ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED
PROSPECTUS
Globetrotter - Overseas Individual Student Travel

Scope of Cover:

A. Classic Cover

If the Insured falls ill or contracts any Disease whilst on a Trip abroad during the Period of Insurance, then the Company will pay to the Insured, the amount of such expenses mentioned below, which are reasonably and necessarily incurred thereof, by or on behalf of such Insured but not exceeding the sum insured less the deductibles as specified in Part I of the Schedule to the Policy:

1. **Medical Expenses**: The Company shall pay the reasonable and customary charges, subject to the deductible shown in the policy schedule, for covered medical expenses incurred overseas by the insured person which are not due to a pre-existing condition up to the maximum stated in the policy schedule for the treatment of an injury or sickness sustained by the insured person while the policy is in effect. Any medical services or series of services with a cost greater than USD 1 shall not be covered by the Policy unless the insured person consult with the Assistance Company and the cost for such services are authorised in advance by the assistance company Costs incurred for medically necessary treatment undertaken during a Trip abroad less the deductible stated in the Schedule. Costs would be those incurred for medically necessary treatment undertaken during a Trip abroad less the deductible stated in the Schedule. For the purpose of this Benefit, 'treatment' shall be deemed to include only out patient treatment, in patient treatment in a local hospital at the place the Insured is staying at the time of occurrence of an insurable event or at the nearest suitable hospital, medical aid that is prescribed by a physician as necessary part of the treatment for broken limbs or injuries (e.g. plaster casts, bandages and walking aids), radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a physician, x-Ray, diagnostic tests, cost of transportation, including necessary medical care en route, by recognized emergency service providers for medical attention at the nearest hospital or at the nearest available physician, cost of being transferred to a special clinic if this is medically necessary and prescribed as such by a Physician, life saving unforeseen emergency measures, or measures solely designed to relieve acute pain, provided to the Insured by medical practitioners for Disease/accident arising out of a pre-existing condition.

This medical coverage will include the following:

a) Transportation:
Extra costs of medically necessary and prescribed transportation from the foreign country to the Insured's permanent country of residence (being the Republic of India) provided that –Extra costs in the event of transportation are the additional costs arising as a consequence of the Insured Event for the return journey home.

In the event that the Insured is capable of being transported from a medical point of view, it is the decision of Paramount / Mercur Assistance whether the Insured Person is repatriated to India or not.

Additional extra costs of an accompanying person, if it is medically necessary that the Insured be accompanied to the Republic of India.

b) Balance Period of Policy + 30 days:
If TPA advises that the continued treatment in the Republic of India is appropriate, then the Company will pay the medical expenses incurred in India for the same illness/ bodily injury contracted abroad following the transportation home , for a maximum period of 30 days from date of return, provided the disease/ injury/ illness is contracted within the Insurance Period during the Trip abroad.

2. **Repatriation of Remains**: In the event of the death of the Insured Person due to illness/ injuries which are insured events in terms of this Policy, the Company shall compensate for the extra costs of repatriation of remains of the deceased back to the Republic of India or, up to an equivalent amount, for a local burial or cremation in the country where the death occurred

3. **Dental Treatment**: Compensation for expenses resulting from injury sustained to Sound Natural Teeth during a Trip abroad

B. Elite Cover (in addition to points 1,2 and 3 above under Classic Cover, Elite Cover includes):

If the Insured were to suffer expenses in case of contingencies covered by the policy whilst on a Trip abroad during the Period of Insurance, then the Company will pay to the Insured, the amount of such expenses mentioned below, which are reasonably and necessarily incurred thereof, by or on behalf of such Insured but not exceeding the sum insured less the deductibles as specified for each of the benefits in Part I of the Schedule to the Policy:

1. **Loss of Baggage**
a. The Company will reimburse the Insured for the market value! of baggage in the event of total and complete loss of such baggage caused by a carrier (i.e. airline, coach operator, ferry company etc.)

b. *Market value is the sum required to purchase new items of the same kind and quality less an amount representing wear and tear, usage, etc. at the time of loss. This value however will be not more then the maximum of that specified for this benefit in Part I of the Schedule.*

2. Personal Liability

The Company will compensate the Insured in the event the Insured becomes legally liable to a third party under statutory liability provisions in private law for an incident which results in death, injury or damage to the health of a person or damage to his/ her properties, provided the incident occurs during the Period of Insurance and whilst on a Trip abroad.

