VOYAGER TRAVEL INSURANCE (GROUP) POLICY WORDINGS

PART II OF THE POLICY SCHEDULE

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

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

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

I. STANDARD DEFINITIONS

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

"Any One Illness" shall mean continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

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

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

"Cashless Facility" Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

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

"Congenital Anomaly"- refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body

ii. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body

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

"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.

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

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

ii. Which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

"Deductible" is a cost-sharing requirement under a health insurance (including travel insurance) policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash/benefit policies (including travel insurance) which will apply before any claims are payable by the insurer. A deductible does not reduce the Sum Insured.

"Dental Treatment" means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery. "Disclosure to Information Norm"means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non- disclosure of any material fact.

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

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

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

has qualified nursing staff under its employment round the clock;

- 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's authorized personnel.
- For a domestic policy, the following conditions shall also be applicable to the definition of a "Hospital".
- A hospital should be registered under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act

a. It should have 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;

Hospital includes Ayush Hospitals

AYUSH Hospital: An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections

as required and/or has equipped operation theatre where surgical procedures are to be carried out;

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

"Hospitalization" means admission in a Hospital for a minimum period of 24 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" mean a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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 your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it comes back or is likely to come back.

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

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

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

"Maternity Expenses" shall include

(a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization)

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

"Medical 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.

"Notification of Claim" Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication. "Outpatient Treatment or OPD" is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted in a day care centre or as an in-patient.

"Pre-Existing Disease" means any condition, ailment, injury or disease:

a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or

b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.

"Qualified nurse" (for a domestic policy) shall mean a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India. In case of Overseas Policy, "Qualified nurse" shall mean a person who holds a valid registration from the local authorities. **"Room Rent"** Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated

medical expenses. **"Subrogation"** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. **"Surgery or Surgical Procedure"** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

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

1. SPECIFIC DEFINITIONS

"AirTravel" shall mean travel by an airline/aircraft, licensed by the competent authority for carriage of passengers.

"Alternative treatments" are forms of treatments other than "Allopathy" or "modern medicine" or AYUSH Treatment. **"Assistance Service Provider (ASP)"** means such person or persons as may be appointed by the Company from time to time to provide assistance to the Insured in terms of this Policy.

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

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

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

"Checked-In Baggage" means the baggage entrusted by the Insured and accepted by a Common Carrier/Public Carrier for transportation for which a baggage receipt is issued to the Insured by the Common Carrier/Public Carrier. This shall exclude all the items that are carried/ transported under a contract of affreightment. As soon as the checked-in baggage is delivered by the Common Carrier/Public Carrier against surrender of the receipt to the Insured, it shall be considered as Baggage and Personal Effects of Insured.

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

"Civil Unrest, Riot or Commotion" means a gathering of persons (organized or unorganized) in disturbance of
the public peace, with the presence of violence, threats of violence or the action of any lawfully constituted authority to suppress or attempt to suppress any such gathering. **"Chronic Illness"** means any Illness that is long-lasting and / or permanent Illness. Long-lasting in relation to the above shall mean any Illness lasting for more than 3 months. **"Close Relative"** means parents, lawful spouse, children, siblings or in-laws, including step parents and step children.

"Comatose State/ Coma" is a state of unconsciousness, whereby a person is not able to respond to external stimuli and cannot initiate voluntary actions.

"Common Carrier" or "Public Carrier" or "Carrier" means anya)
Any bus, cab, coach, ferry, helicopter, hovercraft, hydrofoil, ship, taxi, tram, monorail or train or any other vehicle provided and operated by a carrier duly licensed
for the regular transportation of fare paying passengers and/or cargo; and
b) Any aircraft provided and operated by an airline or an air charter company which is duly licensed for the regular transportation of fare paying passengers and/or cargo

"Contents"
In so far as it relates to household (Contents of Property insured), it shall mean the following equipment's not used for business purposes and owned by the Insured or his family or for which the Insured and/or his family is legally responsible for
– electronic equipment, household appliances, house hold goods such as furniture, kitchen utensils, fixtures, fittings and interior decorations, personal effects such as clothes and other articles of personal nature likely to be worn, used or carried but excluding money but including jewelry and valuables. The term shall

exclude cash and/or currency and/or cheques.
a) in so far as it relates to Checked-In Baggage or baggage & personal effects, it shall mean and include any and all items other than Valuables contained in the Checked-in Baggage or baggage & personal effects.

"Country of Residence of the Insured" shall mean the country, Insured is normally residing in currently, and/or declared as the Residential Address of the Insured in the Policy Schedule. It need not be the same as the country of origin of the Insured or the country whose citizen the Insured is.

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

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

"Disease" shall mean an affliction of the bodily organs having a defined and recognized pattern of symptoms that first manifests itself during the Period of Insurance and for which immediate treatment by a Medical Practitioner is necessary. **"Doctor"/ "Medical Practitioner"** means an Insured's attending doctor or specialist who is registered or licensed to practice medicine under the laws of the country in which they practice, other than:

- The Policy holder; or
- The insured; or
- A Close Relative of the insured; or
- A member of the immediate family of the insured; or
- An Employee of the Policyholder

The term Doctor/Medical Practitioner specifically excludes persons practicing in non-allopathic fields (Except AYUSH practitioners for Domestic Travel).

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

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

"Family" means the Insured, his/her lawful spouse and their dependent child(ren), parents, in-laws and siblings

"Financial Emergency" shall mean a situation faced by the
Insured wherein the Insured Person accidentally looses all or a substantial amount of Money (money, travelers cheque, debit card, forex card or credit cards etc. issued in favor of the Insured) available with him and needed for proceeding with his next schedule of activities and more particularly proceeding with his Trip further. The term shall not mean any emergency situation encountered by him by causes other than all or substantial loss of Money. The term shall exclude all situations where a Financial Emergency is not felt as an immediate and instantaneous development and/or is not consequential to the of loss of Money.

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

"Hazardous Activities" or "Adventure Sports" shall mean any sport or activity, which is dangerous to the Insured Person whether he/she is trained, or not. These activities shall be considered to be hazardous irrespective of the safety precautions taken while undergoing these activities/sports. Such sport/Activity

includes, but is not limited to, Abseiling, Adventure racing, Animal Conservation/ Game Reserve, Archery, Base jumping, Bicycle touring, Big game hunting, Black water rafting, Biathlon, BMX Stunt/ Obstacle riding, Bobsleighing/ using Skeletons, Bouldering, Boxing, Bull- fighting, Canyoning, Bungee jumping, Cave tubing/ Cave Diving, Caving/ Pot holing, Clay Pigeon Shooting, Climbing/ Trekking/Walking over 2,000 meters altitudes, Cross Channel, Swimming, Cycle Racing, Cyclo cross, Drag racing, Dry/Desert/Dune Skiing/Bashing, Endurance testing, Fencing, Field hockey, Flying as a pilot, Free Diving/ No Limits Driving, Gaelic Football, Gliding, Gymnastics, Hang gliding, Heptathlon, Harness racing, Heli Skiing/ Boarding, High diving (above 5 meters), Horse racing, Horse riding and Jumping, Hot air ballooning, Hunting on Horseback, Hunting/Shooting, Hurling, Ice and Street Hockey, Ice climbing, Ice skating, Ice speedway, Jet boating, Jet Skiing, Jousting, Judo, Karate, Kayaking, Kendo, Kite Skiing, Kite Surfing/Land boarding/ buggying, Lacrosse Luge/ Tobogganing, Luging, Manual Labour, Marathon running, Martial Arts, Micro – lighting, Modern pentathlon, Motor cycle racing (All types), Motor rallying, Mountain biking, Mountain Boarding, Mountain Running, Mountaineering/ Rock climbing, Orienteering (Involving climbing), Parachuting, Paragliding/ Parapenting, Parasailing, Parascending (Over land and water), Parkour/Parcours/Free Running, Piloting aircraft or learning to pilot an aircraft, Point to Point, Polo, Power boat racing, Powerlifting, Professional sports of any kind,Quad biking/all terrain vehicles, Rifle range shooting, River boarding, River boardings, River bugging, Rock scrambling, Rodeo, Roller hockey, Rugby, Running of the bulls, Safari tours, Sail boarding (racing/high speed/extreme), Sailing, Sand boarding, Scuba Diving, Shark feeding/cage diving, Skate boarding, Ski acrobatics, Ski doo Ski jumping, Ski racing, Sky diving, Small bore target shooting, Snorkeling, Snow mobiling, Snow Skiing, Snowboarding, Speed trials/ Time trials, Steeple Chasing, Surfing, Team Sports played in competitive contest, Tomb stoning/cliff diving/quarry diving, Trial bike riding, Triathlon, Tubing on snow, Tubing, Wakeboarding, War games(non-armed forces), Water skiing or Water Ski jumping, Weight Lifting, Wrestling, White or black water rafting, White water kayaking, Wind surfing, Yachting, Zip Line, Zorbing and Hydro-zorbing and activities of similar nature as mentioned in Annexure-I.

"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/Public Carrier in which the Insured is traveling.

"Hold-up" means a robbery carried out using violence or the threat of violence.Eg.Robbery carried out at gunpoint

"Immediate Family Member" shall mean an Insured's lawful spouse; parents and children including stepchildren and children legally adopted by the Insured (below 19 years) or children under twenty five (25) years of age while they are full- time students at an accredited institution of higher learning and in either case are primarily dependent upon the insured for maintenance and support ; siblings; parents; sister(s) in law, brother(s) in law; parents-in-law; legal guardian; ward; step- parents, half brother, half sister, fiancé(e), niece, nephew, uncle, aunt, grandparent or grandchild

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

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

"Insured(s)/ Insured Person(s)" shall mean the person(s) whose name(s) are specifically appearing as such in the Policy Schedule.

