Group Domestic Traveller Insurance Policy wordings

Preamble:

WHEREAS the Insured designated in the Policy Schedule having by a proposal and declaration together with any statement, report or other document which shall be the basis of this contract and shall bedeemed to be incorporated herein, has applied to ICICI Lombard General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth and paid appropriate premiumfor the period as specified in the Schedule.

Operative Clause:

Now this Policy witnesseth that subject to the definitions, terms, conditions and exclusions contained, endorsed or otherwise expressed herein, the Company shall compensate, indemnify, pay and/or reimburse the Insured/Insured Person or his/her nominee or legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

"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.

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

"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 approved.

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

"Congenital Anomaly" means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a. "Internal Congenital Anomaly "refers to the Congenital anomaly which is not in the visible andaccessible parts of the body;

b. "External Congenital Anomaly"refers to the Congenital anomaly which is in the visible and accessible parts of the body.

"Deductible" means a cost sharing requirement under this policy, that provides that the insurer will notbe liable for a specified rupee amount for the specified sections and number of days or number of hours for Daily Allowance in case of hospitalization section, as specified in the policy schedule and which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured andis applicable per event, upto the specified limits mentioned.

"Disclosure to information norm" means the Policy shall be void and all premium paid thereon shallbe forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

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

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.

Emergency Care" means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

"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 payment 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.

"Hospital" means any institution established for in-patient care and day care treatment of illness and/orinjuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act Or complies with all minimum criteria as under;

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- 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;
- maintains daily records of patients and makes these accessible to the Insurance company'sauthorized personnel.

Hospital shall include 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.

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

"Illness" means 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:—

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;
- it needs ongoing or long-term control or relief of symptoms;
- it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
- it continues indefinitely;
- it recurs or is likely to recur.

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

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

"Maternity expenses" means—
medical treatment expenses traceable to childbirth (including complicated deliveries and caesareansections incurred during hospitalization);

a) expenses towards lawful medical termination of pregnancy during the policy period.

"Medical Advice" means any consultation or advice from a Medical Practitioner including the issuanceof any prescription or follow-up prescriptions.

"Emergency Medical expenses" means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

"Medical Practitioner" means a person who holds a valid registration from the Medical Council of anystate 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 the scope and jurisdiction of license.

"Medically Necessary Treatment" means any treatment, tests, medication, or stay in hospital or part ofa stay in hospital which,is required for the medical management of the illness or injury suffered by the insured must not exceed the level of care necessary to provide safe, adequate and appropriate medical carein scope, duration, or intensity must have been prescribed by a medical practitioner must conform to the professional standards widely accepted in international medical practice or bythe medical community in India.

"**Network Provider"** means hospitals or health care providers enlisted by an insurer, or by a TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

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

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

"OPD treatment" means is the one in which the Insured visits a clinic / hospital or associated facility likeconsultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The insured is not admitted as a day care or in-patient.

"Qualified Nurse" means a person who holds a valid registration from the Nursing Council of India orthe Nursing Council of any state in India.

"Reasonable and Customary Charges" means the charges for services or supplies, which are thestandard 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

"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 gaining credit for pre- existing diseases, time-bound exclusions and for of all waiting periods.

"Subrogation" means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

"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 from suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

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

"Air Travel" means travel by an airline/aircraft for the purpose of flying therein as a Fare Paying passenger.

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

"Appliances" shall mean and include electrical, mechanical and electronic appliances such as refrigerator, television, , washing machine, microwave oven, Audio and Video system, personal computer, laptops and air-conditioner contained or fixed in the Insured's home for domestic use.

"Adventure Sports" skydiving/parachuting, parasailing, hang gliding, paragliding, balooning bungeejumping, scuba diving, mountaineering or rock climbing (where ropes or guides are

customarily used), Speed contest or racing of any kind, caving or pot-holing, absoiling, hunting or equestrian activities, deep sea diving, skin diving or other underwater activity, polo, snow and ice sports, rafting or canoeing involving white water rapids, yachting or boating, , Base Jumping, Ski Jumping, Trekking, Adventure racing on land and water, Snorkeling, Kayaking, Surfing,any bodily contact sport or any other hazardous or potentially dangerous sport

"Aggregate Limit" - Company's maximum liability per event under the Accidental Death and Dismemberment or Permanent Total/Partial Disability benefits of this Policy in respect of all claims by or on behalf of all Insured Persons , If at any time the total value of unpaid claims would, if paid, result in this aggregate limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this maximum aggregate limit is not exceeded.

"Baggage" shall mean articles and / or personal effects of the Insured (other than property of the Business) in packing or in containers suitable and standard to the mode of Travel that is accompanied by the Insured or whilst such Baggage is lodged either in a locked private room of a hotel or guest house or any other accommodation occupied by the Insured during the Insured's stay at that location or in a public locker facility availed by the Insured during the course of or at any intermediate stage of the Travel.

"Burglary" means an act involving the unauthorized or forcible entry to or exit from the Insured's home in India or any attempt threat, with intent to commit crime.

"Checked-in Baggage" means baggage handed over by the Insured/Insured Person and accepted by a common carrier for transportation in the same carrier in which the Insured/Insured Person is or would be travelling and for which the common carrier has issued a baggage receipt to the Insured/Insured Person.

"Company / Insurer" means ICICI Lombard General Insurance Company Limited.

"Common Carrier" - means any civilian land, rail or Scheduled Airline in each case operated under avalid license for the transportation of passengers for hire.

"Contents" mean and include electrical and electronic equipment, household appliances, furniture, fixture, fittings, linen, clothing, interior decorations, kitchen items, cutlery /crockery contained in the Insured's home belonging to the Insured or his/her family members permanently residing with the Insured including items for which the Insured is responsible, and used for domestic use. However, this does not include deeds, bonds, bills of exchange, promissory notes, cheques, traveller's cheques, and securities for money, documents of any kind, cash, and currency notes.

"Corporate" means any organization, firm, society or body corporate on whose name the Policy isissued.

"Dependent Child" refers to a child (natural or legally adopted), below the age of 23 years, who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

"Disease" means an alteration in the state of the body or of some of its organs interrupting or disruptingthe performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner.

"Emergency Assistance Service Provider" means Third Party Administrator or any organization or institution appointed by the Company for providing services to the Insured/Insured Person for an insurable event.

"Family" means the Insured, his/her lawful spouse and maximum of any two dependent children up to the age of 23 years.

"Felonious Assault" means an act of violence

against the Insured/Insured Person or a travelling companion requiring medical treatment.

"Financial Emergency" means a situation wherein the Insured/Insured Person loses all or a substantial amount of his/her travel funds due to theft, robbery, mugging or dacoity, which has detrimental effects onhis/her travel plans.

"Foreign Enemy" means any group of individuals, entity or country, who intends to cause injury, or commissions an act dangerous to human life or property in the location where the Insured/Insured Person is travelling to, by the use of hostile force or violence.

"Hijack" means any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of the common carrier in which the Insured/Insured Person is travelling.

"Housebreaking" means an act involving physical break-in and unauthorized and forcible entry into Insured Person's home in India, or any threat, with intent to commit crime.

"Immediate family member" shall mean any member of the Insured Person's immediate family
i.e the Insured Person's spouse, child, parent or sibling.

"Inclement Weather" means any severe catastrophic weather conditions which delay the scheduledarrival or departure of a common carrier but not including normal, seasonal/climatic weather changes.

"Insured" means the individual who has a permanent place of residence in India and on whose name the Policy is issued. It includes foreign travelers having traveller visa.

"Insured Person" means the person named in the Policy Schedule, who has a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

"Insurable Event" means an event, loss or damage for which the Insured/Insured Person is entitled tobenefit/s under the Policy.

"Loss" means loss or damage.

"Land/Sea Arrangements" - means pre-paid travel arrangements for a scheduled tour, trip or cruiseincluded within the description of covered Trips on the Proposal / Enrollment and Declaration Form and arranged by a tour operator, travel agent, or other organization.

"Life threatening condition / situation" refers to a medical condition suffered by the Insured which hasthe following characteristics:

i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).
ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas).
iii. 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.
iv. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

"Man days" is a 24 hours period starting from midnight for an individual whilst travelling within the territorial boundaries of India.

"Multi trip" means two or more trips to destinations of Republic of India during the Policy period.

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

"Period of Insurance" in respect of Single Trip Policy means the period from the commencement of the insurance cover to the end of the insurance cover as specified in the Policy Schedule.

"Period of Insurance" in respect of the Multi Trip/ Annual policy shall mean the period from Commencement of Insurance cover to the end of the insurance cover or full utilization of the maximum number of travel days per trip as mentioned in Policy Schedule, or expiry of the Policy or cancellation of the insurance, whichever is earlier whichever is earlier.

"Physician" - means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Medical Council of India. The term Physician would include specialist and surgeon. Family members are excluded from the Definition of Physician.

"Policy" means proposal, the Schedule, the Policy documents and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period..

"Policy Schedule" means the document giving mentioning the name of the Insured / Insured persons, Policy Period, scope of cover, limits to which benefits are subject to and other relevant terms and conditions

"Permanent Partial Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the insured/insured person and which falls into one of the categories listed in the Table of benefits.

"Permanent Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the insured from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

"Pre-existing Disability" means an existing disability and consequence of such disability existing or known to exist at the commencement of the policy period.

"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.

"Professional Sportsperson" means those sports persons who are in to full time sports and maintain their livelihood through earnings from their involvement in sports.

"Reasonable Additional Expenses" means any expenses for meals and lodging necessarily incurred by the Insured/Insured Person as a result of a trip delay but does not include meals and lodging provided by the common carrier or any other party free of charge.

"Return Destination" means the place to which the Insured/Insured Person is scheduled to return from his/her trip.

"Scheduled Airline" means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or

chartered flights operated by such carrier.

"Schedule Railways" means any Railways operated by Indian Railways, which in accordance there withoperates, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular journey operated by such carrier.

"Schedule Roadways" means a roadways carrier which is operated between named cities under a valid license issued by the appropriate Indian governmental authority for the transportation of passengers within India for a fee, and which maintains and publishes regular tariffs for regular passenger services which it operates between named cities at regular and specified times

"Semiprofessional sports person" shall mean those sports persons who participate in sports on frequent basis (at least once in a month) while being separately employed elsewhere or self-employed and whose primary source of income is not from sports.

"Strike" means stoppage of work (a) announced, organized and sanctioned by a labour union and
(b) which interferes with the normal departure and arrival of a common carrier inclusive of work slowdowns, lockouts and sickouts.

"Sum Insured" means the maximum amount of coverage, as specified in the Policy Schedule, that the Insured/Insured Person is entitled to in respect of each benefit and as applicable under the Policy.

"Terrorism/Terrorist Incident" means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the 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 primarilyfrom prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

"Travel Agent" means the Travel Agent, tour operator or other entity from which the Insured purchases his/her insurance Policy or travel arrangements, and includes all officers, employees and affiliates of the Travel Agent, tour operator or other entity.