The deductible excess in respect of this benefit if any shall be of an amount as specified in Part I of the schedule of this policy.

3. **Personal Accident**

If the Insured meets with an accident which leads to death or subsequent disablement of the Insured, the Company will in case of death of Insured within 1 year of accident occurring within the policy period, pay to the legal heirs of the Insured the Sum Insured mentioned in the Schedule. In case of permanent disablement of the mental or physical capabilities of the Insured, the Company will pay the benefits as provided in the Table of Benefits depending upon the degree of disablement provided that i)the disablement occurs within a year of the accident and ii)the disablement must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the disablement.

4. Bail Bond

The Company shall pay the insured compensation in the event of wrongful arrest or detention for the bailable offence upto the amount stated in the Part I of the Schedule to the Policy.

The Company will advance money on loan for bail bond costs the insured person incurs as a result of false arrest or wrongful detention by any government or foreign power up to the amount stated in the Part I of the Policy Schedule.

The loan has to be paid back within 3 months after the bail bond was refunded to the insured person or if the bail bond is forfeited due to the misconduct of the insured person.

5. **Study Interruption**

The Company shall pay the insured compensation in the event of Study Interruption upto the amount stated in the Part I of the Schedule to the Policy. In the event of Hospitalization of the insured person of more than one consecutive month from either a covered Injury or Sickness or in the case of Terminal sickness or in the case of a medical repatriation, or in case of death of a immediate family member or the sponsor, which prohibits the Insured Person from continuing his / her studies for the remaining part of the current school semester for which Tuition bas been paid, the Company shall reimburse the Insured Person the Tuition fees which has already been advanced to the educations institution less possible refunds, up to the amount stated in the Part I of the Policy Schedule.

In the event of a claim, only the figures shown on an official invoice(s) from the educational institution for payment of said Tuition Fees, shall be used for calculating any reimbursement paid by the Company. It cannot exceed the maximum amount stated in the Part I of the Schedule of benefits under this policy.

6. Sponsor Protection

Company will pay towards Sponsor Protection upto the amount as specified in the Part I of the Schedule.

The Term "Sponsor": as used in the Policy shall mean any individual responsible for paying the Tuition Fees of the student of his full time study in a registered educational institution outside of his home country.

The Term "Educational Institution": shall mean any school, vocational institute, polytechnic, college, university or institute or higher learning which is duly licensed to provide educational services by trained services by trained or qualified teacher and where the Insured Person is registered as a full-time student

In the event of injury to the Insured Person's Sponsor as stated in the Enrollment Form resulting in Death in any form, the Company shall reimburse the insured person the Tuition Fee incurred for the remaining period of this education up to the maximum limit stated in the Part I of the Schedule of benefits. In the event of a claim, only the figures shown on official invoice(s) from the educational institution and voucher(s) of payment of the said Tuition fees, shall be used for calculating any reimbursement paid by the Company

N.B. Simultaneous claims under 'study interruption' and 'sponsor protection' is not permitted'.

7 COMPASSIONATE VISIT

In the event the Insured person is Hospitalized for more than (7) consecutive days, and his medical condition forbids his repatriation and no adult member of his immediate family is present, the Company or TPA, will provide a round trip economy class air ticket, or first class railway ticket, to allow one Immediate Family Member during the entire period of insurance, to be at his bedside for the duration of his stay in the hospital.

Additionally, the company will refund the cost of stay of one immediate family member, up to the amount stated in the policy schedule. In any event, the Company's total liability for round trip transport and for daily allowances (accommodation and transportation only) shall not exceed the maximum amount stated in the Part I of the Schedule under this Policy.