"Kidnap" means to seize and detain an individual or carry away by unlawful force or fraud and often with a demand for ransom **"Larceny"** means the unlawful taking of personal property with intent to deprive the rightful owner of it permanently

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

1. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate)
2. Acute impairment of one or more vital organ systems (involving brain,heart,lungs,Liver,Kidneys and pancreas)
3. Critical care being provided, which involves

high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology

4. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

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

"Major Travel Event" means

a) Natural Disasters like avalanches, landslides, floods, hurricanes, tornadoes, blizzards, cyclones, volcanic eruptions, earthquakes, forest fire, tsunamis etc.

b) Epidemic or pandemic as at a Phase 4 (According to WHO, Phase 4 is characterized by verified human-to- human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic) level or higher as declared by the World Health Organization or for which a warning against which a non- essential travel warning is issued by the country of Port of Origin or the country of Port of Destination

c) Major industrial accident

d) Civil Unrest, Riot or Commotion resulting in cancellation of scheduled Common Carrier/Public Carrier services or in a relevant government warning against non-essential travel

e) Any eventleading to air space or multiple airport closures. **"Medical Advice"** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat/follow-up prescription.

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

i. Current hospital where Insured is taking treatment is not equipped enough or lack facilities to carry out further treatment of the Insured

ii. Insured suffering an Injury or Illness is stuck or stranded in a remote area which lacks Hospital and the Insured has to be transported to the nearest Hospital on an Emergency basis

"Medically necessary" treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which - 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 care in 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 by the medical community in India.

"Minor Child(ren)" are the child(ren) of the Insured including stepchild/ stepchildren of the Insured and child/ children legally adopted by the Insured below the age of 19 years.

"Missed Flight/Common Carrier/ Public Carrier" shall mean the failure of the Insured to travel by a flight or a Common Carrier/ Public Carrier being part of the covered Trip.

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

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

"Natural Calamities/Natural Disaster(s)" would be any major adverse event resulting from the natural geological processes of the Earth. Natural calamities/Natural disaster(s) include earthquakes, tsunamis, volcanic eruptions, landslides, hurricanes, floods, wildfires, fog, heat waves and droughts etc. They have an immediate impact on human lives and often result in the destruction of the physical, biological and social environment of the affected people, thereby having a longer-term impact on their health, well-being and survival.

"Network Provider" means hospitals or health care providers enlisted by an insurer or by an ASP and insurer together to provide

medical services to an insured on payment by a cashless facility. The list of Network Providers (within India) will be found on the website of ICICI Lombard General Insurance Company

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

1. **Multi-trip, the period between:**
   - Date of Commencement of Insurance cover mentioned in the Policy Schedule or the actual date on which the Insured first boards the mode of transportation by which it is intended that he/she shall finally leave the City of Residence or Place of Origin in the Country of residence (Overseas Policy) ,whichever is later and
   - Date of expiry of Insurance cover as mentioned in the Policy Schedule or the actual date on which the Insured returns to the City of Residence or Place of Origin or Place of Destination, whichever is applicable or full utilization of the maximum number of travel days, whichever is earlier Subject to maximum trip duration as mentioned in the Policy Schedule.
2. **Round-trip, the period between:**
   - The date when the cover starts when the Insured leaves his/her City of Residence on the trip start date and time or start date and time of the period of insurance (whichever is later). It continues until the expiry date and time of the policy or on the date and time, when the Insured returns to his/her city of residence whichever is earlier
   - Subject to maximum trip duration as mentioned in the Policy Schedule.
   - Single-trip the period between:
   - The date when the cover starts when the Insured starts the insured trip or start date and time of the period of insurance (whichever is later).It continues until the expiry date and time of the policy or the time when the Insured reaches his/her destination, whichever is earlier.
   - Subject to maximum trip duration as mentioned in the Policy Schedule.

- "Place of Destination" means the destination place of the journey of the Insured, forming part of the Trip
- "Place of Origin" means the starting point / place from where the Insured's Trip is scheduled to be undertaken
- "Place of Residence of the Insured" means the dwellings the
- Insured is normally residing in currently, and/or declared as the residential address of the Insured in Part I of the Policy Schedule.
- "Policy" means Insured's proposal, the Policy Schedule and other parts of the Policy, Company's covering letter to the Insured and any endorsement attaching to or forming part hereof, either at inception or during the Period of Insurance. "Policyholder" means the person(s) or the entity named in Policy Schedule of this Policy who executed the Policy Schedule and is (are) responsible for payment of premium(s) on behalf of the Insured Person or otherwise.
- "Professional Sport" is a sport activity in which participant who is not an amateur, gets paid or rewarded or remunerated. The said sports activity is a full time occupation for an individual and by which an individual makes most of his/her livelihood.
- "Robbery" means the act of taking person's belongings away by force or by violence or threat
- "Reasonable and Customary Charges" means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services,taking into account the nature of the illness/injury involved.
- "Renewal" defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

"Retraining" refers to the process of acquiring additional skills to obtain employment and it does not include formal/higher education

"Semi-Professional Sport" is a sport activity in which participant who is not an amateur, gets paid or rewarded or

remunerated. However, the said sports activity is not a full time occupation for an individual.

"Sponsor" as used in the policy shall mean any individual responsible for paying the tuition fees of the student of his full time study in a registered educational institution outside of his home country

"Sports Equipment" shall mean any equipment that is essential to complete the sport, including but not limited to bats, racquets, balls, goal posts, nets, skis, roller skates

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

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

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

"Terminal Condition" means a terminal illness that has the life expectancy of less than 12 months

"Terrorism" is any act "intended to cause death or serious bodily harm to civilians or non-combatants with the purpose of intimidating a population or compelling a government or an international organization to do or abstain from doing any act". **"Trauma"** is described as a person's emotional response to an extremely negative (disturbing) event. Trauma can be triggered by exposure to actual or threatened death, serious injury or sexual violation. Such exposure must result from one or more of the following situations, in which the individual directly experiences the traumatic event, witnesses the traumatic event in person, learns that the traumatic event occurred to an Immediate family member or close friend (with the actual or threatened death being either violent or accidental) , experiences, first-hand, repeated, or extreme exposure to aversive (unpleasant) details of the traumatic event (does not learn about it through media, pictures, television, or movies, except for work-related events)

"Travel Agent" means an agent, tour operator, or any entity from which the Insured purchases his travel arrangements, and includes all officers, employees, and affiliates of such agent or tour operator or any entity.

"Traveling Companion" means an individual or individuals traveling with the Insured during the Period of Insurance, provided that, the Insured and such individual(s) are traveling to the same destination on the same dates and provided that such individual(s) is/are also Insured under the Policy. For the purpose of this definition, any individual(s) forming part of a group traveling on a tour arranged by a travel agent or a tour leader, includings MICE (Meetings, Incentives, Conferences and Exhibitions) travels, is not considered as Traveling Companion, unless the individual(s) is part of the Insured's Immediate Family Member as defined herein.

"Travel Documents" shall include passports, travel tickets, visas, entry permits and other similar documents of similar nature as deemed by Us.

"Trip" shall mean and include all journeys undertaken from a port at the City of Residence or Place of Origin of the Insured to the Place of Destination or return to the City of Residence or Place of Origin of the Insured, except as specifically defined elsewhere under this Policy.

i. **"Single-trip"** shall mean journey undertaken by the Insured during the Period of Insurance from a port at the City of Residence or Place of Origin to the Place of Destination. Journey shall be deemed completed when insured reaches the Place of Destination as specified in Part I of the Policy Schedule

ii. **"Round-trip"** shall mean and include one round Trip undertaken by the Insured during the Period of Insurance from a port at the City of Residence or Place of Origin of the Insured on or after the date of commencement of the cover and returning to the City of Residence or Place of Origin of the Insured, as the case may be, on or before the expiry of the insurance cover. Journey shall be deemed completed when insured reaches the Place of Destination or Place of Origin as specified in Part I of the Policy Schedule

iii. **"Multi-trip"** shall mean one or more Trips undertaken by the Insured during the Period of Insurance from a port at the City of Residence or Place of Origin of the Insured and returning to the City of Residence or Place of Origin of the Insured, subject to Maximum Trip Duration as specified in the Policy Schedule. Applicability of medical covers in case of a multi trip policy will be throughout the trip duration and per trip coverage for trip related covers as per the number of trips undertaken throughout the policy period

For all common carriers/ public carriers excluding flights, Trip shall start when the Insured boards the common carrier/ Public Carrier. For flights, Trip shall start when the Insured completes the check-in of the scheduled flight of the insured trip.

"Trip Duration" means the time period commencing from the date when the Insured travels out of the City of Residence or Place of Origin of the Insured and ending on the date of return to the City of Residence or Place of Origin or Place of Destination of the Insured, as the case may be, both days inclusive and calculated according to the local time of the Country of Residence of the Insured.

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

"Valuables" shall mean:

i. Telescopes, binoculars, spectacles, sunglasses
ii. Watches, jewelry and gems, furs and articles made of gold, silver and other precious stones and metals
iii. Antiques, moulds, designs and other collectibles, sculptures, manuscripts, stamps, collection of stamps, rare books, medals, artificial teeth, prosthetic limbs, hearing aids, membership cards, travel tickets, event tickets, personal Travel documents, business goods or samples or documents
iv. Cash, ATM Cards, debit cards, credit cards, FOREX Cards, bonds, bank treasury or promissory notes, bills of exchange, cheques, banker's cheques, demand drafts, travelers cheques, and any other such securities or financial instruments

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

"You / Your" means the person named as the policyholder/Insured in the Policy Schedule and who is responsible for payment of premium.