"Travelling Companion" means an individual or individuals travelling with the Insured/Insured Person, provided that, the Insured and such individual(s) are travelling to the same destination and on the same date and such individual(s) is/are also insured under this Policy. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a Travel Agent or a tour operator shall not be considered as Travelling Companion, unless the individual(s) is/are part of the family of the Insured/Insured Person.

"Territory": This Policy applies to incidents anywhere in India while travelling.

"Trip" means a journey out of usual place of residence in India and back, the details of which arespecified in the Policy Schedule.Includes Business and Leisure trips both unless specified otherwise Coverage for a Trip involving travel by <<Air/Rail/Road>> will be as specified in the policy schedule which commences when the passenger boards the Common Carrier, including Private Vehicle for onward journey and terminates when he disembarks on return to Your usual Town of residenceor the contracted date whichever earlierThe insured journey also includes and covers Sojourn and/or Personal Deviation.

"Unattended " A Vehicle, premises or personal belongings are unattended if there is no one able to observe or to prevent interference with it.

"Valuables" mean photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, perfumes, jewellery, furs and articles made of precious stones and metals.

"War" means war, whether declared or not, or any warlike activities, including use of military force by anysovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

II. Scope of Cover:

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed, to compensate, indemnify, pay and/or reimburse in manner provided in this policy, benefits to the insured for loss or damage described hereunder as per the coverage and up to the limit of Sum Insured specified in the Policy Schedule.

Section- I: Emergency Medical Expenses

If the Insured/Insured Person contracts any disease/illness sustains any injury due to an Accident during the Policy period requiring life-saving unforeseen emergency measures for such injury and requires treatment as an In-Patient at a Hospital, provided such injury or illness is not due to a pre- existing condition, the Company will pay or reimburse the following medical expenses incurred for Hospitalisationto the Insured/Insured Person The treatment for these emergency measures would be paid till the Insured/Insured Person becomes medically stable, as ascertained by the Medical Practitioner of the Emergency Assistance Service Provider. All further medical costs to maintain medically stable state would have to be borne by the Insured/Insured Person;

1. In-patient treatment in a local hospital at the place where the Insured is staying at the time of the event;
2. X-ray, diagnostic tests and all reasonable costs towards diagnostic methods and treatment of all injury provided these pertain to the /injury due to which hospitalization was deemed necessary
3. Out-patient treatment in case of an emergency due to accidental only.
4. Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Medical Practitioner;
5. X-ray, diagnostic tests and all reasonable costs towards diagnostic methods and treatment of all injury provided these pertain to the /injury due to which hospitalization was deemed necessary;

Section II - Emergency Medical Evacuation:

The Company shall pay or reimburse reasonable cost of transportation charges of the Insured Personduring the policy period due to an emergency accident or illness arising out of other than pre-exitingdiseases and if such transportation has been prescribed by the Medical Practitioner

(a) From a Hospital where the insured was treated to another nearest hospital, provided
   1. such transportation is medically necessary
   2. such medical services provided at a Hospital where the Insured Person is situated are notsatisfactory
   3. Our Assistance Company has agreed to the reimbursement of the cost of transportation inadvance of the transportation, and has arranged the same.

(b) From a Hospital where the insured was last treated to the Insured Person's usual place of residence.

Section III – Repatriation of Mortal Remains:

In the event of accidental death of the Insured/ Insured Person due to an accident, the Company shall pay or reimburse the costs of transporting the mortal remains of the deceased Insured/Insured Person back to his/her usual place of residence within India or the cost of local burial or cremation anywhere in INDIA where the accidental death occurred.

The deductible in respect of this benefit will be

applicable for each and every claim separately and shallbe of an amount as specified in the Policy Schedule.

Specific Exclusions (Section I to III)
The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/ Insured Person for:

1. Any pre-existing condition and /or any complications arising from it,

2. Treatment which could be reasonably delayed until Insured/Insured Person's return to his /her place of permanent residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Company and shall be in accordance with accepted standards of medical care.

3. Charges in excess of reasonable and customary charges incurred for emergency treatment on accountof an insured event.

4. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically required as part of treatment for accidents and burns).

5. Expenses incurred in connection with rest or recuperation at a spa, health resort, sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, long- term nursing care, custodial care and treatment related alcoholism and drug dependency

6. Any cost relating to the insured person's pregnancy, childbirth or the consequences of eithert completed.

7. Rehabilitation and/or physiotherapy or the costs of prostheses/ prosthetics (artificial limbs) etc. However, expenses towards physiotherapy related to disease/ illness/ injury requiring outpatient/inpatient care.

8. Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident

9. Any cost in any way related to psychiatric disorders.

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

Section- IV:Personal Accident (Death+PTD+PPD)

Coverage:
The Company shall compensate the Insured/Insured Person or his/her nominee or legal representatives, as the case may be, for accidental bodily injury (whilst on a trip covered by this Policy) solely and directly caused by accidental, violent, external and visible means resulting in accidental death or Permanent Total Disablement or Permanent Partial Disablement within twelve
(12) calendar months of occurrence of such injury.

In case of the unfortunate accidental death of the Insured/Insured Person, the compensation shall be paid to the nominee or legal representatives. The Sum Insured shall be the maximum liability of the Company under this benefit.

Subject to the above; the Company shall pay to the Insured/Insured Person, his/her nominee or legal representatives, as the case may be, the sum or the sums as set forth in the Table of Benefits below:

Table of Benefits	Percentage of Sum Insured payable as

	compensation
1. Accident Death	100%
2. P T D – T otal and irrecoverable loss of	
i) Sight of both eyes or of the actual loss by physical separation of two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye andsuch loss of one entire hand or one entire foot.	100%
ii) Use of two hands or of two feet or of one hand and one foot or of such loss of sight ofone eye and such loss of use of one hand or one foot.	100%
iii) T otal P aralysis	100%
iv) Loss of all fingers and both thumbs OR loss of arm – at shoulder; between shoulderand elbow; at and below elbow OR loss of leg – at hip; between knee and hip; below knee	100%
For the purpose of items 2 i) and 2 ii) above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle respectively.	
3. Permanent total and absolute disablement disabling the Insured/Insured Person from engaging in any employment or occupation of any description whatsoever which he or shewas capable of doing earlier	100%
4. PPD - Total and irrecoverable loss of various parts as given below:	Percentage of Sum Insured
The sight of one eye or the actual loss by physical separation of one entire hand or oneentire foot.	50%
Use of a hand or a foot without physical separation	50%
Loss of speech	50%
Loss of toes – all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger - one phalanx	3%
Loss of metacarpals – first or second (additional) or third, fourth or fifth (additional) 3%	
Any other permanent partial disablement	Percentage as assessed by an IndependentPhysi cian and / or doctor
? The disablement occurs within one year of accident ? The disablement must be confirmed and claimed for prior to the expiry of a period of 3monthssince occurrence of the disablement	

Notwithstanding anything contained in the Policy, the Company shall not be liable for compensation undermore than one of the points (1) to (4) in the Table of Benefits hereinabove, in the same

period of disablement of the Insured/Insured Person.

Special Exclusions

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

1. Any existing physical disability.
2. "Accidents due to disturbances of consciousness which may be due to sleep disorders, hypnosis, tolerance and / or withdrawal symptoms due to intake of psychoactive drugs, stimulants, sedatives, narcotics, hallucinogens.
3. Damage to health caused by curative measures, radiation, Infection, poisoning except where these arise from an accident.
4. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of accidental death.
5. Any other claim after a claim for accidental death has been admitted by the Company and becomes payable.
6. Any claim which arises out of an accident connected with the operation of an aircraft (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
7. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person from;

a. intentional self-injury, suicide, or attempted suicide.
b. whilst under the influence of intoxication, liquor or drugs.
c. arising or resulting from the insured/insured person committing any breach of law with criminal intentor participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
d. whilst engaging in speed contest or racing of any kind, hunting, bungee jumping, parasailing, ballooning, skydiving, paragliding, hand gliding, mountaineering or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports, etc. unless specifically covered and dulymentioned in the Policy Schedule.

8. Any consequential loss or damage cost or expense of whatsoever nature.
9. Accidental Death or disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or in consequence thereof, venereal disease or infirmity.
10. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person, due to or arising out of or directly or indirectly connected with or traceable to act of terrorism or terrorist activities.
11. Any exclusion mentioned in the 'General Exclusions" section of this Policy.

Special Conditions:

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 as stated in the "Table of Benefits" will be considered for payment.
2. If the accident impairs a number of physical or mentalfunctions, the degree of disablement given in the Table of Benefits will be added together, but the amount payable shall not exceed 100% of the Sum Insured as specified in the Policy Schedule.
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 thedegree to which the normal physical or mental capabilities are impaired, solely from a medical point of view, as ascertained by a Medical Practitioner or a panel of doctor of the company or Emergency Assistance Service Provider.
4. In the event of permanent disablement, the Insured/Insured Person will be under obligation:

a. To have himself/herself examined by the Medical Practitioners appointed by the Company/Emergency Assistance Service Provider and the Company will pay the costs thereof
b. To authorize Medical Practitioner providing

treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured/Insured Person.

5. If the above obligations are not met with due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.
6. The benefit applicable under this Section shall be in addition to the benefits applicable under Section V - Accidental Death and Permanent Total Disability- Common carrier.

Section- V: - Accidental Death and Permanent Total Disablement – Common carrier

Coverage:
The Company will pay compensation up to the limit of the Sum Insured for this benefit as specified in the Policy Schedule if accidental injury to the Insured/Insured Person results in loss of life or permanent total disablement while riding as a passenger (but not as a pilot operator or member of the crew) in or on, boarding or alighting from any common carrier provided that, this benefit shall also not apply while the Insured/Insured Person is riding in or on, or boarding or alighting from, any civilian aircraft that does not hold a current /or is piloted by a person who does not hold a current and valid certificate of competency of a rating authorizing him to pilot such aircraft.

Special Exclusions:
All the exclusions and Special Conditions applicable to Personal Accident Section shall be applicable tothis Section also.

The benefit applicable under this Section shall be in addition to the benefits applicable under Personal Accident Section.

Section VI - Personal Liability

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

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

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

1 Any claim arising from Insured's/ Insured Person's personal contractual liability or through promises made by the Insured/ Insured Person.
2 Any claim of personal liability of the Insured/ Insured Person towards his/her family, relations andtravelling companions, whether personal or official.
3 Any claim resulting from transmission of an illness or disease by the Insured/ Insured Person.
4 Any claim for damage resulting from professional activities/ sports involving the Insured/ Insured Person.
5 Any claim for liability, arising directly or indirectly, from or due to:
   a) possession of animals, birds, reptiles, insects etc. and their by-products like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
   b) ownership or possession of vehicles, aircrafts, water crafts, or activities of the insured/insuredperson involving parachuting, hand-gliding, hot air ballooning or use of fire arms.
   c) Any wilful, negligent, malicious or unlawful act.
   d) Insanity, the use of any alcohol/drugs (except as medically prescribed) or drug addiction.
   e) Any supply of goods or services on the

part of the Insured/Insured Person.

f) Any ownership or occupation of land or buildings other than the occupation of any temporaryresidence.