In the event of hospitalization of the Insured Person's parent(s), spouse/child for more than seven (7) consecutive days due to injury or sickness, as defined in the Policy, Company or TPA will provide a round-trip economy class air ticket, or first class railway ticket, to allow the Insured to be at the bedside of

his parent's / spouse / child. In any event, the Company's total liability for round-trip transport shall not exceed the maximum amount stated in the Part I of the Schedule under this Policy

Main Exclusions

1. Applicable to all Benefits

Without prejudice to anything contained in this Policy, the Company shall not be liable to make any payments in respect of:

i. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the Period of Insurance.

ii. Any claim, which is not specifically, supported by an original Certificate of Insurance being produced by the Insured, alongwith the other required documentation as specified in this Policy

iii. Any claim if the Insured -

1. Is travelling against the advice of a physician.
2. Is receiving or on a waiting list for specified medical treatment declared in a physician's report or certificate.
3. Has received terminal prognosis for a medical condition.
4. Is taking part in a naval, military or air force operation.

iv. Any claim arising out of illnesses or accidents that the Insured has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).

v. Any claim arising out of venereal disease or any loss directly or indirectly attributable to and or any mutant derivative or variations thereof howsoever caused.

vi. Illness and accidents 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 nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.

vii. Any act of terrorism which means an act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and / or to put the public, or any section of the public, in fear.

viii. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or

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

c)

Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sportspersons, unless declared beforehand and necessary additional premium paid.

2. Medical Expenses Benefit

i) Medical treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad.

ii) Medical expenses/ services, the need for which arises out of a Pre- existing Condition.

iii) Treatment, which could reasonably be delayed until the Insured's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating physicians and qualified personnel from TPA as the case may be.

iv) Treatment of orthopedic, degenerative or oncological diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured's life or measures solely designed to relieve any acute pain.

v) For charges in excess of reasonable and customary charges as per the determination byTPA, as the case may be.

vi) Any costs incurred in connection will cancer treatment, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured's life or measures solely designed to relieve acute pain.

vii) Treatments relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner).

viii) Any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

ix) Pregnancy, childbirth and any consequences thereof unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured's, or the child's, life in the event of acute complications, on the condition that the pregnant woman has not completed the age of 38 years and also that the 30th week of the pregnancy is not yet completed.

x) Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy.

xi) Any medical check-ups during pregnancy or treatment of the pregnancy.

xii) Rehabilitation and/or physiotherapy or the costs of prostheses/prosthetics (artificial limbs) etc.

3. Dental Treatment Benefit

a. Medical treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad.

b. Medical expenses/ services, the need for which arises out of a Pre-existing Condition.

c. Treatment, which could reasonably be delayed until the Insured's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating physicians and qualified personnel from TPA as the case may be.

d. Treatment of orthopedic, degenerative or oncological diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured Person's life or measures solely designed to relieve any acute pain.

e. For charges in excess of reasonable and customary charges as per the determination byTPA , as the case may be.

f. Any costs incurred in connection will cancer treatment, unless the medical assistance provided abroad involves unforeseen emergency measures for treating injury sustained to Sound Natural Teeth whilst on a trip abroad.

g. Treatments relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner).

h. Any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

4. Loss of Baggage Benefit

i) Valuables and money, all kinds of securities and tickets/passes or any other item not declared to, and agreed to by, the Company.

ii) Loss of property unless a Property Irregularity Report or other report usually issued by carriers in the event of loss of baggage has been procured and submitted to the Company.

iii) Any partial loss of the items contained within the baggage.

iv) Items contained within the baggage which are valued in excess of US $ 100 without appropriate proof of ownership.

v) Losses arising from any delay, detention, confiscation by customs officials or other public authorities.

vi) Loss due to complete/partial damage of the baggage

5. Personal Liability Benefit

i) Any claim arising from employer's liability or contractual liability or through special promises made by the Insured.

ii) Any claim of personal liability of the Insured towards his/ her family, relations and travelling companions, whether personal or official.