SCOPE OF COVER

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

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

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

Please Note – For all International trips, Boarding Pass, tickets, Copy of Passport, visa with entry and exit stamp shall be a mandatory claim document. For all domestic trips as well, Boarding Pass, tickets shall be a mandatory claim document.

In the event of a contingency resulting in occurrence of an event that may give rise to a claim, the Insured or his / her representatives shall immediately report the same to the Assistance Service Provider (In case of Overseas Policy) / TPA / In-house claim settlement team and submit the claims form furnishing the complete details of the Insured to the Assistance Service Provider/Us along with the account details and the documents required for the respective cover. Evidence of the refund request has to be provided, wherever applicable, even if the refund is NIL

With Reference to Annexure – I, Level Zero sports will be covered in 'Medical Expenses for Accidental Injury' and/or 'Medical Expenses for Hospitalization' and/or 'Personal Accident', even if the Insured does not opt for 'Adventure Sports' Cover.

Only those covers that have been opted by You / Group administrator are mentioned in the below document.

SECTION 1: MEDICAL EXPENSES FOR ACCIDENTAL INJURY COVER 1: HOSPITALIZATION EXPENSES FOR INJURY

If an Insured suffers an Injury due to an Accident whilst on a Trip during the Period of Insurance, which solely and directly requires the insured person to be hospitalised or seek day care treatment, the Company shall indemnify the Insured for the Reasonable and Customary Charges incurred for such medical expenses undertaken, in order to save life or relieve him/her of an acute pain. Payment under this cover would be subject to the following:

i) The Hospitalization or Day Care Treatment is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.
ii) The Insured Person is admitted to the hospital or undergoes Day Care Treatment within 7 days of occurrence of the Accident
iii) Our overall liability to make any payment under this Cover would be limited to the SI available against the mentioned cover in Part I of the Policy Schedule
iv) The Deductible/co-pay amount as mentioned against this Cover in Part I of the Policy Schedule shall be applicable.

The Company shall reimburse the Hospitalization expenses for:

1. Accommodation, boarding and nursing expenses;
2. Diagnostic, test and / or examination charges, ambulance charges (Air ambulance will be paid for, only if the Insured has opted for medical evacuation cover and the same has been mentioned in Part I of the Policy Schedule);
3. Physician, surgeon, anesthetist fees;
4. Cost of medicines provided by the Hospital / purchased from a registered pharmacy other than the Hospital as prescribed in writing by the Medical Practitioner attending the Insured;

In case of an overseas policy, the Company may, at its sole discretion, even allow the Insured to avail the treatment for the said Injury in the Country of Residence of the Insured, if the treatment for the said injury has already begun (only if medically necessary and prescribed in writing by treating Medical Practitioner) at the place where the said injury was sustained. In such cases, the Company shall compensate the Insured for the Medical Expenses incurred by the Insured, for a maximum of 30 days, from the date of return to the Country of Residence of the Insured or policy expiry date, whichever is earlier.

In cases where Injury is contracted by the Insured during the Period of Insurance and treatment for the same commences within the Period of Insurance but continues beyond the expiry date of this Policy, the Company's liability to indemnify the Insured hereunder shall be limited to a period of maximum 30 days from and including the date of expiry of this Policy, provided the Insured is medically incapable to travel to the Place of Destination, as given in writing by the treating medical practitioner. If any new Illness/injury is contracted beyond the expiry date of this Policy, treatment for the same shall not be covered.

The overall liability of the Company, under this circumstance shall not exceed the amount, had the treatment been taken at the place where the Injury was sustained or the maximum Sum Insured under this cover, whichever is less.
In no case shall the Company be liable for the expenses incurred by the Insured at his Country of Residence without prior approval from the Company/ASP/TPA.

EXTENSIONS AVAILABLE UNDER COVER- HOSPITALIZATION EXPENSES FOR INJURY

(Subject to payment of additional premium, specific acceptance by the company and on incorporation in Part I of the Policy Schedule accordingly)

There is a provision of capping the Sum Insured under the below mentioned extension(s) within the Sum Insured of the base cover of 'Hospitalization expenses for Injury' and the same if opted for, shall be mentioned in Part I of the Policy Schedule.

EXTENSION 1.a.: Outpatient Treatment for Injury

If an Insured suffers an Injury due to an Accident whilst on a Trip during the Period of Insurance, the Company shall indemnify the Insured for the Reasonable and Customary Charges incurred by the insured in availing Outpatient treatment provided that:

i) The medical treatment (Including consultation) undertaken is Medically Necessary treatment and is commenced and continued at the written advice of the treating Medical Practitioner
ii) The overall liability to make any payment under this extension is the sum insured as specified under this extension, in Part I of the Policy Schedule.

iii) The Deductible/ Co-pay amount mentioned in Part I of the Schedule to this Policy shall be applicable.

EXTENSION 1.b.: Medical Aid Cover

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

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

ii) The overall liability to make any payment under this extension, irrespective of the number of medical aids being claimed, is the sum insured as specified under this extension, in Part I of the Policy Schedule.

iii) The Deductible/ Co-pay amount mentioned in Part I of the Policy Schedule shall be applicable.

iv) We shall not accept more than one claim under this cover in respect of the Insured person following from the same accident in one policy period.

COVER 2: DAILY ALLOWANCE IN CASE OF HOSPITALIZATION DUE TO INJURY

If an Insured suffers an Injury due to an Accident whilst on a Trip during the Period of Insurance, the Company shall pay to the Insured a fixed daily compensation for a maximum number of days as specified in Part I of the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization of Insured.

i) The overall liability to make any payment under this cover is the maximum sum Insured specified in Part I of the Policy Schedule, under this cover.
ii) The liability of the Company to make payment will only commence after the Insured has been hospitalized for a period of more than 24 consecutive hours or such time mentioned as Franchise / Deductible in Part I of the Policy Schedule.

COVER 3: CHILD CARE EXPENSES DUE TO INJURY

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

i) The overall liability to make any payment under this cover is the maximum Sum Insured specified in Part I of the Policy Schedule, under this cover.
ii) The liability of the Company to make payment will only commence after the Insured has been hospitalized for a period of more than 24 consecutive hours or such time mentioned as Franchise / Deductible in

Part I of the Policy Schedule.

SECTION 2: MEDICAL EXPENSES FOR ILLNESS AND ACCIDENTAL INJURY

If an Insured Person contracts an Illness or suffers an injury due to an accident, that occurs whilst the Insured is on a trip during the Policy Period and which solely and directly requires the Insured Person to be Hospitalized, the Company shall indemnify the Insured for Reasonable and Customary Charges incurred by the Insured for the Emergency Hospitalization or Day Care Treatment and such medical treatment should be undertaken on the written advice of a medical practitioner.

In case of an overseas policy, the Company may, at its sole discretion, even allow the Insured to avail the treatment for said Injury/Illness (only if medically necessary and prescribed in writing by treating Medical Practitioner) in the Country of Residence of the Insured, if the treatment for the said injury/illness has already begun at the place where the said injury/illness was sustained. In such cases, the Company shall compensate the Insured for the Medical Expenses incurred by the Insured, for a maximum of 30 days, from the date of return to the Country of Residence of the Insured or policy expiry date, whichever is earlier.

The overall liability of the Company, under this circumstance shall not exceed the amount, had the treatment been undertaken at the place where the Injury/Illness was sustained or the maximum Sum Insured under this cover, whichever is less.

In no case shall the Company be liable for the expenses incurred by the Insured at his Country of Residence without prior approval from the Company/ASP.

In cases where Illness/injury is contracted by the Insured during the Period of Insurance and treatment for the same commences within the Period of Insurance but continues beyond the expiry date of this Policy, the Company's liability to indemnify the insured hereunder shall be limited to a period of maximum 30 days from and including the date of expiry of this Policy, provided the Insured is medically incapable to travel to the Place of Destination, as given in writing by the treating medical practitioner. If any new Illness/injury is contracted beyond the expiry date of this Policy, treatment for the same shall not be covered.

Payment under this cover would be subject to the following:

i. The Hospitalization or Day Care Treatment is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.
ii. The Insured Person is admitted to the hospital or undergoes Day Care Treatment within 7 days of occurrence of the Accident/Injury
iii. Our overall liability to make any payment under this Cover would be limited to the SI available against the mentioned Cover in Part I of the Policy Schedule
iv. The Deductible/Co-pay amount as mentioned against this Cover, in Part I of the Policy Schedule, shall be applicable
v. The treatment for Illness shall commence immediately after diagnosis of Illness during the Period of Insurance.

COVER 4: HOSPITALIZATION EXPENSES FOR ILLNESS AND INJURY

The Company shall reimburse the following inpatient medical expenses for:

1. Accommodation, boarding and nursing expenses;
2. Diagnostic, test and / or examination charges, ambulance charges (Air ambulance will be paid for, only if the Insured has opted for medical evacuation cover and the same has been mentioned in Part I of the Policy Schedule);
3. Physician, surgeon, anesthetist fees;
4. Cost of medicines provided by the Hospital / purchased from a registered pharmacy other than the Hospital as prescribed in writing by the Medical Practitioner attending on the Insured. insured as specified under this extension, in Part I of the Policy Schedule.