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

Special Conditions

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

2 If there is a legal action in process against the Insured/Insured Person over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured/Insured Person 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/Insured Person the defense of any claim and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defenceof any claim, the Company may relinquish the same.

4 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 orexpand in any manner, what the Company's liability or obligations under this Policy would haveotherwise been had it not exercised its rights under these Special Conditions.

Section- VII: Accidental Dental reatment

Coverage:

The Company shall reimburse the Insured/ Insured Person reasonable dental expenses incurred in respect of acute anaesthetic treatment of a natural tooth or teeth during a trip due to an emergencyaccident or illness arising out of other than pre-exiting diseases, but not exceeding the Sum Insured as specified in the Policy Schedule

Special Exclusions:

The Company shall not be liable to make any payment under this benefit in connection with or in respectof any expenses whatsoever incurred by the Insured/ Insured Person for:

1 Any pre-existing condition and /or any complications arising from it

2 Treatment which could be reasonably delayed until the Insured/Insured Person's return to his /her place of permanent residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Emergency Assistance Service Provider and shall be in accordance with accepted standard of medical care.

3 Charges in excess of reasonable and customary charges incurred on account of an insured eventas per the determination of the Emergency Assistance Service Provider.

4 Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plasticsurgery in any form or manner unless medically required).

5 Treatment of orthopedic, degenerative or oncological disease

6 Beauty and/or cosmetic treatment and/or reconstructive plastic surgery in any form or manner

7 Expenses incurred in connection with rest or recuperation at a spa, or health resort, Sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, long- term nursing care, custodial care and treatment related alcoholism and drug dependency

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

Section- VIII: - Daily Allowance in case of hospitalization

Coverage:
The Company will pay a fixed daily allowance, in the event of hospitalization of the Insured/Insured Person due to an emergency accident or illness arising out of other than pre-exiting diseases beyond a specified number of days as mentioned in the Policy Schedule as deductible, for which a valid claim is admissible under the Policy whilst on a trip.

Special Exclusions:
All the exclusions and Special Conditions applicable to Section Emergency Medical Expenses, Repatriation of Mortal Remain & Emergency Medical Evacuation, shall be applicable to this Section also.

Section-IX: - Total Loss of Checked-in Baggage
Coverage:
The Company shall pay the compensation to the Insured/Insured Person for the total and complete lossof checked-in baggage caused by a Common Carrier (Air) on a trip covered under this Policy, up to the limits specified in the Policy Schedule. The cover is limited to the travel destinations specified in the maintravel ticket from his/her usual place of residence.

In the event of such a total and complete loss of checked-in baggage whilst in the custody of an airline, a Property Irregularity Report (PIR) must be obtained from the airline immediately upon discovery of the loss which must be submitted along with the claim.

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

Special Exclusions:
The Company shall not be liable to make any payment under this Section in respect of the following:
1. Valuables and money, all kinds of securities and tickets/passes or any other item(s) not declared to, and agreed to by the Company.
2. Loss of property unless a Property Irregularity Report or other report usually issued by commoncarriers in the event of loss of checked-in baggage has been procured and submitted to the Company.
3. Any partial loss of the items contained within the checked-in baggage.
4. Items contained within the checked-in baggage, which are valued in excess of INR.5000 without appropriate proof of ownership.
5. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
6. Any exclusion mentioned in the “General Exclusions” section of this Policy.

Special Conditions:
1 The Company will compensate the Insured/Insured Person for the market value of the checked-in baggage in the event of total and complete loss of such checked-in baggage caused by a common carrier up to the limits specified in the Policy Schedule provided that:

a. Maximum amount payable per checked-in baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the amount payable is 100% of the applicable Sum Insured.

b. Insured has provided all the documents, reports and other details concerning the loss.

2 For the purpose of this benefit, “market value” refers to the sum required to purchase new itemsof the same kind and quality (which are lost) less an amount representing wear and tear, usage etc., at the time of loss.

3 If the Company makes any payment under this benefit, it is a condition that any recovery from any common carrier by the Insured/Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 (“Warsaw Convention”) shall become the property of the Company.

4 The amount payable in respect of any one article, pair or set is limited to the amount as specifiedin the Policy Schedule.

5 No partial loss or damage shall become payable. However, total loss of individual unit(s) of baggage shall not be construed as falling within this Special Condition.

6 In the event that claims are submitted for total loss of checked-in baggage as well as temporary delay of checked-in baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of checked-in baggage during any one period of insurance.

Section- X -: - Delay of Checked-in Baggage Coverage:
The benefit under this section is aimed at paying or reimbursing the costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured/Insured Person suffering delay in scheduled arrival of his/her checked-in baggage caused by a common carrier while being transported during the insured trip upto the limits & mode(s) specified in the Policy Schedule, provided that:

a. The delay of checked-in baggage is more than certain number of hours specified in the Policy Schedule as deductible which is calculated from the actual arrival time of the common carrier at the destination and relates to delivery of baggage that has been checked-in by the common carrier.

b. Insured/ Insured Person provide the Company with a written proof of delay from the common carrier.

c. Insured/Insured Person provides the Company with the receipts for the necessary emergency purchase of toiletries, medication and clothing that he/she needed to buy.In the event that claimsare submitted for total loss of checked-in baggage as well as temporary delay of checked-in baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of checked-in baggage during any one period of insurance.

The cover is limited to the travel destinations specified in the main travel ticket from his/her usual place of residence and return trip back to usual place of residence along with all halts and via destinations included in the main travel ticket.

Special Exclusions:
The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/Insured Person for:

1 Valuables and money, all kinds of securities and tickets/passes or any other item not declared to, and agreed to by the Company.
2 Loss of property unless a Property Irregularity Report or other report usually issued by common carriers in the event of loss of checked-in baggage has been procured and submitted to the Company.
3 Any partial loss of the items contained within the checked-in baggage.
4 Items contained within the checked-in baggage, which are valued in excess of INR5000 withoutappropriate proof of ownership.
5 Losses arising from any delay, detention, confiscation by the customs officials or other publicauthorities.
6 Loss due to complete/partial damage of the checked-in baggage.
7 Any exclusion mentioned in the “General Exclusions” section of this Policy.

Special Conditions:
1. The benefit under this section is aimed at paying or reimbursing the costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured/Insured Person suffering delay of his/her checked-in baggage while being transported during the trip, provided that:
a. The delay of checked-in baggage is more than certain number of hours specified in the

Policy Schedule as deductible which is calculated from the actual arrival time of the common carrier at the destination and relates to delivery of baggage that has been checked-in by thecommon carrier.

b. Insured/ Insured Person provide the Company with a written proof of delay from the commoncarrier.

c. Insured/Insured Person provides the Company with the receipts for the necessary emergency purchase of toiletries, medication and clothing that he/she needed to buy.In the event thatclaims are submitted for total loss of checked-in baggage as well as temporary delay of checked-in baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of checked-in baggage during any one period of insurance.

2. If the Company makes any payment under this benefit, it is a condition that any recovery from any common carrier by the Insured/Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.

Section- XI: Compassionate Visit

Coverage:

In the event the Insured / Insured Person is hospitalized for more than five (5) consecutive days due to an emergency accident or illness arising out of other than pre-exiting diseases for which a valid claim is admissible under Medical Expenses Section of this Policy and his/her medical condition forbids repatriation and no adult member of his/her immediate family is present, the Company / Emergency Assistance Service Provider, after obtaining confirmation of need for a companion from the attending Medical Practitioner will provide:

a) a return trip economy class air ticket, or first class railway ticket, to allow one immediate family member, to be at his/ her bedside for the duration of stay in the Hospital; and

b) expenses towards stay of the immediate family member during such compassionate visit.

The company will also reimburse the cost of return fare for the insured to visit his/her native place in India, in the unfortunate event of the immediate family member (spouse, dependent children, parents) being hospitalized for more than five (5 consecutive days in India or in the event of death of the immediate family member (spouse, dependent children or parents).

The Company's liability for round trip ticket and the expenses relating to this benefit shall be as per thecoverage and the limits of Sum Insured specified in the Policy Schedule.

Special Exclusions:

All the exclusions and Special Conditions applicable to Medical Expenses, inclusive of Repatriation of Mortal Remains and Emergency Medical Evacuation sections, shall be applicable to this Section.

Section XII -Trip Cancellation and / or Interruption

Coverage

In the event of cancellation interruption of trip due to necessary and unavoidable reasons as stated below, the Company will indemnify the insured subject to limits shown in the schedule, for loss ofpersonal accommodation, visa charges, any sightseeing booked in advance, cruise ticket and travel charges paid or contracted to be paid by the insured, which are not recoverable from any other source,

1. Cancellation before the trip because of
   a) Death of Insured, Insured's spouse, children, parent or parent in-law's.
   b) Death of Brother or Sister of the insured 15 days prior to the departure date as stated in thepolicy.
   c) Serious injury, sudden sickness of Insured, insured's spouse or parent or parent in-law

or childrequiring hospitalization for more than 24 hrs.

d) Compulsory quarantine or prevention of travel by Government of India

2. Interruption (the cutting short by early return to India) of the trip because of:
   a) Death, serious injury or sudden major sickness of insured, insured's spouse, child, parents orparent in laws residing in India at the time of incident.
   b) The hijack of an aircraft in which Insured Person is traveling as a fare paying passenger.
   c) Death of Brother or Sister of the insured in India.

Section XIII Travel Inconvenience Cover

In the event of Trip cancellation or Interruption of a covered trip due to necessary and unavoidable reasons as stated below, the Company will indemnify the insured subject to the limits shown in the policy schedule, for loss of personal accommodation, any sightseeing booked in advance, cruise ticket and travel charges paid or contracted to be paid by the insured, which are not recoverable from any other source.

1. When Insured's Principal residence and/or his intended place of stay at destination is rendered uninhabitable due to Fire, flood, vandalism or natural disaster and also his place of business is rendered inoperative due to operation of said perils.
2. Termination of employment or layoff affecting the insured provided that the insured have been employed with the same employer for at least five continuous years without any break.
3. The Insured and/or his immediate family member have become victim of Felonious Assault 10 days prior to the departure date provided he/they are not principal or an accessory in suchfelonious assault.
4. Inclement weather / climatic condition in the city or primary place of departure and / or at intendeddestination.
5. Civil Unrest, Riot and Strike in the home city and/or at departing station and/or intended destination (as defined in the policy) of the Insured making the trip impossible, provided that
   - The Govt. of India issues a travel advisory.
   - Airport is shut down forcing the Airline to delay the flight for more than 24hrs or to cancel the flight.
   - Curfew is imposed by the City Administration.

6. Terrorist Attack in the home city and/or at departing station and/or destination listed on the insured's itinerary 3 days prior to the Insured's departure date and resulting that the Insured is unable to move out consequent upon such terrorist attack.

Benefits under the Policy:

1. **TRIP CANCELLATION BENEFITS**: When the insured risk occurs before departure, the policy provides payment of the entire non-refundable, cancelled portion of the travel arrangements(As per coverage's shown in the policy schedule) i.e. Flight and/or Hotel Booking and/or other incidental expenses for which the insured has or contracted to be paid prior to his departure and which are not recoverable from any source, subject otherwise to the terms, conditions, limitations, exclusions and limit of Sum Insured opted under the Policy.