iii) Any claim resulting from transmission of an illness or disease by the Insured.

iv) Any claim or damage resulting from professional activities involving the Insured.

v) Any claim for liability arising directly or indirectly from or due to:

a) The possession of animals.
b) The ownership or possession of vehicles, aircrafts, watercrafts, or activities of the Insured involving parachuting, hang-gliding, hot air ballooning or use of firearms.
c) Any willful, malicious or unlawful act.
d) The use of any alcohol/ drugs (except as medically prescribed) or drug addiction.
e) Any supply of goods or services on the part of the Insured.
f) Any ownership or occupation of land or buildings other than the occupation of any temporary residence.

6. Personal Accident Benefit

i) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.

ii) Any payment under this Benefit whereby the Company's liability would exceed the sum payable in the event of death.

iii) Any other claim after a claim for death has been admitted by the Company and becomes payable.

iv) Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi engine, commercial aircraft.

v) Any claim arising out of an accident related to pregnancy or childbirth, venereal disease or infirmity.

7. Bail Bond

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of all non-bailable offences as per the local Law of the country in which the incident has taken place or occurred whilst the Insured's trip abroad or on account of any exclusion mentioned in the 'General Exclusions' section of this Policy.

8. Study Interruption

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

(a) Routine physical check up and / or any related thereto;

(b) A trip, the purpose of which was to obtain medical care;

(c) Cosmetic or plastic surgery except as a result of an accident;

(d) Elective surgery;

(e) Any nervous disorders rest cures;

(f) Alcoholism or drug addiction, or use of any drug or narcotic agent;

(g) Any treatment provided by a family member;

(h) Specific named hazards, hang gliding, mountaineering, rock climbing, sky diving, professional or amateur racing and piloting an aircraft;

(i) Accidents due to disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances

(j)

(k) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.

(l) Any other claim after a claim for death has been admitted by the Company and becomes payable.

(m) Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi engine, commercial aircraft.

(n) Any claim due to pregnancy or childbirth, venereal disease or infirmity.

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

9. Sponsor Protection

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

10. Compassionate Visit

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

Policy Related Terms and Conditions

i) No sum payable under this Policy shall carry any interest/ penalty.

ii) Geographical Scope: The insurance cover applies to all countries stated in the Policy Schedule, except those countries the citizenships of which the Insured possesses or where the Insured has a permanent place of residence.

iii) In the event of the Insured's death, the Company or the Company's representatives shall have the right to carry out a post mortem/autopsy at the Company's expense.

Special Conditions for Lossof Baggage Benefit

Any recovery from any carrier under the terms of the Warsaw Convention shall become the property of the Company.

Special Conditions for Personal Liability Benefit

1. The Company shall be responsible for contesting unjustified claims against the Insured and providing indemnity for damages, which the Insured has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a court of law.

2. If there is a legal action in process against the Insured over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured at the Company's sole discretion

3. The Company will have the right, but in no case the obligation, to take over and conduct in the name of the Insured the defence of any claim and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defence of any claim, may relinquish the same.

   In the event the Company, in its sole discretion, chooses to exercise its right in pursuance of this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, what the Company's liability or obligations under this Policy would have been had it not exercised its rights under this condition.

Special Conditions for Personal Accident Benefit

1. In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the Table of Benefits will be considered for payment.

2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but not exceeding 100% of the Sum Insured specified in Part I of the Schedule to this Policy.

3. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in determining the benefit amount in such a case will be how normal physical or mental capabilities are impaired, solely from a medical point of view as ascertained byTPA .

4. If the accident affects any physical or mental function, which was already impaired beforehand, a deduction will be made equal in amount to this prior disablement.

5. If the Insured dies for a reason unconnected with the accident within a year of the accident for whatever reasons, and if a claim for disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have been expected to exist from the findings of the last medical examination made.
6. In the event of permanent disablement, the Insured will be under obligation:

a) To have himself/ herself examined by doctors appointed by the Company and the Company will pay the costs involved thereof.