EXTENSIONS AVAILABLE UNDER COVER- HOSPITALIZATION EXPENSES FOR ILLNESS & INJURY (subject to payment of additional premium, specific acceptance by the company and on incorporation in Part I of the Policy Schedule accordingly)

There is a provision of capping the Sum Insured under the below mentioned extension(s) within the Sum Insured of the base cover of

'Hospitalization expenses for Illness and Injury' and the same if opted for, shall be mentioned in Part I of the Policy Schedule.

EXTENSION 4.a.: Outpatient Treatment For Illness And Injury

If an Insured Person contracts an Illness or suffers an injury due to an accident, that occurs whilst the Insured is on a trip during the Policy Period, the Company shall indemnify the Insured for the Reasonable and Customary Charges incurred by the insured in availing Outpatient treatment, under this extension, not exceeding the Sum Insured mentioned against this extension in Part I of the Schedule hereto.
However, the Deductible/Co-pay amount mentioned under this extension as mentioned in Part I of the Policy Schedule shall be applicable

EXTENSION 4.b.: Pre-Existing Disease Cover

The Company shall indemnify the Insured for the medical expenses incurred by the Insured for the treatment rendered in a Life Threatening Medical Condition as a life saving measure only, on the prior approval of the Assistance Service Provider/Insurer for any sudden, unexpected / unforeseen development attributable to any Pre-Existing Disease(s), subject to the following:

i. The treatment for these emergency measures will be paid till the Insured becomes medically stable or is relieved from acute pain. All further medical cost to maintain medically stable state or to prevent the onset of acute pain would have to be borne by the Insured.
ii. The Liability of the Company under this extension will be equal to the actual Medical Expenses incurred by the Insured for such treatment or up to the Sum Insured as specified against this extension in the Policy Schedule, whichever is lesser.

Any Deductible/co-pay amount mentioned in Part I of the Policy Schedule shall be applicable

EXTENSION 4.c.: Medical Aid Cover In Case Of Illness And Injury

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

i) The need for such medical aids is at the written advice of the treating Medical Practitioner
ii) The overall liability to make any payment under this extension, irrespective of the number of medical aids being claimed, is the sum
iii) The Deductible/ Co-pay amount mentioned in Part I of the Schedule to this Policy shall be applicable.
iv) We shall not accept more than one claim under this cover in respect of the Insured person, following from the same illness/injury in one policy period.

EXTENSION 4.d.: Maternity Cover

We shall reimburse the Insured for the medical expenses incurred for delivery, including a caesarean section, or lawful (as per the laws of the local authorities) medical termination of pregnancy during the policy period, including miscarriage, provided these procedures are being undertaken only for the first two deliveries. If the insured is travelling during the period of pregnancy post 12 weeks of conception, she should furnish a Doctors' approval letter in the event of a claim, under this cover.
We shall also pay for routine pre-natal check-ups, restricted to one visit each trimester and one post natal check-up, provided that the overall liability of the company shall not exceed USD 5,000 or the maximum sum insured specified against this extension in Part I of the Policy Schedule.
Each and every claim under this extension cover shall be subject to 10% of co-pay or as specified in Part I of the Policy Schedule. For cases of lawful medical termination of pregnancy, we shall need a letter from the authorised treating medical doctor, citing the reason and indications of termination of pregnancy.

COVER 5: DAILY ALLOWANCE IN CASE OF HOSPITALIZATION

In the event of Hospitalization of the Insured due to an Illness contracted or due to an accidental injury whilst on a Trip within the Period of Insurance, the Company shall pay to the Insured a daily compensation for maximum number of days as specified in Part I of the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization of Insured. The maximum liability of the Company in respect of all claims under this cover would be limited to the Sum Insured specified in Part I of the Policy Schedule. The liability of the Company to make payment will only commence after the Insured has been hospitalized for more than 1 day or 24 consecutive hours or such time mentioned as Deductible/Franchise in Part I of the Policy Schedule.

COVER 6: CHILD CARE EXPENSES DUE TO HOSPITALIZATION

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

i) The overall liability to make any payment under this cover is the maximum Sum Insured specified in the Part I of the Policy Schedule, under this cover.

ii) The liability of the Company to make payment will only commence after the Insured has been hospitalized for a period of more than 24 consecutive hours or such time mentioned as Deductible/Franchise in Part I of the Policy Schedule.

TERMS AND CONDITIONS APPLICABLE TO SECTION 1 & SECTION 2 & EXTENSIONS THEREIN (Only Overseas)

The above covers will be subject to sub-limits as below. However, the Insured might also choose to opt out of sub- limits, by paying an additional premium.

Sub-limit A:

For policies with medical expenses sum insured over US$ 100,000, the limit of liability of the company will be restricted to US$ 100,000 per sickness or disease or injury contracted within the period of insurance whilst on the trip abroad, that may lead to one or more medical expenses and/or hospitalization expenses.

Sub-limit B:

For persons aged 51 years and above, the maximum eligible medical expenses per sickness or disease or injury contracted within the period of insurance whilst on the trip abroad, that may lead to one or more medical expenses and/or hospitalization expenses are as follows, irrespective of the plan/option purchased. These limits are further restricted to the maximum sum insured specified in Part I of the Policy Schedule

a. Hospital Room and boarding, and Hospital Misc. Expenses* – maximum US$ 1,800 per day up to 30 days.
b. Intensive Care Unit/Emergency Department – maximum US$ 3,250 per day up to 7 days.
c. Surgical treatment – maximum up to US$ 15,000
d. Anaesthetist services – up to 25% of surgical treatment.
e. Physician's visit – maximum US$ 100 per day up to 10 visits.
f. Diagnostic and pre-admission testing – maximum US$ 1000.
g. Ambulance services – maximum US$ 500.

*Miscellaneous expenses: Includes but not limited to cost of medicines/ Pharmacy/ Drugs/ Supplies, nursing charges, external medical appliances as prescribed in writing by a registered Medical Practitioner as necessary and essential as part of the treatment on actual, Blood storage & processing charges, other services which are not part of any other above given heads

NOTE: Sub-limits shall not be applicable for Schengen Countries or any other country where respective government bodies/embassies have similar requirements.

EXCLUSIONS APPLICABLE TO SECTION 1 & SECTION 2 AND EXTENSIONS THEREIN -

In addition to the General Exclusions listed in this

Policy, no payment shall be made by the Company in connection with the following:

1. Treatment for any dental Illness / Injury unless such the cover 'Dental treatment' has been opted for and such treatment is necessitated due to an accidental injury and prescribed in writing by treating medical practitioner as a part of emergency medical management.
2. Any Out-patient treatment expenses, unless specifically opted for as an extension under the above two sections
3. Any medical treatment which was not medically necessary or could reasonably have been delayed until the Insured Person's return to India.
4. 4. Beauty and/or cosmetic treatment and/or reconstructive plastic surgery in any form or manner unless such surgery is necessitated due to an accidental injury and prescribed in writing by treating medical practitioner as a primary line of treatment
5. Any treatment related to general debility, convalescence, and rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
6. Rehabilitation and/or physiotherapy expenses or the cost of prostheses/ prosthetics (artificial limbs) or any Services provided by chiropractitioner, unless specifically provided under the extension of 'Medical Aid Cover' or 'Medical Aid in case of Illness and Injury' or the cover of 'Lifestyle/Wellness' and the insured has opted for the same extension(s).
7. Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an Outpatient unless applicable to Maternity Cover and this extension of Maternity Cover is opted, as mentioned in Part I of the Policy Schedule
8. Vaccination and inoculation of any kind, unless it is post animal/insect bite.
9. Cost of spectacles / contact lenses, hearing aid, unless specifically provided under the extension of 'Medical Aid Cover' or 'Medical Aid Cover in case of Illness and Injury'' and the insured has opted for the same extension(s).
10. Hospitalization expenses of donor.
11. Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury/Illness as certified by the attending Medical Practitioner.
12. Circumcision unless necessary for treatment of an Injury or necessitated due to an Accident.
13. Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity.
14. Any treatment/ surgery for change of sex or treatment/ surgery / complications/ Illness/ Injury arising as a consequence thereof.
15. Personal comfort, convenience and hygiene related items and services.
16. Any Injury and/or Illness sustained or contracted
    a. Whilst the Insured is under the influence of intoxicating liquor / drugs, unless otherwise specified in Part I of the Policy Schedule;
    b. Whilst the Insured is engaging in aviation / ballooning - while mounting into or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) or involved in any kind of activities, as defined in our list of hazardous activities, unless specifically opted for and covered under' Adventure Sports Cover' on prior intimation to the company and payment of applicable additional premium.
17. Any condition/instances/scenarios where there is no active line of treatment taken by the insured.
18. Alternative Treatments or any form of treatment other than Allopathic Treatment and AYUSH. AYUSH treatment should also be medically necessary under the written advice of a medical practitioner.
19. Any kind of planned treatment or travelling for the purpose of obtaining treatment
20. Any out-of-pocket expenses for necessary medical aids relating to the hospitalization of the Insured due to an injury, unless specifically included in the extension 'Medical Aid Cover' or 'Medical Aid Cover in case of Illness and Injury' and the same is mentioned in Part I of the Policy Schedule.
21. Any treatment of a Pre-Existing Disease or any complication arising from it, unless specifically included in the Extension 'Pre-Existing Disease Cover' and the same is

mentioned in the Part I of the Policy Schedule and if covered, expenses beyond the limit of Sum Insured mentioned against the 'Pre-Existing Disease Cover' Extension in Part I of the Policy Schedule.

