disclosure in any material particular 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 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.	Part III of the Schedule- Standard terms & Conditions 1.1 .

Declaration by the Policy Holder:

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

Place:

Date: _____ Signature of the Policy Holder

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