To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reasons, The Company may be relieved of its liability to pay.

Terms of Renewal

- 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.
- This policy shall ordinarily be renewable except on grounds of established fraud, or misrepresentation or non- disclosure by the insured
- **Renewal Premium** - Premium payable on renewal and on subsequent continuation of cover are subject to regulatory prescriptions..

Free Look Up period-

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 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.

Cancellation/termination of Policy:

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.

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

The Company may cancel the Policy at any time on grounds of established fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on the grounds of established fraud.

Grace Period

The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to Us on or before the date of expiry of the Policy and in no case later than Grace Period of 30 days from the expiry of the Policy. Coverage need not be available during the period for which no premiums is received.

Claim Procedure:

1) The Insured shall immediately contact the Alarm Center of the Third Party Administrator or the Third Party Administrator stating the necessary details. The phone numbers of the Alarm Centers are as follows:
   In USA & Canada (Toll Free) : +1 844 871 1200
   Rest of The World (Call Back Facility) : +91 124 449 8778
   National Toll Free Number : 1800 102 5721
   Fax Number : +91 124 4006674
   Email Address : icicilombard@falck.com
   E-claim link : https://fgaindia.com/FalckMLink/
2) The Third Party Administrator will verify the identity of the caller by asking his/her mother's maiden name.
3) Wherever, details pertaining to any incident which results in a claim, are conveyed by the Insured Person to the Assistance Service Provider after 30 days, Insured Person shall provide the reasons of such delay to the Company and the Company may on analysis of reasons provided by Insured Person, may condone the delay in intimation of claim or delay in providing the required information/documents to the Assistance Service Provider.
4) Wherever, details pertaining to any incident which results in a claim, are conveyed by the Insured Person to the Assistance Service Provider after 30 days, Insured Person shall provide the reasons of such delay to the Company and the Company may on analysis of reasons provided by Insured Person, may condone the delay in intimation of claim or delay in providing the required information/documents to the Assistance Service Provider.
5) In the event of an accident or sudden illness where it is not possible to do so before consulting a Physician or going to the Hospital, the Insured shall contact the Alarm Center as soon as possible. In either case, when being admitted as a patient, the Insured shall show the concerned Physician or personnel this Policy, if requested.
6) In the event of the dearth of the Insured, if the Bail Bond benefit has been availed, the Insured's Immediate Family Members or the Sponsor shall submit and official death certificate and a statement from a physician mentioning the cause of death, to the Third Party Administrator to be absolved of their obligation to pay the Bail Bond amount back to the Third Party Administrator / or the Company as soon as possible, in any case, within 1 month of the Insured's death. Death certificate from relatives or spouses will not be accepted

Claims Settlement

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(a) If the procedure stated above is complied with, the Third Party Administrator will guarantee to the service provider

(b) The costs of hospitalisation, transportation for emergency services, transportation home for Insured and any covered accompanying person, transportation of the mortal remains, local burial, and bail bond assistance. All costs will be directly settled by the Third Party Administrator on the Company's behalf and the same shall constituted u e discharge of the Company's obligations hereunder.

(c) If the service provider does not accept the guarantee of payment from the Third Party Administrator, the company cannot be held liable for the same. The cost will then have to be borne by the insured & will be reimbursed by the company / the Third Party Administrator on submission of all required documents.

Reimbursement of all claims by the Third Party Administrator will be in India, in Indian Rupees at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed

Claim Documentation:

i) The original bills and vouchers must be submitted along with all claims.

ii) Bills/ vouchers/ reports/ discharge summary must contain the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed, the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed.

iii) For reimbursement of the extra costs of transporting the mortal remains to the Republic of India or of the costs of burial abroad, an official death certificate and a physician's statement giving the cause of death. Medical statements from relations or spouses will not be accepted.

iv) For reimbursement of extra expenses of transportation of Insured to the Republic of India, a medical statement indicating the cause of illness and

the necessity of the transportation. Medical statements from relations or spouses will not be accepted.