22. A Trip undertaken:
    a) By the Insured against the advice of a Doctor; or
    b) When the Insured is unfit to travel; or
    c) For the purpose of the Insured to seek medical attention for a Pre-Existing Condition; or
    d) For any costs incurred for any medication or ongoing treatment for a Pre-Existing Condition and for such medication or treatment, that the Insured has been advised by their Doctor to continue during travel; or
    e) For any costs incurred directly or indirectly in relation to an Insured's terminal condition which was diagnosed by a Doctor prior to the Trip commencement
    f) Incurred for routine medical or optical treatment or consultation
23. Treatment of orthopedic, degenerative and oncological(cancer) diseases unless the Extension 'Pre- existing Disease Cover' has been availed and if covered so, expenses beyond the limit of Sum Insured mentioned against the said Extension in the Part I of Policy Schedule. In any case, chemotherapy or radiotherapy expenses will not be covered. Further, provided that
    such medical treatment must pertain to Life Threatening Medical Conditions or measures solely taken to relieve acute pain.
24. Any Illness contracted by the Insured before the commencement of insurance unless the extension of 'Pre-Existing Disease Cover' has been opted for
25. In case of overseas policy, any furtherance of the Treatment in India towards the Illness, Injury and disease contracted abroad during the trip, except if 'Medical Evacuation' Cover has been opted and the Medical Evacuation has been approved and arranged by Assistance Service Provider/Us or Insured has decided to avail the treatment in India for the Illness or disease contracted abroad after the consent or approval by Assistance Service Provider/Us.
26. Sterility, infertility, venereal disease or any sexually transmitted disease.
27. Pregnancy and resulting childbirth, pre and post natal expenses, voluntary termination of pregnancy, miscarriage, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy, unless the extension 'Maternity Cover' has been availed and the condition is covered under this extension 'Maternity Cover' under the cover 'Hospitalization Expenses for Illness and Injury' and the same is mentioned in the Part I of the Policy Schedule. Also, this exclusion does not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Doctor.
28. Self-inflicted Illness or Injury.
29. Treatment relating to birth defects.

CLAIMS PROCEDURE APPLICABLE TO SECTION 1 & SECTION 2 AND EXTENSIONS THEREIN -

In the event of the Insured sustaining any accidental Injury or suffering from any illness necessitating an Emergency treatment in Hospital, he/she should report the contingency/ claim to the Assistant Service Provider(Overseas policy) / TPA or In-house claim settlement team (Domestic policy) on the helpline numbers mentioned in the "Claims Procedure-General" section. The Insured shall also provide the particulars of insurance cover and also the details of the Assistant Service Provider / TPA to the Hospital.

Documents to be submitted in support of the claim:

1. Medical reports and discharge summary issued by the Hospital furnishing the name of the Insured, period of treatment and details of treatment rendered.
2. Original Bills and receipts and invoices for:
    i. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered;
    ii. Fees paid to the Medical Practitioner, special nursing charges, etc; Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;

iii. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured.

3. Police First Incidence Report (FIR), in case of any road traffic accident or third-party involvement
4. Post-mortem report, if applicable
5. Claim documents to be submitted in support of claims under 'Daily Allowance in case of Hospitalization due to Injury', 'Daily Allowance in case of Hospitalization', 'Child Care Expenses due to Injury' & 'Child Care Expenses due to Hospitalization' shall be - Discharge summary, Claim form and Cancelled cheque (or any such document mentioning account details)
6. And any other document as may be appropriately applicable for the claims preferred under these sections of the Policy.

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

SECTION 3: OTHER MEDICAL COVERS COVER 7: LIFESTYLE/ WELLNESS

For all the covers mentioned under 'Lifestyle/Wellness Covers', The Policy Schedule will specify whether there is any limit on the number of consultations which may be availed under this Coverage and whether any specific specialty consultations are covered/excluded.

i) **Trauma Counseling** - We will pay for the Medical Expenses incurred during the Period of Cover for any trauma counseling undertaken by the Insured Person during the Period of Cover, if the event causing such trauma or bereavement has happened to the Insured person himself/herself as Victim) or has happened to someone in the presence of Insured but not to the Insured himself/herself(as Witness) during the policy period. The cover will also include the cost of medicines if prescribed during such consultations.

EXCLUSIONS:

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

i. Any counseling undertaken that doesn't fall in the definition of trauma

ii) **Psychiatric Counseling** - We will pay for the Medical Expenses incurred during the Period of Cover for any psychiatric counseling undertaken by the Insured Person during the Period of Cover. The cover will also include the cost of medicines if prescribed during such consultations.

iii) **Physiotherapy -** If an Insured Person suffers an illness or accidental Injury that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then we will reimburse the costs incurred on physiotherapy, upto a maximum of Sum Insured mentioned under this cover in Part I of the policy Schedule in excess of the co-pay/sub-limit, if any.

This Cover will be payable provided that:

a. We have accepted a claim under the Section(s) 1 and/or 2 in respect of the Insured Person;
b. The physiotherapy undertaken is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
c. We will reimburse only those costs that are Reasonable and Customary Charges.
d. The treatment is given by a locally registered and licensed physiotherapist

iv) **Routine vision/dental -** We will reimburse the Insured person for routine dental and vision expenses incurred during the policy period up to the number of incidences as specified in Part I of the Policy Schedule. The maximum SI limit per event will also be specified in Part I of the Policy Schedule.

v) **Well baby expenses** - We will reimburse the Insured person for well-baby expenses including preventive vaccination incurred in case of birth of a new born baby during the policy period up to the SI as specified in Part I of the Policy Schedule. The duration till which such well-baby expenses will be allowed would be mentioned in Part I of the Policy Schedule.

vi) **Preventive Health check-up -** We will cover

the Insured person for preventive health check-up incurred during the policy period upto the number of incidences as specified in Part I of the Policy Schedule. The maximum SI limit per event will also be specified in Part I of the Policy Schedule.

vii) **Pharmacy Expenses -** We will cover the insured person for pharmacy expenses for any medicines needed during the policy period up to the SI limit as specified in Part I of the Policy Schedule We will pay the Medical Expenses incurred on purchase during the Period of Cover of medicines (including over the counter medicines), drugs, medical consumables, prosthetics, medically necessary spectacles or cochlear implants, external medical aids, vaccinations, vitamins, tonics or other related products as specified in the Policy that are prescribed in writing by a Medical Practitioner for any Illness contracted or Injury suffered by the Insured Person during the Period of Cover.
Co-pay/Sub-limit as mentioned in Part I of the Policy Schedule will be applicable.

viii) **New Born Baby Day 1 Cover –** We will reimburse the expenses incurred on hospitalization of new born baby since the day of birth, for hospitalization due to illness/injury upto the maximum SI mentioned against this cover in Part I of the Policy Schedule. The treatment should be given by a registered medical practitioner.

CLAIMS PROCEDURE APPLICABLE TO COVER – LIFESTYLE **/WELLNESS:**
Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

1. Completed claims form
2. Documents like payment receipts, bills, invoices and other supporting documents as applicable, needed for reimbursement
3. Account Details / Cancelled Cheque

COVER 8: REPATRIATION OF REMAINS

In the unfortunate event of the death of the Insured due to Injury or Illness whilst on a Trip during the Period of Insurance, the Company shall, reimburse the Nominee, the costs incurred for transporting the remains of the deceased Insured back to the Country/Place of Residence of the Insured or, up to an equivalent amount, for a local burial or cremation in the country/place where death has occurred. The maximum liability of the Company is as specified in Part I of the Policy Schedule against this cover. All Repatriation of Remains arrangements must be approved in advance by Assistance Service Provider of the Company and/or the Company.

EXCLUSIONS APPLICABLE TO COVER - REPATRIATION OF REMAINS

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

a. arising from intentional self-Injury / suicide / attempted suicide;
b. whilst the Insured is under the influence of intoxicating liquor / drugs;
c. whilst engaging in aviation / ballooning / while mounting into or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise); or any kind of hazardous activity as mentioned in our policy, unless specifically opted for and covered under 'Adventure Sports' cover on prior intimation to the company and payment of applicable additional premium.
d. Arising due to any reason mentioned as exclusion under covers- 'Hospitalization Expenses for Injury' and/or 'Hospitalization Expenses for Illness and Injury', except if death occurs due to a "Pre-Existing Disease".

CLAIMS PROCEDURE APPLICABLE TO COVER - REPATRIATION OF REMAINS

Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

1. Photocopy of the death certificate providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the postmortem certificate wherever required by the Assistance Service Provider / Us / TPA / In- house claim settlement team, for cases where postmortem is conducted), issued by the appropriate authority where the contingency has arisen.
2. Proof for expenses incurred towards disposal of the mortal remains.

3. In case of transportation of the body of the deceased to the City of Residence or Place of Origin of the Insured, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased to the City of Residence or Place of Origin of the Insured.

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

COVER 9: MEDICAL EVACUATION

The Company shall indemnify the Insured for the Reasonable and Customary Charges, incurred for an ambulance or any other Emergency transportation and evacuation services, including necessary medical care en-route, forming part of the treatment for any Illness contracted or Injury sustained whilst on Trip during the Period of Insurance provided that such costs are certified and authorized by the Assistance Service Provider / Us / TPA / In-house claim processing team of the Company. The transportation expenses shall be limited to transporting the Insured from the place of contracting/sustaining Illness/Injury to the nearest appropriate Hospital / Country of Residence (Applicable for Overseas Policy) as decided by the Assistance Service Provider / Us / TPA / In-house claim processing team of the Company and the cost of transportation to a special clinic, if this is medically necessary and prescribed in writing as such by a physician. The Company's liability would not exceed the Sum Insured amount mentioned against this cover in Part I of the Policy Schedule hereto.