2. **TRIP INTERRUPTION BENEFIT:** The Company will pay this benefit up to the Maximum Limit as specified in the Policy Schedule for the Trips that have been interrupted or delayed due to operation of Insured Peril as mentioned hereinabove. The company will reimburse for the forfeited, non-refundable unused prepaid expenses made prior to Insured's departure dateand additional reasonable and necessary transportation expenses incurred by him / her plus accommodation expenses maximum up to INR. 3,000 per night for Return to City of Residence in India Rejoining the remaining trip after its interruption during the period of trip. Due to operation of any of the insured peril.

However the benefits payable under this clause shall not exceed the cost of economy airfareby the most direct route less any refunds paid or payable.

SPECIFIC EXCLUSION

a. Travel arrangements being cancelled or changed by any airline, cruise line or the tour operator beyond insured peril
b. Voluntary changes in travel plans by the Insured giving rise to a claim under this section.
c. Any business or contractual obligations of the Insured and/or any family member except for termination or lay off of employment as defined above provided insured is not the Owner, proprietor, Majority Shareholder and Director of the said company.
d. Termination of employment due to any unlawful act of the insured.
e. Default / insolvency by and of the person, agency or tour operator from whom the Insuredhad bought his Travel arrangements.
f. Any governmental regulations or prohibition imposed by any Administrative Authority at thetime or before booking of insured's travel arrangement.
g. Booking of the trip is undertaken ignoring the adverse situation as published by the Mass Media, Union Government, State Government and/or any Administrative Authority for travelto particular country or part of the country which may give rise to a claim.
h. Loss of visa charges shall not be paid under this section.

SPECIFIC CONDITIONS

a) It is a condition precedent to liability hereunder that in the event of any occurrence likely to give rise to a claim under this Insurance, that the Insured Person must notify insurer immediately. While notifying the occurrence, the insured person must quote as much as informationconcerning the occurrence as is available including policy number and its date of issue.
b) It shall be the responsibility of Insured to take appropriate action to avoid or minimize any potential claim under policy (e.g. avoid intentional delay during interruption or not to travel to thecountry or part thereof for which warning has been issued.)
c) The insured must not be aware of any reason (as stated in the list of covered risks) at the time of opting of this extension that may give rise to a claim under the policy.
d) The company's liability shall be restricted to the sum insured opted by the Insured or the sum of total non-refundable amount whichever is less.
e) In case of partial cancellation of the trip, i.e. if only one or two members' trip is cancelled on account of operation of Insured peril, the company's liability shall be restricted to the non- refundable portion of insured's travel tickets only and not for Hotel Charges unless exclusive booking was made for each member. No partial charges of Hotel Booking for reduction in number of members will be allowed in such cases.
f) If the situation becomes normal against the alert of Quarantine issued earlier by the Govt. of India or if the prevention of travel is withdrawn by Govt. of India before the departure date mention in the schedule of policy and this information is available for the knowledge of General Public through any communication, the company shall not be liable for any claim in respect of suchperils.
g) Operation of any of insured peril shall be considered only at the time of travel for all practicalpurposes in settlement of claims.

Section XIV - Home Fire Insurance (Contents) Coverage

This Section provides for indemnity, against any loss, destruction or damage to the contents of the Insured's home in India caused by any of the fire and related perils specified hereunder whilst the Insured is on a trip covered by the Policy.

I. **Fire**
Excluding destruction or damage caused to the property insured by;
(a) (i) Its own fermentation, natural heating or spontaneous combustion;
(ii) Its undergoing any heating or drying

process.

(b) Burning of property insured by order of any Public Authority.

II. **Lightning**

III. **Explosion/ Implosion**

Excluding destruction or damage caused to the boilers (other than domestic boilers), economisers or other vessels in which steam is generated, machinery or apparatus subject to centrifugal force by its own explosion/implosion.

IV. **Aircraft Damage**

Destruction or damage caused by Aircraft, other aerial or space devices and articles dropped there from excluding those caused by pressure waves.

V. **Riot, Strike, Malicious Damage**

Loss of or visible physical damage or destruction by external violent means directly caused to the property insured but excluding those caused by:

Total or partial cessation of work or the retarding or interruption or cessation of any process or operations or omissions of any kind

(a) Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted authority;

(b) Permanent or temporary dispossession of any building or plant or unit or machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention ofaccess to the same;

(c) Burglary, housebreaking, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance or public peace) in any maliciousact.

Terrorism Damage Exclusion Warranty:

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force, violence and/or 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 similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expense of whatsoever nature directly or indirectlycaused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is notcovered by this insurance the burden of proving the contrary shall be upon the Insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shallremain in full force and effect.

VI. **Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation (STFI)**

VII. **Impact Damage**

Impact by any Rail/Road vehicle or animal by direct contact not belonging to or owned by;

(a) The Insured or any occupier of the premises; or

(b) Their employees while acting in the course of their employment.

VIII. **Subsidence and Landslide including Rock Slide**

Destruction or damage caused by Subsidence of part of the site on which the property stands or Landslide/Rock slide excluding:

(a) The normal cracking, settlement or bedding down of new structures;

(b) The settlement or movement of made up ground;

(c) Coastal or river erosion;

(d) Defective design or workmanship or use of defective materials;
(e) Demolition, construction, structural alterations or repair of any property or ground works or excavations.

IX. **Bursting and/or overflowing of Water Tanks, Apparatus and Pipes**

X. **Missile Testing operations**

XI. **Leakage from Automatic Sprinkler Installations Excluding destruction or damage caused by;**
(a) Repairs or alterations to the buildings or premises;
(b) Repairs, Removal or Extension of the Sprinkler Installation;
(c) Defects in construction known to the Insured.

XII. **Bush Fire**
Excluding destruction or damage caused by Forest Fire.

PROVIDED that the liability of the Company shall in no case exceed in respect of each item the sum expressed in the Schedule to be insured thereon or in the whole the total Sum Insured hereby or such other sum or sums as may be substituted therefore by memorandum hereon or attached hereto signed byor on behalf of the Company.

Special Exclusions
This Section of the Policy does not cover:
1 Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming theproportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection ormilitary or usurped power.
2 Loss, destruction or damage directly or indirectly caused to the property insured by;
(a) ionising radiations or contamination by radioactivity from any nuclear fuel or from anynuclear waste from the combustion of nuclear fuel;
(b) the radioactive toxic, explosives or other hazardous properties of any explosive nuclearassembly or nuclear component thereof.
3 Loss, destruction or damage caused to the insured property by pollution or contamination excluding
(a) pollution or contamination which itself results from a peril hereby insured against
(b) any peril hereby insured against which itself results from pollution or contamination.

4 Loss, destruction or damage to bullion or unset precious stones, any curios or works of art for an amount exceeding Rs.10000/-, manuscripts, plans, drawings, securities, obligations ordocuments of any kind, stamps, coins or paper money, cheques, books of accounts or other business books, computer systems records, explosives unless otherwise expressly stated in the Policy.

5 Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.

6 Loss, destruction or damage to any electrical and/or electronic machine, apparatus, fixture orfitting (excluding fans and electrical wiring in dwellings) arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self-heating, or leakage of electricity, from whatever cause (lightning included).

7 Expenses necessarily incurred on
(a) Architects, Surveyors and Consulting Engineer's Fees and
(b) Debris Removal by the Insured
8 following a loss, destruction or damage to the property insured by an insured peril in excess of 3% and 1% of the claim amount respectively.

9 Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damageof any kind or description whatsoever.

10 Loss or damage by spoilage resulting from the retardation or interruption or cessation of anyprocess or operation caused by operation of any of the perils covered.

11 Loss by theft during or after the occurrence of any insured peril except as provided under Riot, Strike and Malicious Damage cover.

12 Any Loss or damage occasioned by or through or in consequence directly or indirectly due toearthquake, Volcanic eruption or other convulsions of nature.

13 Loss or damage to property insured if removed to any building or place other than in which it is herein stated to be insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days

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

Special Conditions

1. This benefit does not cover any loss or damage to property which, at the time of the happening of such loss or damage, is insured by or would, but for the existence of this Policy, be insured by any marine policy or policies except in respect of any excess beyond the amount which would have been payable under the marine policy or policies had this insurance not been effected.

2. All insurances under this Policy shall cease on expiry of seven days from the date of fall or displacement of any building or part thereof or of the whole or any part of any range of buildings or ofany structure of which such building forms part Provided such a fall or displacement is not caused by insured perils, loss or damage by which is covered by this Policy or would be covered if such building, range of buildings or structure wereinsured under this Policy.

Notwithstanding the above, the Company subject to an express notice being given as soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.

3. If the interest in the property passes from the Insured otherwise than by will or operation of law, theinsurance shall cease to attach as regards the property affected unless the Insured shall have before the occurrence of any loss or damage, obtained the sanction of the Company signified byendorsement upon the Policy by or on behalf of the Company.

4.(i) On the happening of any loss or damage the Insured shall forthwith give notice thereof to the Company and shall within 15 days after the loss or damage, or such further time as the Company may in writing allow in that behalf, deliver to the Company

A claim in writing for the loss or damage containing as particular an account as may be reasonably practicable of all the several articles or items or property damaged or destroyed, and of the amount of the loss or damage thereto respectively, having regard to their value at the time of the loss or damage not including profit of any kind.

(a) Particulars of all other insurance, if any.

The Insured shall also at all times at his own expense produce, procure and give to the Company all such further particulars, plans, specification, books, vouchers, invoices, duplicates or copies thereof, documents, investigation reports (internal/external), proofs and information with respect to the claimand the origin and cause of the loss and the circumstances under which the loss or damage occurred, and any matter touching the liability or the amount of the liability of the Company as may bereasonably required by or on behalf of the Company together with a declaration on oath or in other legal form of the truth of the claim and of any matters connected therewith.No claim under this Policy

shall be payable unless the terms of this condition have been complied with.

5. On the happening of loss or damage to any of the property insured by this Policy, the Company may;
   (a) Enter and take and keep possession of the building or premises where the loss or damage hashappened;
   (b) Take possession of or require to be delivered to it any property of the Insured in the building or onthe premises at the time of the loss or damage;
   (c) Keep possession of any such property and examine, sort, arrange, remove or otherwise deal withthe same;
   (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, and 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 requirements of the Company or shall hinder or obstruct the Company, in the exercise of its powers hereunder, all benefits under this Policy shall be forfeited.

   The Insured shall not in any case be entitled to abandon any property to the Company whether taken possession of by the Company or not.

6. If the Company at its option, reinstates or replaces the property damaged or destroyed, or any partthereof, instead of paying the amount of the loss or damage, or join with any other company orinsurer(s) in so doing, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and 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 nor more than the Sum Insured by the Company thereon. If the Company so elects to reinstate or replace any property the Insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may require, and no acts done, or caused to be done, by the Company with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace.

   If in any case the Company shall be unable to reinstate or repair the property hereby insured, because of any municipal or other regulations in force affecting the alignment of streets or the
   construction ofbuildings or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.