v) In case of loss of baggage, a copy of the report made to the police authorities within 24 hours of the Insured becoming aware of the loss

vi) In case of loss of baggage, a Property Irregularity Report or other report usually issued by the carriers in the event of loss of baggage.

vii) Adequate proof of ownership of baggage valued in excess of the Indian Rupee equivalent of $ 100 for loss / delay of baggage.

viii) For personal liability, proof of judicial decision rendered by a court of law.

ix) For personal accident, bills/ vouchers/ reports/ discharge summary must contain the name of the person treated, the cause of accident, details of the individual items of medical treatment provided and the dates of treatment.

x) For Study Interruption, on account of death of the Insured's any one Immediate Family Member, an official death certificate and a physician's statement giving the cause of death. Medical statements from relations or spouses will not be accepted.

xi) For Sponsor Protection, on account of death of the Sponsor, an official death certificate and a physician's statement giving the cause of death. Medical statements from relations or spouses will not be accepted.

xii) For the Bail Bond benefit, the Insured shall forward a copy of the court order stipulating the amount required as Bail Bond.

xiii) Insured's Immediate Family Members or the Sponsor would be required to submit an official death certificate, alongwith a statement from a physician stating the cause of death, to TPAif they wish to be discharged of their liability of paying the bail amount to ICICI within 1 month of the Insured's death. Death certificate from relatives or spouses will not be accepted.

xiv) Any other document(s) that the Company requires from the Insured to process the claim.

If the Third Party Administrator or the Company request that bills/ vouchers in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured.

4. Obligations of the Insured:

I. Claims for insurance benefits must be submitted to Third Party Administrator not later than one (1) month after the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.

II. The Insured shall provide Third Party Administrator on demand any information that is required to determine the occurrence of the Insured Event or the Company's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip abroad.

III. If requested to do so by Third Party Administrator, the Insured is obliged to undergo a medical examination by a Physician designated byTPA .

IV. The Third Party Administrator is authorized by the Insured to take all measures that are suitable for loss prevention and claim minimisation which includes the Insured's transportation back to the Republic of India.

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

5. Transfer and Set-off of Claims:

(i) 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 Company in accordance with the terms makes the reimbursement of costs hereunder.

(ii) 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.

(iii) Claims to the insurance benefits may be neither encumbered nor transferred/assigned by the Insured.

6. Geographical Scope:

The insurance cover applies to all countries stated in the Policy Schedule, except such country/ies of which the Insured is a citizen or of which the Insured has a permanent resident.

7. In the event of the Insured's death, the Company or the Company's representatives shall have the right to carry out a post mortem/autopsy at the Company's expense.

Method of Payment of the Claim

Policy provides cashless facility for the medical expenses and Bail Bond benefit and reimburses claims expenses under the other benefits subject to the Sum Insured and deductibles specified for each benefit under the policy.

Premium

Premium chargeable depends upon the type of policy, coverage and plan of the policy, travel days insured, geographical coverage and the age of the Insured.

Age Limit
Age limit is 16 to 35 years.

Definitions
Policy lays down definitions of following terms

- Air Travel
- Checked-in Baggage
- Disease
- Hospital/Nursing Home
- Injury
- Insured
- TPA
- Period of Insurance
- Physician
- Sum Insured
- Trip
- Trip Duration
- Company
- Immediate Family Member
- Policy
- Pre-existing Condition
- Sound Natural Teeth
- Valuables.

Settlement/Rejection of Claim
For Cashless Settlement
In order to avail of cashless treatment, the following procedure must be followed by You:

You must request pre-authorisation through our Assistance Service Provider in case of an emergency situation, within 24 hours of Hospitalisation.

We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which cashless Hospitalisation facility is sought by You and We will confirm Your request in writing.

For Reimbursement Settlement
The settlement of reimbursement claims would be done by Us within 15 days from after the receipt of claim 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.

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 Company Ltd. ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025=

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

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 IRDAI website: www.irdai.gov.in , or on the Company's website at www.icicilombard.com