The deductible under this cover will be applicable, if any and shall be of an amount as specified in the Part I of the Policy Schedule.

EXCLUSIONS APPLICABLE TO COVER – MEDICAL EVACUATION

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

1. Any treatment or expenses which is included in the exclusion list under the Covers- 'Hospitalization Expenses for Injury' and/or 'Hospitalization Expenses for Illness and Injury'
2. Claims arising out of or due to Pre-existing diseases, unless the extension 'Pre-Existing Disease Cover' has been specifically opted for and mentioned in Part I of the Policy Schedule

CLAIMS PROCEDURE APPLICABLE TO COVER – MEDICAL EVACUATION:

In event of circumstances leading to Medical Evacuation of the Insured Person, his / her representatives shall immediately report the same to the Assistance Service Provider/ the Company and furnish the complete details along with the supporting documentation.

Documents to be submitted in support of the claim:

1. Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured and details of treatment rendered along with the statement confirming the necessity of evacuation along with the proof of expenses towards the same.
2. Any other document as required by the Company / ASP/TPA on a case to case basis.

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

COVER 10: DENTAL TREATMENT

The Company shall compensate the Insured for the Reasonable and Customary Charges incurred for the Dental Treatment received by the insured to one or more Sound Natural Tooth as a result of sudden acute pain and/or due to an accident, provided the treatment shall commence within 24 hours of the time the acute pain first occurs during a Trip abroad, undertaken within the Period of Insurance. In case of a domestic travel, we will only compensate the Insured for Reasonable and Customary charges incurred as a result of dental treatment on account of accident occurring during the policy period, to relieve the Insured from acute pain.

Dental covers will be provided for Medically Necessary treatment of the tooth. Such treatment should be provided by a Dentist qualified in

practicing dentistry or dental surgery, and the reimbursement for the medical expenses incurred shall not exceed the Sum Insured for the coverage as mentioned in Part I of the Policy Schedule hereto. The deductible under this cover will be applicable, if any and shall be of an amount as specified in Part I of the Policy Schedule.

EXCLUSIONS APPLICABLE TO COVER – DENTAL TREATMENT

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

1. A Trip undertaken:
   a) For any costs incurred for routine dental treatment or consultation
   b) For any costs incurred for any dental treatment or consultation for the same which was medically not necessary or could have been postponed till the Insured trip ended.
2. Root Canal Treatment unless medically necessary and prescribed in writing by a dentist
3. Cementing or fixation of tooth or teeth bridge/s unless otherwise specified in Part I of the Policy Schedule
4. Beauty and/or cosmetic treatment and/or reconstructive plastic surgery in any form or manner unless such surgery is necessitated due to an accidental injury and prescribed in writing by treating medical practitioner as a primary line of treatment, as a part of emergency constructive surgical medical management
5. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

CLAIMS PROCEDURE APPLICABLE TO COVER – DENTAL TREATMENT

Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

1. Medical/Dental reports, prescriptions and discharge/treatment summary issued by the Hospital/Dental Clinic furnishing the name of the Insured, period of dental treatment, details of dental treatment rendered.
2. Bills and receipts for:
   i. Charges paid towards Hospital accommodation, nursing facilities and other medical/dental services rendered, if any;
   ii. Fees paid to the Medical/Dental Practitioner, special nursing charges, etc;
   iii. Charges incurred towards any and all test and / or examinations rendered in connection with the dental treatment;
   iv. Charges incurred towards medicines / drugs supplied by the Hospital/Clinic or purchased from a registered pharmacy other than the Hospital/Clinic, duly supported by the prescriptions of the Medical/Dental Practitioner attending to the Insured.
3. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

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

SECTION 4: NON-MEDICAL COVERS

COVER 11: POLITICAL RISK AND CATASROPHE EVACUATION

If whilst the Insured is on the Trip covered within the Period of Insurance and:

- Officials in the country where Insured is visiting, recommend that certain categories of persons which include the Insured should leave the country, or
- Insured is expelled from or declared *persona non grata* in the Country he is in, or
- A catastrophe like fire, flood, earthquake, storm, lightning, explosion, hurricane etc or epidemic due to contagious disease etc has occurred in the Country the Insured is in, necessitating his immediate evacuation in order to avoid risk of personal Injury or Illness to himself, then, subject to the maximum liability of the Company as stated in Part I of the Policy Schedule, the Company shall reimburse to the Insured:
  i. The cost of Insured's return to the City of Residence or Place of Origin of the Insured or the nearest place of safety up

to the cost of an economy class air ticket for the same.

ii. Reasonable and Customary Charges incurred by the Insured for his/her accommodation at the nearest place of safety up to a maximum of USD 300 per day for a maximum of 7 days or upto the Sum Insured as mentioned in Part I of the Policy Schedule, if the Insured is unable to return to the Country of Residence at the time of happening of any of the contingencies mentioned above.

The Company's liability under this Cover shall not exceed the Sum Insured as specified against this Cover in the Policy Schedule.

EXCLUSIONS APPLICABLE TO COVER - POLITICAL RISK AND CATASTROPHE EVACUATION

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

1. Insured violating the laws or regulations of the country from which he is to be evacuated
2. Insured visiting to a country where unrest or disturbance is expected/ foreseeable to a reasonable person or being in existence prior to the start of Insured's Trip
3. Failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation
4. Insured's failure to honour any contractual obligation or bond or to obey any conditions in a license
5. Insured being a national of the country from which he is to be evacuated
6. Circumstances that resulted in the Insured's evacuation being in existence prior to the Insured entering the country or their occurrence being foreseeable to a reasonable person before the Insured entered the country

CLAIMS PROCEDURE APPLICABLE TO COVER - POLITICAL RISK AND CATASTROPHE EVACUATION

Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim

- Official Declaration by embassy of Country of Residence of the Insured
- Original Invoice of Hotel Accommodation during the period in which Insured is unable to return to the Country of Residence.
- Original ticket(s)/boarding pass or receipt of expenses incurred to travel back to the Country of Residence or the nearest place of safety.
- And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

COVER 12: LOSS OF CHECKED-IN BAGGAGE

If the Checked-In Baggage of the Insured is permanently lost whilst in custody of the Common Carrier/ Public Carrier in relation to Trip covered, we will pay the Insured a pro-rated sum insured as specified in Part I of the Policy Schedule, for pieces of baggage lost. This shall basically mean that if the Insured has entrusted more than one baggage in the authority of common carrier/ Public Carrier, then in the event that all pieces of baggage are not permanently lost, the benefit/claim payout would be made on a pro-rated basis depending on the pieces of baggage checked- in. The coverage shall commence from the time the Checked-In Baggage is entrusted to the Common Carrier/ Public Carrier and a receipt obtained, and shall terminate on delivery by the Common carrier/ Public Carrier. The cover shall in no case exist beyond the point of delivery by the Common Carrier/ Public Carrier at the arrival terminal/ exit gate.

The cover shall be applicable individually and independently in case of Trip involving multiple destinations en-route. Even in the event of more than one incident of loss of Checked-in Baggage during the Trip, the Company's overall liability shall be limited to the overall Sum Insured mentioned under this cover in Part I of the Policy Schedule.

Family/Group check in of baggage with the common carrier/ Public Carrier must be declared at the time of claim by the customer and claims will be treated accordingly for each individual insured.

CONDITIONS APPLICABLE TO COVER – LOSS OF CHECKED- IN BAGGAGE

1. The insured must report any Loss, theft or

deprivation of Baggage to either the local police or the common carrier/ Public Carrier as soon as reasonably practicable and get a confirmation of the same

Any amount paid under the claim of 'Delay of Checked- in baggage' regarding the same piece of baggage will be deducted from the claim amount payable to customer under the claim of 'Loss of Checked-in baggage'

EXCLUSIONS APPLICABLE TO COVER – LOSS OF CHECKED- IN BAGGAGE

In addition to the General Exclusions listed in this Policy, the Company shall not be liable for any loss in connection with the following:

1. Any loss or damage of Contents including valuables and personal money (cash) of the Checked-In Baggage
2. Losses arising from any delay, detention, confiscation by customs officials or other public authorities unless in situations of any social/political instability beyond the control of the insured
3. Loss of the Checked-In Baggage sent in advance or souvenirs and articles mailed or shipped separately

CLAIMS PROCEDURE APPLICABLE TO COVER - LOSS OF CHECKED-IN BAGGAGE

In an event where the Insured has not got delivery of one or more Checked-In Baggage attached to the ticket/boarding pass of the Insured, the Insured shall hold back the ticket/boarding pass and report to the Common Carrier/ Public Carrier of the non-delivery (or short delivery) of one or more Checked-In Baggage while simultaneously reporting to the Assistance Service Provider/Insurer as provided in the 'Claims Procedure – General'.

Documents to be submitted in support of the claim

1. Property irregularity report issued by the common carrier/ Public Carrier (or confirmation of Baggage loss from an independent agency approved by the Insurer).
2. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

In case the undelivered Checked-In Baggage is subsequently traced by the Common Carrier/ Public Carrier and offered for delivery to the Insured, the Insured shall take delivery of the Checked-In Baggage and refund the amount paid by the Company hereunder. In case of delivery of part of the Checked- In Baggage, the amount paid by the Company attributable to such Checked-In Baggage shall be refunded by the Insured to the Company.

EXTENSIONS AVAILABLE UNDER COVER - LOSS OF CHECKED-IN BAGGAGE:

(Subject to payment of additional premium, specific acceptance by the company and on incorporation in Part I of the Policy Schedule accordingly)

The following extensions would be available to the Insured, under the cover 'Loss of Checked-in baggage', if the Insured opts for it and pays additional premium for the same.