7. If the property hereby insured shall at the breaking out of any fire or at the commencement of any destruction of or damage to the property by any other peril hereby insured against be collectively ofgreater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference and shall bear a ratable proportion of the loss accordingly. Every item, if more than one, of the Policy shall be separately subject to this condition.

8. If at the time of any loss or damage happening to any property hereby insured there be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons covering the same property, this Company shall not be liable to pay or contribute more than its

ratableproportion of such loss or damage.

9. The Insured 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 reasonably required by the Company for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated, upon its paying for or making good any loss or damage under this Policy, whether such acts and things shall be or become necessary or required before or after his indemnification by the Company.

10. At all times during the period of insurance of this Policy the insurance cover will be maintained to the full extent of the respective sum insured in consideration of which upon the settlement of any lossunder this Policy, pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss shall be payable by the Insured to the Company.

    The additional premium referred above shall be deducted from the net claim amount payable under the Policy. This continuous cover to the full extent will be available notwithstanding any previous loss for which the Company may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss.Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss incase the Insured immediately on occurrence of the loss exercises his option not to reinstate the Sum Insured as above.

Section XV – Home Burglary Insurance (Contents)

Coverage

This Section provides for indemnity, against any loss, destruction or damage to the contents of the Insured's home in India caused by burglary and/or housebreaking specified hereunder whilst the Insured is on a trip covered by the Policy.

The maximum amount payable under this Section as indemnity is limited to the Sum Insured as specified in the Policy Schedule in any one period of insurance irrespective of the number of such incidents or occurrences arising out of such incidents.

Jewellery kept in safe will be covered under this benefit as part of contents up to 20% of the Sum Insured as specified in the Policy Schedule or actuals whichever is less.

Special Exclusions

The Company shall not be liable to make any payment under this Policy for:

1. Loss or damage caused by the Insured/Insured Person's and/or Insured/Insured Person's employee(s) or agents and/ or Insured/Insured Person's Family member's direct or indirect involvement in theactual or attempted burglary.
2. Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards, precious stones that are not part of jewellery or ornaments, gold bullion (unless previously specifically declaredto, and accepted by, the Company in writing.
3. Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture inany manner whatsoever.
4. Loss or damage which is recoverable under Fire or Plate Glass Insurance Policy or any other policy.
5. Loss or damage directly or indirectly, proximately or remotely occasioned by or which arises out of or in connection with riot and strike, civil commotion, terrorist activities, earthquake, flood, storm, volcanic eruption, typhoon, hurricane, tornado, cyclone or other convulsions of nature or atmosphericdisturbances.
6. Consequential loss or legal liability of any kind.
7. Loss of money and/or other property abstracted from safe following the use of the

key to the said safe or any duplicate thereof belonging to the Insured, unless such key has been obtained by assault or violence or any threat thereof.

8. Loss of or damage to any property insured under this Policy due to any misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured.

Terrorism Damage Exclusion Warranty:
Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force of violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to putthe public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expense of whatsoever nature directly or indirectlycaused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.
If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is notcovered by this insurance the burden of proving the contrary shall be upon the Insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shallremain in full force and effect.

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

Section XVI - Loss of Deposit or Cancellation: (Hotel & Airline)

Coverage
This Section provides that in the event of necessary and unavoidable cancellation of Hotel and Airline booking arrangement due to the following listed reasons, , the Company will compensate the Insured/ Insured Person against the loss of irrevocable deposits or charges paid in advance or contracted to be paid towards Hotel and transportation expenses

Inclement Weather
Accident of Vehicle resulting in hospitalization of Insured or an admissible claim in the motor insurance policy along with the FIR proving that the insured was involved in an Accident with a third party,
Strike, Curfew, Failure of public transport, death of insured person, felonious assault fire & flood.The Company shall be liable to reimburse the forfeited, non-refundable prepaid payments if the Insuredevent occurs on the trip start date or within 8 hours prior to the trip start date.
The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured/ Insured Person's departure date after adjusting the proceeds of cancelling or preponing of the arrangement, if any.

1. Unforeseen disease, illness, injury, or death of the Insured/ Insured Person's family member. Disease, injury or illness must be so disabling as to reasonably cause a trip to be cancelled or interrupted as supported by medical records and opinion acceptable to the Company;
2. Strike of the airline, rail or state road transport where the insured person had booked conveyancein advance
3. Termination of employment or layoff affecting the Insured/ Insured Person or the travelling companion of the Insured, provided that the Insured/ Insured Person or the travelling companion, as the case may be, have been employed with the employer for at least three continuous years;
4. Inclement weather conditions causing cancellation or interruption of the trip with due authentication by a letter from the common carrier;
5. The place intended to be occupied by the Insured/ Insured Person for purposes of his or

her stay during the trip or the destination being made uninhabitable by fire, flood, vandalism, burglary, or such natural disaster;

Cover will also be available, if indicated on the certificate of insurance for Bounced Hotel Booking

A) In addition to this, the event of hotel booking at destination point(s) being bounced i.e. Insured Person(s) could not obtain hotel accommodation services already booked for him on confirmed basis withthe suppliers / agents within India due to non-supply of services, the Insurance Company shall reimburse to the extent of 80% of following expenses:

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

Special Exclusions

The Company shall not be liable to make any payment under this Policy for:

1. Common carrier-caused delays, including an announced, organized sanctioned union labour strike that affects public transportation, unless the commencement of the period of insurance is prior to adate when the strike is foreseeable and sufficient notice has been issued by way of local newspaper or any other media advisory on actual occurrence of such an event. A strike is foreseeable on the datethe labour union members vote to approve a strike.
2. Travel arrangements cancelled or changed by an airline, cruise line, or tour operator, unless thecancellation is the result of inclement weather.
3. Changes in plans by the Insured/ Insured Person, an immediate family member, or travelling companion for any reason.
4. Adverse change in financial circumstances of the Insured/ Insured Person, any family member, or atravelling companion.
5. Any business or contractual obligations of the Insured/Insured Person, any family member, or a travelling companion, except for termination or layoff of employment of the Insured/Insured Person or the travelling companion of the Insured as defined above.
6. Default by the person, agency, or tour operator from whom the Insured / Insured Person bought this Policy and/or made travel arrangements.
7. Any government regulation or prohibition.
8. An event or circumstance, which occurs prior to the commencement of the period of insurance.
9. On account of a felonious assault, where the Insured/Insured Person, any family member of the Insured/Insured Person, the travelling companion or travelling companion's family member has been aprincipal or accessory in the assault committed.
10. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Section- XVII: - Trip Delay Coverage:

The Company shall reimburse the reasonable additional expenses incurred by the Insured, if his or her trip, covered by this Policy, is delayed beyond a specified number of hours, as mentioned in the Policy Schedule, from the scheduled time only on account of the following unforeseen reasons:

1. Strike of the airline, where the insured person had booked conveyance in advance
2. Inclement weather conditions causing cancellation or interruption of the trip with due authentication by a letter from the common carrier;
3. The place intended to be occupied by the Insured/ Insured Person for purposes of his or her stay during the trip or the destination being made uninhabitable by fire, flood, vandalism, burglary, or such natural disaster.

The deductible in respect of this benefit will be applicable for each separate claim. It is the responsibility of the Insured to produce necessary

proof establishing the reason for Trip Delay along with the receipts.

Special Exclusions:
This benefit does not cover loss other than those mentioned above under the head coverage, 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.

Section XVIII – Emergency Accommodation due to Trip Delay
Coverage
This Section provides for payment of compensation for the additional cost of emergency accommodation upto a maximum of two (2) nights if the Insured/Insured Person could not stay in the accommodation originally booked due to,

1. Inclement weather conditions causing cancellation or interruption of the trip with due authentication by a letter from the common carrier;

2. The place intended to be occupied by the Insured/ Insured Person for purposes of his or her stay during the trip or the destination being made uninhabitable by fire, flood, earthquake, storm, hurricane, explosion, outbreak of major infectious diseases, vandalism, burglary, or such natural disaster;

   The cost of the emergency accommodation shall be less than or equal to the category of accommodation originally booked by the Insures/Insured person

Special Exclusions
This benefit does not cover any loss other than those mentioned above under the head "coverage", 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.

Section XIX – Bail Bond

Coverage
The Company shall provide the payment of bail amount to the appropriate authority/court on behalf of the Insured/ Insured Person if the Insured/ Insured Person is arrested or detained by Police or Judicial authorities, for any bailable offence whilst on a trip covered by this Policy upto the limits specified in the Policy Schedule.

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

Special Exclusions
The Company shall not be liable to make any payment under this benefit in connection with or in respectof any expenses whatsoever incurred by the Insured/ Insured Person for:
1. All non-bailable offences as per the local law of the Republic of India where the incident has takenplace whilst the Insured is on a trip;
2. Any exclusion mentioned in the "General Exclusions" section of this Policy.

Special Conditions
The Company will pay or arrange to pay through Emergency Assistance Service Provider to the Judicial Authority / Court directly on behalf of the Insured, the bail amount. This benefit would be for bailable offences only. The Insured shall appear in the Court on the date specified by the Court for trial and judgment. If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured/insured person or otherwise for breach of the terms of such bail bond, then the amount of the bail bond and all costs reasonably incurred by the Company in such behalf will require to be repaid by the Insured to the Company within 1 month after the bail bond is forfeited.
In case of death of the Insured, at the first instance, the immediate family member, and in case, where there is no immediate family member, the Sponsor, if any, will be liable to produce the death certificate or the necessary documents, as per the local law, in the Court within 1 month (of death) for the release of the bail amount to Emergency Assistance Service Provider. In case they fail to do so, it is hereby

agreed that the Company would have full right and authority to recover the bail amount from the estate of the Insured, or the parents/guardians of the Insured, and if applicable, the Sponsor.

The amount will be refunded to the Company or Emergency Assistance Service Provider by the Court with which it was deposited as soon as the Court releases the bail amount with which the deposit wasmade. In no case the amount will be paid out to the Insured/ Insured Person.

In the event the Court releases the bail amount to the Company/Emergency Assistance Service Provider and the bail amount has already been recovered from the estate of the Insured, it shall be paid back to the Insured heir.

The judgment shall have no bearing on the refund of the deposit to the Company or Emergency Assistance Service Provider. If the Court imposes any penalty or fine on the Insured at the time of interim order or final judgment, then in that case the Insured will not be at the liberty to get the fine deducted oradjusted from the bail amount which was deposited by the Company or Emergency Assistance Service Provider.

Section XX – Missed Connection Coverage

If the confirmed onward connecting flight is missed at the transfer point due to the late arrival of the incoming confirmed connecting scheduled flight and no onward transportation is made available within 3 hours of actual arrival time of the incoming flight, the Company will provide for payment of
allowance as specified in the Policy Schedule, towards transportation costs to join the trip (must be of the same class of original tickets purchased) together with

1. expenses incurred in respect of reasonable hotel accommodation, restaurant meals or refreshments, if not provided by the carrier or other third party, subject to production of bills/ receipts;
2. non-refundable, unused portion of the pre-paid expenses as long as these expenses are supported bya proof of purchase and is not reimbursable by another source.

Such delay must be authenticated by the airline in

writing. Special Exclusions
This benefit does not cover any other loss other than those mentioned above under the head coverage, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusionmentioned in the 'General Exclusions' section of this Policy.

Section XXI - Hijack Distress Allowance Coverage

This Section provides for payment of an allowance in the event of hijack of a common carrier in which the Insured/ Insured Person is traveling on a trip covered under this Policy as specified in the Policy Schedule.

The deductible in respect of this benefit will be applicable for each and every claim separately and shallbe of the number of hours the common carrier has been under hijack, as specified in the Policy Schedule.

Special Exclusions

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

1. Any incident where the Insured/Insured Person is suspected to be either principal or an accessory in the hijacking.
2. Any claim as a consequence of a change in the regular routes of travel/journey of the common carrierdue to traffic, weather, fuel shortage, and technical snag or security reasons.
3. Any exclusion mentioned in the 'General Exclusion' section of this Policy.

Section- XXII: - Loss of Baggage & Personal Effects Coverage:

If, during the Period of Insurance, Personal Documents and/or Personal Effects owned by or in the custody of an Insured Person are damaged or lost, then the Company will reimburse the Insured Person the cost of replacement of the articles for any amount up to the Total Sum Insured stated in the Schedule. The Deductible, if

applicable, shall be deducted from the Compensation payable.

Specific Conditions

1. Any valid claim involving a motor vehicle, and at all-time subject to Specific Exclusion (5), will be limitedto a maximum of fifty percent (50%) of the Sum Insured stated in the Schedule.

2. All claims will be subject to the Company at its own discretion assessing the value of the claim basedon the age and estimated wear and tear of the article that forms the basis of the claim.

3. If applicable and if payment has been made under the Baggage Delay Section, any amounts paidwould be deducted from payment of a claim under this Section of the Policy.

4. If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

"Personal Documents" means an Insured Person's identity card (if applicable), ration card, voter identitycard, passport, driving licence.

"Personal Effects" means an Insured Person's mobile, laptop or tablet, Specific Claims Provisions:In the event of a claim the Insured Person must:

1. give immediate written notice:
   a. to the relevant Common Carrier in the event of loss or damage in transit;
   b. to the relevant police authority in the event of loss or theft;
2. submit a copy of the relevant Common Carrier or police report when a claim is made;
3. obtain a Common Carrier or police report where the loss occurred;
4. in the event of loss by a Common Carrier, retain original tickets and baggage slips and submit them when a claim is made;
5. submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and
6. for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance, when a claim is made

For purposes of any claim hereunder:

1. a pair of skis, ski boots and accessories shall be regarded as one item;
2. bottles of perfume, aftershave, and make up shall together be regarded as one item;
3. the equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded asone item.

Special Exclusions:

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

1. loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postalorders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.

2. mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damagecaused by such breakage unless caused by fire or by Accident to the conveying vehicle.

3. destruction or damage due to wear and tear, moth or vermin.

4. baggage, clothing and personal effects dispatched as unaccompanied baggage.

5. theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle isgained by visible, violent and forcible means.

6. loss or damage to sports equipment whilst in use, contact lenses, samples, tools.

7. for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.

8. for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or otheraerial devices travelling at sonic or supersonic speeds.
9. for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
10. for loss, destruction, or damage caused by atmospheric or climatic conditions or any other graduallydeteriorating cause.
11. a claim involving animals.
12. loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
13. for any loss that is not reported either to the appropriate police authority or transport carrier withintwenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is notobtained.
14. baggage and/or personal effects sent under an airway-bill or bill of lading.
15. contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

Section XXIII- Financial Emergency Assistance
Coverage
In the event you require financial emergency Assistance following incidents ie., burglary/ theft of luggage/ money or hold up. The Service provider shall co-ordinate with your relatives within India to provideemergency cash assistance to You as per Your requirement, up to the limit specified in the Policy Schedule.

Section XXIV – Overbooked Flight
Coverage
If the insured/ insured person is denied boarding of an aircraft on a commercial scheduled flight due to over-booking, and no alternative transportation is made available within 12 hours of the scheduled departure time of such flight, the Company will indemnify the insured for expenses incurred, by evidence of bills/receipts in respect of hotel accommodation upto a maximum of three (3) nights, if not provided by the Carrier or any other third party and purchase of a new ticket, less refund, if any, obtained from the Carrier, subject to the Sum Insured specified against this Section in the Schedule to the Policy. The over-booked flight details to be obtained by the insured must be verified in writing by the operators of theairline or their handling agents.

Special Exclusions
This benefit does not cover any other loss other than those mentioned above under the head “coverage”, 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.\

Section XXV –Legal Expenses
Coverage
The Company shall pay the legal costs and expenses incurred by the Insured/ Insured Person, as the case may be, towards claims for from third parties for compensation for accidental death or disablementarising due to an injury, whilst on a trip, up to the limits specified in the Policy Schedule.

The benefit under the Section is limited to the

Sum Insured as specified in the Schedule to the

Policy. Special **Exclusions**
1. All the exclusions applicable to the Personal Accident Section and the Accidental Death and
   Permanent Total Disablement - Common Carrier will also be applicable to this Section in so far as the accidental death or disablement is concerned.
2. All exclusions mentioned in the ‘General Exclusions’ section of this Policy shall also apply to this Section.

Section XXVI– Pet Care
Coverage
This Section provides for payment of medical expenses including fees for the Veterinary Medical Practitioner’s fees towards the medical care and treatment of the pet animal (limited to

cat or dog) of the Insured / Insured Person arising due to an injury sustained whilst under the care of a friend, relative, house servant, other family members of the house or a Professional Carrier in India during the Insured/ Insured Person's trip, covered under this Policy.

The benefit under the Section is limited to the Sum Insured as specified in the Schedule to the Policy. Special Exclusions
This benefit does not cover any loss other than those mentioned above under the head "coverage", 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.

Section- XXVII: - Missed departure
Coverage
If the Insured / Insured person cannot reach the original departure point of Insured/Insured persons booked journey or the onward or return journey due to below mentioned, the company shall pay an cost for alternative travel arrangement (Common Carrier- Air/ Rail)
The company shall pay such cost after adjusting the reimbursed made by the airline.

- inclement weather conditions.
- failure of public transport services ;
- accident of the vehicle in which you are travelling, on the way to catch the return flight/ train journey;
- death of the Insured Person or the travelling Insured Person's parent, spouse or child;
- sudden Illness or injury causing hospitalisation of the Insured Person or the travelling Insured Person'sparent, spouse or child.

Special Exclusions
This benefit does not cover any loss other than those mentioned above under the head "coverage", 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.

Section XXVIII - Alternate Employee Expenses

Coverage
This Section provides for reimbursement of cost of economy return fare incurred by the Insured towards sending an alternate employee for an uncompleted assignment, in case the original employee of the Insured who has been sent on an assignment and covered under this Policy, has to be transported back/repatriated to his/her usual place of residence in India, due to

1. Accident/Injury
2. Illness
3. Accidental death arising due to an injury whilst on trip. Special Exclusion
   All the exclusions and Special Conditions applicable to the Personal Accident section shall be applicable to this Section also as far as the accidental death due to injury of the original employee is concerned who is covered under the Policy as the Insured Person.

Section XXIX - Business Equipment
Coverage
This Section provides indemnifies the cost of repair or replacement to the Insured/Insured Person for the physical loss or damage to Laptop, carried under personal baggage on a trip, due to any cause other than those excluded.

Special Exclusions
a) The Excess stated in the Schedule to be borne by the Insured in any one occurrence. If, however, more than one property is lost or damaged in any one occurrence then the Insured shall not be calledupon to bear more than the highest single deductible applicable to such properties.
b) Loss or damage caused by any defects existing at the time of commencement of the present insurance within the knowledge of the Insured/Insured Person, whether such defects were known to the Company or not.
c) Loss or damage as a direct consequence of wear and tear or of gradual deterioration due to atmospheric conditions.
d) Any costs incurred in connection with the elimination of functional failures unless such failures werecaused by an indemnifiable loss

of or damage to the insured properties.

e) Any costs incurred in connection with the maintenance of the insured properties, such exclusion alsoapplying to parts exchanged in the course of such maintenance operations.

f) Loss or damage for which the manufacturer or supplier of the insured properties is responsible either by law or under contract.

g) Loss of or damage to rented or hired property for which the owner is responsible either by law or underlease and/ or maintenance agreement.

h) Consequential loss or liability of any kind or description.

i) Aesthetic defects, such as scratches on painted polished or enameled surfaces.

In respect of the parts mentioned under (i) above, the Company shall be liable to provide compensation in the event such parts are affected by an indemnifiable loss of or damage to the insured properties.

k) Wilful misconduct/ negligence on the part of the Insured/Insured Person.

l) Theft from car except from car of fully enclosed saloon type having all the doors, windows and otheropenings securely locked.

m) Loss/damage while kept in a secure hotel room unless forcible entry was used to gain access to it.

n) Loss/damage not reported to Police within 24 hours of the discovery of loss and a report obtained.

o) Loss/damage due to confiscation or detention by Customs or any other public authority.

p) Loss/damage while left unattended at a public place or in a public conveyance.

q) Loss/damage while sent under contract of afreightment.

r) Loss or damage to equipment due to felonious assault, burglary

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

In addition to the exclusions that are applicable for the specific sections of the Policy as mentioned abovein this Policy, the following exclusions apply to benefits under all Sections of the Policy.

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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.

2. Any Pre-existing Condition and / or any complication arising from it

a) This policy is not designed to provide an indemnity with respect to medical services, the need for which arises out of a pre-existing condition as defined below in General Exclusion 2(b) in normal course of treatment. However in any of the threatening situation this exclusion shall not be applied and also that the cover will up to the limit shown under Life threatening condition / situation as definedin this policy

b) Any condition, ailment or injury or related condition(s) for which insured/insured person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, prior to your first policy with us.

3. Treatment if that is the sole reason or one of the reasons for the Insured/Insured Person's temporarystay.

4. Any claim if the Insured/Insured Person: –

a. is travelling against the advice of a Medical Practitioner;

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

c. has received terminal prognosis for a medical condition

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

5. Deductibles as specified in the Policy Schedule.

6. Any claim arising out of venereal disease.

7. Diseases, 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 anygovernment or local authority.

8. Any claim 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.

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

10. No claim will be paid which arises from the insured Person engaging in Travel unless he or she travels as a passenger on a carrier properly licensed to carry passengers. For the purpose of this exclusion, Traveller means being in or on, or boarding a carrier for the purpose of travelling therein or alighting there from .

11. Any claim arising out of diseases, illnesses or accidents that the Insured/Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol). However, treatment of nervous disorders, including alcohol and drug dependency, will be covered subject to the limits specified in the Policy Schedule, if specifically agreed for and mentioned in the Policy Schedule. The payment for such medical expenses shall be limited to inpatient hospitalization in a Hospital/Nursing Home for a period more than 24 hours

12. Medical Expenses in respect of Experimental, investigational or unproven treatments or treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment

13. No claims will be paid for losses arising directly or indirectly from manual work or hazardous occupation, self exposure to peril or if engaging in any criminal or illegal act.