EXTENSION 12.a.: Electronic Equipment Loss

The cover 'Loss of Checked-in baggage' can be extended to cover for any loss of electronic equipment, whilst in custody of the Common Carrier/ Public Carrier in relation to Trip covered whereby the insured is carrying the same in his baggage. We will indemnify the Insured for the cost of such electronic equipment after accounting for depreciation, unless the Insured can produce supporting documents confirming that the purchase of the equipment happened less than 1 year prior to the date of the incident, up to the maximum sum insured under this extension. The overall liability of the Company will not exceed the Sum Insured as specified in Part I of the Policy Schedule against this extension.

There can be a per article limit for electronic equipment in the policy. This will be specifically mentioned in Part I of the Policy Schedule. However, the overall liability for this cover shall be limited to the maximum Sum Insured mentioned in Part I of the Policy Schedule.

For the losses limited to electronic equipment covered under this Cover - The purchase receipt of the item after considering depreciation or market value of the item at the day of loss, whichever is less will be payable. Following depreciation table shall be used to calculate the value of the item-

Ageing of items	% Depreciation (on invoice value)
Exceeding 1 year but not exceeding 2 years	25%
Exceeding 2 year but not exceeding 3 years	50%
Exceeding 3 year but not exceeding 4 years	75%
4 years old and above	100%

Ageing of items has been calculated as the difference between the date of purchase of the item mentioned in the invoice or purchase receipt and the date of loss of item.

EXTENSION 12.b.: Sports Equipment Loss
The cover 'Loss of Checked—in baggage' can be extended to cover for obtaining any lost sports equipment, whilst in custody of the Common Carrier/ Public Carrier in relation to Trip covered whereby the insured is carrying the same in his baggage. We will indemnify the Insured for the expenses incurred to procure and replace such lost sports equipments, up to a maximum of the sum insured as specified in the Policy Schedule against this extension.

TERMS AND CONDITIONS APPLICABLE TO – EXTENSIONS OF LOSS OF CHECKED-IN BAGGAGE

1. The insured must report any Loss, theft, damage or deprivation of Baggage, Electronic Equipment, Sport Equipment, to the local police and the common carrier/ Public Carrier within 24 hours of the occurrence of the event, so a written report is available at the time of making any claim.
2. The insured must provide a proof of ownership of electronic equipment and sports equipment covered hereunder i.e. purchase bill or invoice in the name of the insured or authorized custody of the same, if it is provided by his employer/ business organization.
3. Should the lost Baggage and /or personal property be found or traced and delivered to the Insured, the Insured shall return to the Company the entire amount paid hereunder.

BASIS OF INDEMNITY FOR - EXTENSIONS OF LOSS OF CHECKED-IN BAGGAGE

The liability of the Company shall be determined based on the market value of the sports equipment, electronic equipment as on the scheduled/expected date of delivery at the destination port.

However, the maximum liability of the Company shall not exceed the overall Sum Insured amount mentioned in Part I of the Policy Schedule against the respective covers and extensions for all articles falling under a particular cover or extension. Any article which is covered under one of the extensions shall not be simultaneously covered under another extension also. For all the electronic items and sports equipments covered here in put together, the overall liability of the Company shall not exceed the Sum Insured as specified in the Policy Schedule under the respective extension.

The cover shall be applicable individually and independently in case of Trip involving multi destinations en-route. In event of more than one incident of loss specifically covered hereunder during the Trip, the Company's overall liability shall be limited to only one such incident, unless otherwise specified in Part I of the Policy Schedule.

EXCLUSIONS APPLICABLE TO – EXTENSIONS OF LOSS OF CHECKED-IN BAGGAGE

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following: The Company shall not be liable to make any payment under the extensions or for any expenses related to electronic equipment or sporting equipment for the following situations:

1. Any Deductible amount as mentioned against this cover in the Policy Schedule
2. Any loss due to confiscation by customs or any other lawful authority where the Policyholder's and/or insured's use and/or possession of such item(s) is unlawful;
3. While shipped under any freight agreement or sent by postal or courier services
4. Loss/damage to any electronic data or software, unless otherwise specified under an extension to this cover
5. Loss/damage caused by:
   (i) activity of moth, vermin or rodents, wear and tear, atmospheric or climate conditions

or gradual deterioration;
(ii) mechanical or electrical failure;
(iii) any process of cleaning, restoring, repairing or alteration;
(iv) Scratching or breaking of fragile or brittle articles, if as a result of negligence

CLAIMS PROCEDURE APPLICABLE TO – EXTENSIONS OF LOSS OF CHECKED-IN BAGGAGE

In event of the Electronic equipment and/or Sports equipment covered hereunder being lost by the Insured anytime during the period of coverage, the Insured shall immediately report to the Assistance Service Provider / the Company / TPA / In-house claim processing team of the Company. He / she shall also report the loss to the appropriate authority of the Common Carrier/ Public Carrier depending upon the place of loss and get his / her complaint registered within 24 hours of occurrence of such incident.

Documents to be submitted in support of the claim:

Duly completed claims form to be supported by:

1. Copies of the letter addressed to the Common Carrier/ Public Carrier, police authorities with their acknowledgment/FIR;
2. In case the value of items which were part of lost baggage/ hand baggage/ cabin baggage is more than 100 US$, Invoice/purchase bill of the items covered hereunder in case of indemnity claims.
3. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

COVER 13: DAMAGE TO BAGGAGE DURING TRANSIT

If the checked-in baggage gets damaged during transit, then the Company would pay the insured a flat benefit amount as mentioned in the Part I of the Policy Schedule. The admissibility of the claim under this section will be ascertained by the Company on the basis of evidences submitted by the Insured.

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

EXCLUSIONS APPLICABLE TO COVER - DAMAGE TO BAGGAGE DURING TRANSIT

- In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:
  - Any damage which has not occurred in the custody of Common Carrier/ Public Carrier
  - Normal wear and tear of the luggage

CLAIMS PROCEDURE APPLICABLE TO COVER - DAMAGE TO BAGGAGE DURING TRANSIT

In the event of damage to baggage during transit, the Insured shall immediately report to the Common Carrier/ Public Carrier of this fact while simultaneously reporting to the Assistance Service Provider/Insurer as provided in the 'Claims Procedure – General' section.

Documents to be submitted in support of the claim:

- Proof of damage to the baggage during the transit certified by the common carrier/ Public Carrier or with a picture of the damaged baggage taken during the same trip
- Visual evidence should show the bag bearing the airline/common carrier/ Public Carrier tag /whereby the name and destination of the passenger should be visible.
- Any other document as required by the ASP / TPA / Insurer

COVER 14: DELAY OF CHECKED-IN BAGGAGE

The Company shall pay to the Insured, the amount as specified against this cover in Part I of the Policy Schedule as a fixed allowance in case the Insured shall encounter a delay in receipt of his/ her Checked-In Baggage due to any reason, at the instance of the common carrier/ Public Carrier including misdirection and mislaying for more than six(6) consecutive hours or beyond the minimum time as mentioned against the cover as Deductible in Part I of the Policy Schedule from the time of arrival of the Common Carrier/ Public Carrier whilst on a Trip covered hereunder.

The cover shall be applicable individually and independently in case of Trip involving multi destinations en-route. In event of more than one incident of delay of Checked-In Baggage during a Trip, the Company's overall liability shall be

limited to loss suffered by the Insured for only one of such incidents of delay of Checked-in Baggage, or any other number of such instances as specified in Part I of the Policy Schedule. The amount mentioned is for a single event of delay in case of a Single Trip or Two instances in case of a Round Trip or the number of incidences as specified in Part I of the Policy Schedule, irrespective of pieces of baggage delayed.

EXCLUSIONS APPLICABLE TO COVER - DELAY OF CHECKED- IN BAGGAGE:

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

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

CLAIMS PROCEDURE APPLICABLE TO COVER - DELAY OF CHECKED IN BAGGAGE

In the event of delay of Checked-In Baggage, the Insured shall immediately report to the Common Carrier/ Public Carrier of this fact while simultaneously reporting to the Assistance Service Provider/Insurer as provided in the 'Claims Procedure – General' section.

Documents to be submitted in support of the claim:

1. Property irregularity report stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage issued by the Common Carrier/ Public Carrier (or confirmation of Baggage delay from an independent agency approved by the Insurer).
2. Copies of correspondence exchanged, if any, with the Common Carrier/ Public Carrier in connection with the delay in delivery of the Checked-In Baggage.
3. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.
4. In event the compensation has been paid to the Insured under the cover - Delay of Checked-In Baggage and upon further investigation it is later determined that Checked- In Baggage of the Insured has been lost by the Common Carrier/ Public Carrier, any amount claimed and paid to the Insured under the Cover - Delay of Checked-In Baggage will be deducted from any payment due, to the Insured under the Cover - Loss of Checked-In Baggage

COVER 15: LOSS OF BAGGAGE AND PERSONAL EFFECTS

The baggage and personal effects considered under this cover is as follows:

a) The loss of baggage occurring any time after the delivery of the Checked-In Baggage is taken from the Common Carrier/ Public Carrier, or in any case any time after the Insured leaves the exit gate of the airport/departure port (including while he is travelling in the rented vehicle), and any time before the baggage is once again checked-in in connection with furtherance of the scheduled journey being part of the Insured Trip within the Period of Insurance.

b) For Hand and cabin baggage, cover shall commence from the time the Insured shall have passed through the security at the airport at the port of origin or any such departure port and continue until the Insured completes or terminates his / her Trip covered hereunder

The Company shall reimburse you on actuals on declaration of the customer upto the SI limit specified in the Part I of the Policy Schedule for the loss sustained to your baggage and personal effects due to theft, burglary, larceny, robbery, hold-up or any similar event including natural disaster(s) & Terrorism whilst on a Trip where such loss is due to circumstances beyond Your control. In case, the value of items which were part of lost baggage/ hand baggage/ cabin baggage is more than 100 US$, Invoice/purchase bill of the items covered hereunder in case of indemnity claims.