14. Any claim arising out of 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. However, this exclusion does not apply to Section XX - Hijack Distress Allowance.

Annexure-A

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

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)

10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl 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

GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

1. Policies covering single trips can be issued upto single trip not exceeding 365 days.
2. Of the covers indicated in this policy wording coverage available to the insured will be indicated in the Certificate of Insurance along with Sum Insured and Deductibles
3. Policies covering annual multi trips can be issued for annual period of one year covering multiple single trips within the annual period of insurance with each and every single trip not exceeding aspecified number of days as mentioned in the Policy Schedule.
4. The Policy start date shall be on or before the trip start date.
5. Extension of the Period of Insurance of the Policy during the duration of the trip can be done only atthe sole discretion of the Company depending upon the risk factors.
6. If the Insured/Insured Person does not declare the full current facts or declare wrong facts whilerequesting for extension of the Policy, any extension of such a Policy if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The Company willalso not be liable to pay any claim filed under the extended Policy.
7. Termination of the Policy at a date earlier than the end date can be done only if the Insured/ Insured Person returns back to his/her usual place of residence in India earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return date to his/her usual place of residence in India and the end date of the Period of Insurance as mentioned in the Policy Schedule will only be given if the same are a minimum of 10 days. Premium refunded will be equal to
   t he amount of premium to be paid for the original Policy duration minus the premium to be paid bytaking the return date as the new end date of Period of Insurance. No refunds will be given on policies with claims.
8. The premium payable for the extension of the Policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.
9. Policy is applicable for one-way travel also, with a condition for maximum duration of coverage limitedto specified number of days as mentioned in the Policy Schedule.
10. The Insured/ Insured Person shall provide the Company with the details of the trip and other information as may be required by the Company from time to time.
11. Deductible will be charged for each separate incident reported for claims payment, even though theclaim may be registered under the same benefit more than once.

12. Claim Procedure – The procedure to be followed by the Insured/ Insured person in case of any event that may give rise to a claim under this Policy, the claim documentation required to be submitted bythe Insured/ Insured Person at the time lodging claims as well as the claim settlement process are enumerated in the enclosed Claim Procedure attached to this Policy. Any failure on the part of the Insured/ Insured Person in complying with the procedure or submission of required documents insupport of his/her claim may prejudice the claim of the Insured/ Insured Person.

    In the event of a payable claim, We shall make such payment through Cashless facility or provide Reimbursement of benefits, up to an amount as specified for said cover.

Turn Around Time(TAT) for claim settlements- The settlement of reimbursement claims would be done by Us within 15 days after the receipt of claim along with claim form, any rejections if done, would be provided with proper reasons by us.

Claims Procedure- 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

13. Obligations of the Insured/ Insured Person:

a) Insured/ Insured Person shall provide to the Company or the Emergency Assistance Service Provider appointed by the Company, on demand any information that is required to determine theoccurrence of the insurable event or the Company's liability to pay the benefits.

b) If requested to do so by the Company or the Emergency Assistance Service Provider appointed by the Company, the Insured/ Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by the Emergency Assistance Service Provider. For the purpose of settlement of claims only. The cost towards the medical examination shall be borne by the Company.

c) The Company or the Emergency Assistance Service Provider appointed by the Company is authorized to take all measures which includes the Insured/ Insured Person's transportation back to his/her usual place of residence in India. The transportation of the Insured/ Insured person back to his/her usual place of residence in India shall be done only on agreement and confirmation from the attending medical practitioner that the Insured/ Insured Person is capable of being transportedto his/her usual place of residence in India with consent from Insured/Insured Persons.

d) The Company shall be released from any obligation to pay benefits under this Policy, if any, of theaforementioned obligations are breached by the Insured/ Insured Person.

15. Transfer and Set-off of Claims:

a) If the Insured/ Insured Person have 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 ismade by the Company in accordance with the terms hereunder.

b) In so far as an Insured/ Insured Person receives compensation for costs he/she has incurredeither 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.

c) Claims to the insurance benefits may be neither pledged nor transferred by the Insured/ Insured Person. Transfer and Set-off of Claims shall not be applicable to any of the medical sections under Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains, Personal Accident, Accidental Death and Permanent Total Disablement – Common carrier, Accidental Dental Treatment, Daily Allowance in case of hospitalization

16. The premium charged shall be based on the number of man days insured in each category at the commencement of the Policy Period, as declared by the Insured Person. Depending on the actual number of man days covered in the Policy Period in each category as at the last day of such Policy period, if the premium calculated on the actual number of man days shall differ from the premium chargedat the commencement of the Policy, then such difference shall be paid to the Company or refunded by the Company as the case may be

17. All Claims will be settled in India and in Indian Rupees only.

17. Multiple Claims: In the event a claim is payable in multiple sections under this policy the Company's liability will be restricted to the highest amount payable per section. This will not apply to the followingsections: Accidental Death; Permanent Total Disability (PTD); Permanent Partial Disablement (PPD)

18. In case a covered insured event, as described in the Benefit Section, occurs before date of purchase of this policy or advance warning is issued by the relevant authorities of the likelihood of such an eventhappening before date of purchase of this policy the Company shall not be liable to pay a claim.

19. 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)

GRIEVANCES REDRESSAL PROCEDURE

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.irdaindia.org, 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 Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.i n 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 The updated details of Insurance Ombudsman are also available on IRDA website: www.irdaindia.org on the website of Office of the Executive Council of Insurers (formerly GBIC): www.cioins.co.in, website of the company www.icicilombard.com or from any of Our offices.
"For updated list of ombudsman details kindly visit https://www.cioins.co.in/ Ombudsman"

GENERAL TERMS AND CONDITIONS (APPLICABLE TO ALL SECTIONS OF THIS POLICY)

Duty of Disclosure or Disclosure to information norm: The Company may cancel the Policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on the grounds of established fraud..

1. 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 / Insured Person, shall be acondition precedent to any liability of the Company to make any payment under this Policy.

2. Insured Person:
   Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added as an Insured Person during the Policy Period after his application has been accepted by the Company, additional premium to be paid and the Company has issued anendorsement confirming the addition of such person as an Insured Person

3. Alterations and Endorsements to the Policy:
   This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except the Company, and any change made by the Company will be evidenced by a written endorsement signed and stamped by the Company.

The following endorsement requests can be accepted by the Company:

S no	S cenarios	Before P olicy S tart Date	After P olicy S tart
			Date

1	Name Change	Allowed	Allowed
2	Address Change	Allowed	Allowed
3	DOB Change	Allowed	Allowed
4	Change of E mail	Allowed	Allowed
5	Change of Contact number	Allowed	Allowed
6	Change of Risk Start and/or End Date	Allowed	Not Allowed
7	Trip Extension	Not Allowed	Allowed
8	Change of Nominee	Allowed	Allowed
9	Change of Passport Details	Allowed	Not Allowed
10	Policy Cancellation	Allowed, only if request is received before 24 hours	Not Allowed
11	Plan Change	Allowed	Not Allowed
12	Geography Change	Allowed	Not Allowed

4. Loadings and / or exclusion

On change of your Occupation and / or risk profile, the coverage may cease, unless specifically agreed by the Company. However in such case, the Company may charge an additional loading or apply exclusion or both depending upon the risk profile.

The final decision regarding the same shall be at the Company's sole discretion. The Company will inform Insured Person/Policy Holder about the applicable risk loading through a counter offer letter. You need to revert to the Company with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, Insured Person/ Policy Holder neither accept the counter offer nor revert to the Company within 15 days, the Company shall cancel the Insured Person's/ Policy Holder's application and refund the premium paid within next 7 days.

5. Material change

The Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk such as the trip duration, country and location of travel, correction in age, nature of job and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safety and 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. The liability of Insurance Company shall continue only if there is a written acceptance on the part of the Insurance Company through endorsement.

6. ***The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract***"

7. 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 established that any fraudulent means or devices are used by the Insured/Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy all benefits and premium paid under this Policy shall be forfeited

The Company will have the right to reclaim all benefits paid in respect of a claim which is fraudulent asmentioned above under this Condition as well as under Condition No 1 of this Policy

8. No constructive Notice

Any knowledge or information of any circumstance or condition in connection with the Insured/Insured Person in possession of any official of the Company shall not be notice

to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

9. Notice of charge

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 /Insured Person or his/her nominee or legal representative, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company. In the cases of delay in the payment, the Company shall be liable to pay interest in line with the IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations 2024. The said act is available for reference in the website of the Insurance Development Regulatory Authority of India (IRDAI).

10. Electronic Transaction

The Insured /Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of the Company for and in respect of the Policy or its terms or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholder's interests. All conditions of section 41 prescribed for the proposal form, all necessary disclosures on terms, conditions and major exclusions shall be made known to the Insured/Insured Person; Any voice transaction shall be duly recorded, with the consent of the Insured/Insured Person and the recordings shall be maintained by or on behalf of the Company and shall be made available to the Insured/Insured Person for subsequent validation/confirmation of the Insured/Insured Person, if so required.

11. Duties of the Insured/ Insured Person on occurrence of loss

On the occurrence of any loss, within the scope of this Policy the Insured/ Insured Person shall:

a. Forthwith inform the Company and file/submit a Claim Form in accordance with 'Claim Procedure'.
b. Allow the Medical Practitioner or the Surveyor or any agent of the Company to inspect the lost/damaged properties premises/goods as well as examine the Insured/ Insured Person.
c. Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.
d. Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedythe damage before the same has been approved by the Company or any of its agents or the Surveyor.

If the Insured/Insured Person does not comply with this provision of this Clause, all benefits under this Policy shall be forfeited, at the option of the Company.

12. 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 a claim to the Insured/Insured Person be permitted at all reasonable times to examine into the circumstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss

orsuch circumstance in his possession including presenting himself for examination 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 the correctness thereof or the liability of the Company under this Policy.

13. Position after a claim

The Insured/ Insured Person shall not be entitled to abandon any insured 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/ Insured Person, the Sum Insured for the remainder of the period of insurance shall stand reduced by the amount of the compensation.

In case of claims under Home Fire Insurance (Contents) and Home Burglary Insurance (Contents) Sections, the Sum Insured can be reinstated by payment of pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss.

14. Condition of Average (applicable to Sections Home Fire Insurance (Contents) and HomeBurglary Insurance Content)

If the property hereby insured shall at the time of loss or at the commencement of any destruction of or damage to the property by any other peril hereby insured against 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 accordingly. Every item, if more than one, of the Policy shall be separately subject to this condition

15. 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 onlyas 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 thetime 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, 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 this Policy. However, this condition shall not be applicable to Personal Accident, Accidental Death and Permanent Total Disablement – Common Carrier Sections

16. Subrogation

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

However, this condition shall not be applicable to any heath sections ie., Emergency Medical Expenses,Emergency Medical Evacuation, Repatriation of Mortal Remain. Personal Accident, Accidental Death and Permanent Total Disablement – Common Carrier -, Accidental Dental Treatment & Daily Allowance in case of hospitalization

17. Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

18. **Multiple Policies (Indemnity covers)**

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.

19. **Free look 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 you cancel the policy within free look period then you 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 you on medical examination of the proposer and stamp duty charges.

20. Termination / CancellationThe 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.

c. 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."

20. Cause of Action

No claim shall be payable under this Policy where the cause of action arises outside the territorial limits of India, unless otherwise specifically provided in the Policy Schedule.

21. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and 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 and in Indian Court.

22. Arbitration

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 thereto 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 and arbitration shall be conducted

under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
It is clearly agreed and understood that no dispute or difference 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 that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

23. Renewability
Every renewal premium (which shall be paid and accepted in respect
of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and thatnothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

Renewal premium are subject to change with relevant regulatory prescriptions.

The Company may vary the renewal premium and/or benefits payable subject to relevant regulatory prescriptions and inform the same to the Insured at least 3 months prior to the date of revision and/ or modification.

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.

Insurer is required to send the insured renewal notice atleast 30 days prior to the due date

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.Insured will have the option to migrate to other plan under similar travel insurance policy at the time of renewal, provided the policy has been maintained without a break. The Sum Insured can be enhanced up to the next available sum insured slab at the time of renewal, subject to no claim in theprevious policy and Good Health Declaration.

24. **Extension**
The Company may in its sole and absolute discretion extend the Policy once during the Risk Period, provided that:

1) We receive the request for extension of the Policy and the applicable premium before the expirydate of the Policy Period.
2) We have received a good health and no claim declaration during the Risk Period.
3) The insured persons has not made a claim just before we receive the request for extension of the policy

The Company is under no obligation to extend the Policy or to extend the Policy on the same termsand conditions whether as to premium or otherwise.

25. Notices
Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to -

a) In case of the Insured/Insured Person, at the address specified in the Policy Schedule.
b) In case of the Company, to the Policy issuing office of the Company.

26. Customer Service (Claims Notification-Claims Multi Media Model)
It is the endeavour of Company to give multiple options to the Insured Person/Insured Person's representative to intimate the claim to the Company. The intimation can be given in following ways:

- Login to the website of the Insurance Company and intimate the claim – http://www.icicilombard/contact-us
- Post/courier to TPA/Company - ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad-500032.

- Directly contact our Company office but in writing. - ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025

Domestic Travel:
Our Toll Free : 1800 2666
Email Id : customersupport@icicilombard.com
In all the above, the intimations are directed to a central team for prompt and immediate action.

Claims Procedure
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.

1 In the event of an accident or sudden illness which is likely to give rise to a claim under this Policy, the Insured Person or his/her representative shall immediately contact the Emergency Assistance Service Provider giving details of the Policy issued to Insured Person/ Policy Holder. The details of phone numbers and Help Line are given in the Schedule attached to this Policy.

2 The first call will have to be made by the Insured Person or his/her representative giving his/ her contact number and subsequent calls will be made by the Service Provider at the contact number given by the Insured Person.

3 The Insured Person or his representative shall provide to the Emergency Assistance Service Provider maximum information about the illness, accident or occurrence as is available, as well as other information such as the Policy number etc. Emergency Assistance Service Provider shall assist the Insured Person in getting admitted in to a hospital / getting treatment from a Medical Practitioner as an outpatient.

4 Where it is not possible to make an emergency call before consulting a Medical Practitioner or going into hospital, the Insured Person shall contact the Emergency Assistance Service Provider as soon as possible. In either case, when being admitted as a patient, the Insured Person shall inform the Medical Practitioner or personnel at the hospital, the details of his/her policy coverage.

and shall state the details of the Emergency Assistance Service Provider and request them tocontact them.

5 All necessary claimed documents should be furnished to the Company/ Emergency Assistance Service Provider by the policy holder/insured to make a claim. However, claims filed even beyondsuch period should be considered if there are valid reasons of any delay..

6 If proper intimation is given, the Emergency Assistance Service Provider shall give a benefit guarantee (cash less in-patient hospitalisation as well as outpatient treatment) to the hospital / other providers for the costs of hospitalization, transportation by emergency services, emergency evacuation, transportation home, repatriation or transportation of mortal remains and burial listedunder Scope of Coverage under the Policy. These costs will be settled directly by the Emergency Assistance Service Provider on behalf of and for the account of the Company. The Insured Person shall release Medical Practitioners/hospital contacted by Emergency Assistance Service Provider from their duty not to disclose information about his/her case.

7 In such cases, the Insured Person before his discharge from the Hospital, shall fill up and sign the claim form and hand over the same to the Hospital authorities to be handed over to Emergency Assistance Service Provider.

8 Where no information is given to Emergency Assistance Service Provider and the payment for hospital treatment / outpatient treatment has been made by the Insured

Person, the reasons therefore shall have to be given by the Insured / Insured Person along with the claim form giving details of treatment and bills for expenditure to the Company OR Emergency Assistance Service Provider. After examining the facts and establishing the liability, in consultation and with theapproval of the Company Emergency Assistance Service Provider will reimburse to the Insured Person the costs incurred within the Scope of Coverage of the Policy on behalf of and for the account of the Company.

9 With respect to Emergency evacuation or repatriation, the following services shall be arranged bythe Company through the Emergency Assistance Service Provider:

In the event of death of the Insured/Insured Person due to an insured event in terms of this policy, arrangements for bringing transporting the mortal remains of the deceased back to his/her usualplace of residence in India or reimbursement of cost of local burial or cremation in any part of India where the death occurred. An official death certificate and a physician's statement giving thecause of death needs to be submitted.

10 Quick turnaround time shall be ensured in case the Emergency Assistance Service Provider arranges the emergency evacuation. The Company shall review and monitor the promptness andquality of the service, turnaround time and accessibility provided by the Emergency Assistance Service Provider in the interest of the policyholder and shall take due course of action based on the results of the review.

11 Claims, if any, for Total Loss of Checked Baggage, Personal Accident and Loss of Passport will be settled in Indian Rupees in consultation and with approval of the Company. In such cases, theclaim form with details is to be submitted to the Company OR Emergency Assistance Service Provider.

12 The Company shall only be liable to indemnify if, besides proof of insurance cover, the documentary proofs required as per the claims procedure stated in the Policy, is also submitted.

13 The total loss of checked baggage caused by a carrier (airlines) must be reported to the Carriers (airlines) and a Property Irregularity Report (P.I.R) shall be obtained from them. Original report together with the ticket(s), baggage tag(s) and the claim form are to be submitted in support of aclaim by the Insured Person to the Company OR Emergency Assistance Service Provider.

14 A loss of passport must be reported to the police authorities within 24 hours of discovery of such loss and an official report obtained from the Police authorities. The original official report of the Police authorities should also be submitted along with the claim form to the Company OR Emergency Assistance Service Provider

15 Failure to comply with the claims procedure stated above in respect of Total Loss of Checked Baggage and Loss of Passport, may prejudice the claim of the Insured Person.

16 Claims for reimbursement shall be submitted to the Company OR Emergency Assistance Service Provider within one month after completion of the treatment or transportation home. In the eventof accidental death, the same shall be submitted within one month after transportation of mortal remains/burial.

17 The Insured and the Insured Person shall provide Emergency Assistance Service Provider / the Company on demand with any information that is required to determine the occurrence of theinsured event or the scope of the Company's liability. In particular, at the request of Emergency Assistance Service Provider / the Company proof shall be furnished of the actual commencement of the trip.

18 If requested to do so by Emergency Assistance Service Provider / the Company,

the Insured Person and/or the Insured shall authorise Emergency Assistance Service Provider / the Company to obtain all the information considered necessary from third parties (Medical Practitioners, dentists, alternative practitioners, medical institutions of any kind, insurance carriers, health or pension offices) and release these parties from their obligation not to disclose information.

19 If requested to do so by Emergency Assistance Service Provider / the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by Emergency Assistance Service Provider / the Company for the purpose of settlement of claimsonly The costs towards any such medical examination shall be borne by the Company.

20 In case of any claim under Personal Liability, Legal Expenses or Bail Bond proof of judicial decision rendered by a Court of Law may be required.

21 In case of any accident giving rise to a claim under the Personal Accident section of the Policy, the Insured/ Insured Person, his/her nominee or legal representatives, as the case may be, shall provide complete information and details about the Insured Person in the claim form along withthe following documents to the Company or Emergency Assistance Service Provider. Such a claim will be settled only in Indian rupees.

Upon receipt of claim along with the claim form and documents , the offer of settlement of reimbursement claim will be made within 15 days. Settlement (payment) of claim will be made within 7 days of receipt of acceptance in response to offer of settlement,

List of documents required for Claims processing:

In case of a disability claim

(1) Certificate from the Hospital and attending Medical Practitioner
(2) Discharge summary from the hospital explaining the disability
(3) Police report on the accident if any
(4) Hospital bills

ii) In case of a death claim
(1) Police report on the accident, if any
(2) Death Certificate
(3) Post Mortem report (if conducted)

iii) Certificate from Institution, in case of a burglary claim
(1) Duly completed claim form
(2) Copy of first information report/policy report.
(3) Copy of final investigator report/non-detectable certificate issued by the police authorities/magisterial order.
(4) Letter of undertaking/subrogation form obtained from the insured.

iv) In case of baggage loss claim
(1) Duly completed claim form
(2) Copy of the complaint filed with airline authorities
(3) Property Irregularity Report/ Certificate from airline authorities that baggage has been lost

v) In case of baggage delay claim
(1) Duly completed claim form
(2) Copy of the complaint filed with airline authorities
(3) Property Irregularity Report/Certificate from airline authorities that baggage has been delayed from morethan the specified hours
(4) Vouchers/Bills for toiletries, medication and clothing

vi) Emergency Medical Emergency
(1) Claim form duly signed along with attending Medical Practitioner statement
(2) Discharge summary
(3) Hospital final bill
(4) Attending Surgeon's/ Medical Practitioner's Prescription advising hospitalization
(5) Surgery/consultation bills and receipts
(6) Operation theatre
(7) Medicines bill with prescriptions of Medical Practitioners
(8) Others if any

vii) Accidental Dental Treatment
(1) claim form duly signed along with attending Medical Practitioner statement
(2) Original documents of Medical Practitioner's medical report, admission and discharge

cards, andprescriptions

(3) Original bills, vouchers, reports and payment receipts stating the details of the tooth treated and thetreatment performed

(4) Copy of X-ray, pathological and investigative reports

viii) Trip cancellation and interruption

1. Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons.
2. Termination letter from the company if trip is cancelled due to employments.
3. If due to other events, police report confirming the incident shall be submitted.
4. All original bills / receipts of reasonable additional expenses incurred and/or proof of cancellationcharges levied by the carriers shall be submitted.

ix) Missed connection

1. Confirmation from the airline, mentioning the scheduled arrival time and the actual arrival time.
2. The reason for delay in the flight also needs to be mentioned.
3. All original bills / receipts of reasonable additional expenses incurred and/or proof of cancellationcharges levied by the carriers shall be submitted.

The original ticket / boarding pass indicating the travel dates must be submitted with every claim, alongwith the completed claim form.