If mentioned specifically in the Part I of the Policy

Schedule, we would pay the Insured a lump sum amount. Any payment under this cover shall be limited to the sum insured specified in Part I of the Policy Schedule hereunder.

Incidents like robbery, theft, burglary, hold-up or any similar incident resulting in claim, need to be reported to the local police within 24 hours of the occurrence of such incidence. This condition would be applicable to the mentioned cover of 'Loss of Baggage & Personal Effects' and all its extensions.

EXTENSIONS AVAILABLE UNDER COVER - LOSS OF BAGGAGE AND PERSONAL EFFECTS:
(Subject to payment of additional premium, specific acceptance by the company and on incorporation in Part I of the Policy Schedule accordingly)

The following extensions would be available to the Insured, under the cover 'Loss of baggage and personal effects', if the Insured opts for it and pays additional premium for the same.

EXTENSION 15.a.: Loss of Electronic Equipment

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

There can be a per article limit for electronic equipment in the policy. This will be specifically mentioned in Part I of the Policy Schedule. However, the overall liability for this cover shall be limited to the maximum Sum Insured mentioned in Part I of the Policy Schedule.

For the losses limited to electronic equipment covered under this Cover - The purchase receipt of the item after considering depreciation or market value of the item at the day of loss, whichever is less will be payable. Following depreciation table shall be used to calculate the value of the item-

Ageing of items	**% Depreciation (on invoice value)**
Exceeding 1 year but not exceeding 2 years	25%
Exceeding 2 year but not exceeding 3 years	50%
Exceeding 3 year but not exceeding 4 years	75%
4 years old and above	100%

Ageing of items has been calculated as the difference between the date of purchase of the item mentioned in the invoice or purchase receipt and the date of loss of item.

EXTENSION 15.b.: Loss of Valuables including Personal Money

The Cover 'Loss of Baggage and Personal Effects' can be extended to cover for any loss of valuables including money, due to burglary, larceny, hold-up or any similar incidence, whereby the insured is carrying the same in his baggage during the period of Insurance. We will pay a lump sum amount as specified in the Policy Schedule under this Cover. This extension won't be payable, if the loss of money occurs while it is not attended by the Insured or the Insured has not taken all steps to ensure the safety of the valuable (including personal money).

Valuables must be owned by the Insured and not hired by, loaned, or entrusted to him/her. The robbery, theft, mugging or such similar incident must be reported to the police where the incident occurred, within 24 hours of occurrence of such an incident.

EXCLUSIONS APPLICABLE TO EXTENSION –VALUABLES INCLUDING PERSONAL MONEY:
In addition to the General Exclusions listed in this

Policy, no payment shall be made by the Company in connection with the following:

1. We will not pay for any shortage due to exchange rate or depreciation in value or for loss of any valuables including personal money not immediately reported to us.

2. Any loss happening in the Country of Residence.

EXTENSION 15.c.: Loss of Travel Documents

The cover 'Loss of Baggage and Personal Effects' can be extended to cover for obtaining any lost travel documents like lost tickets, visa etc. excluding passport, due to theft, burglary, larceny, hold-up, robbery, mugging or any such similar incidence, whereby the insured is carrying the same in his baggage and is on a insured trip. We will indemnify the Insured for the expenses incurred to procure and replace such lost documents, up to a maximum of the sum insured as specified in the Policy Schedule under this extension under the Cover - 'Loss of Baggage and Personal Effects'.

EXTENSION 15.d.: Loss of Sports Equipment

The cover 'Loss of Baggage and Personal Effects' can be extended to cover for obtaining any lost sports equipment due to theft, burglary, larceny, hold-up, robbery or mugging, whereby the insured is carrying the same in his baggage and is on a insured trip. We will indemnify the Insured for the expenses incurred to procure and replace such sports equipment, up to a maximum of the sum insured as specified in the Policy Schedule under this extension under the Cover - 'Loss of Baggage and Personal Effects'.
There can be a per article limit for sports equipment in the policy. This will be specifically mentioned in Part I of the Policy Schedule. However, the overall liability for this cover shall be limited to the maximum Sum Insured mentioned in Part I of the Policy Schedule

TERMS AND CONDITIONS APPLICABLE TO COVER - LOSS OF BAGGAGE AND PERSONAL EFFECTS & EXTENSIONS THEREIN

1. The insured must take all reasonable precautions for the safety and supervision of their Baggage, Electronic Equipment, Money, valuables, Travel Documents and sports equipment
2. The insured must report any Loss, theft, damage or deprivation of Baggage, Electronic Equipment, Sport Equipment, Money or Travel Documents to the local police and the common carrier or hotel authorities within 24 hours of the occurrence of the event, so a written report is available at the time of making any claim. No claim shall be admitted under the Policy unless a complaint is lodged with the police authorities and copy of the first information report is furnished to the Company.
3. The insured must report any Loss or theft of automatic teller machine cards, debit cards, credit cards, travellers' and other cheques or Travel Documents to the issuing authorities as soon as reasonably practicable and effect appropriate cancellation measures.The insured must provide a proof of ownership of Valuables, electronic equipment and sports equipment covered hereunder i.e. purchase bill or invoice in the name of the insured or authorized custody of the same, if it is provided by his employer/ business organization.
4. Should the lost Baggage and /or personal property be found or traced and delivered to the Insured, the Insured shall return to the Company the entire amount paid hereunder.

BASIS OF INDEMNITY FOR COVER - LOSS OF BAGGAGE AND PERSONAL EFFECTS & EXTENSIONS THEREIN

The liability of the Company shall be determined based on the market value of the Contents of the Baggage and Personal Effects including sports equipment, electronic equipment or travel documents (excluding, however, the Valuables) as on the scheduled/expected date of delivery at the destination port.

However, the maximum liability of the Company shall not exceed the overall Sum Insured amount mentioned in Part I of the Policy Schedule against the respective covers and extensions for all articles falling under a particular cover or extension. Any article which is covered under the main cover or one of the extensions shall not be

simultaneously covered under another extension also. For all the electronic items, sports equipments covered here in put together, subject to the overall liability of the Company not exceeding the Sum Insured as specified in the Policy Schedule under this Cover- 'Loss of Baggage and Personal Effects'.

The cover shall be applicable individually and independently in case of Trip involving multi destinations en-route. In event of more than one incident of loss of Baggage and Personal Effects including hand and/or cabin baggage and/or valuables specifically covered hereunder during the Trip, the Company's overall liability shall be limited to only one such incident of loss of Baggage and Personal Effects, unless otherwise specified in Part I of the Policy Schedule

EXCLUSIONS APPLICABLE TO COVER - LOSS OF BAGGAGE AND PERSONAL EFFECTS

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

The Company shall not be liable to make any payment under this cover or for any expenses related to baggage and personal effects, electronic equipment, valuables (including personal money), sporting equipment or travel documents for the following situations:

1. Any Deductible amount as mentioned against this cover in the Policy Schedule
2. Any loss of partial Contents of the baggage or hand baggage or cabin baggage except for loss of sports equipment and/or loss of electronic equipment and/or loss of valuables if the applicable extensions of 'Loss of Valuables including Personal Money' , 'Loss of Electronic Equipment' and 'Loss of Sports Equipment' have been opted for by the Insured
3. Loss of Baggage and Personal Effects other than owned and / or belonging to and / or in lawful custody of the Insured at the time when the Insured commenced the Trip covered hereunder;
4. Loss of any Valuables unless the extension of 'Loss of Valuables including Personal Money' has been opted for by the Insured
5. Any loss due to theft or burglary or mugging or robbery or larceny or hold-up not reported to the police authorities within 24 hours of the occurrence of the incident and a written police report being obtained in that regard.
6. Any loss arising out of devaluation of currency or shortages due to errors or omissions during monetary transactions; loss of coins and bank notes in excess of the amount allowed by any applicable currency regulations at the time of the commencement of the Trip or while such currency or money is carried in or on a Common Carrier/ Public Carrier, unless accompanying the insured as personal cabin baggage
7. Any loss due to confiscation by customs or any other lawful authority where the Policyholder's and/or insured's use and/or possession of such item(s) is unlawful;
8. While shipped under any freight agreement or sent by postal or courier services
9. Loss/damage to vehicles or their accessories (except keys);
10. Loss/damage to sporting equipment or bicycles whilst in use;
11. Loss/damage to any electronic data or software, unless otherwise specified under an extension to this cover
12. Loss/damage caused by:
    (i) activity of moth, vermin or rodents, wear and tear, atmospheric or climate conditions or gradual deterioration;
    (ii) mechanical or electrical failure;
    (iii) any process of cleaning, restoring, repairing or alteration;
    (iv) Scratching or breaking of fragile or brittle articles, if as a result of negligence of the Policyholder and/or the insured.
13. Whilst carried in or on a Common Carrier/ Public Carrier, unless:
    (i)

ccompanying the insured as personal cabin baggage or

    (ii) the Common Carrier/ Public Carrier operator has specifically instructed the Policyholder or insured that such items must be placed in the hold prohibiting the insured from carrying the item(s) as personal cabin baggage. Where the insured is so prohibited, the Electronic

Equipment must be reasonably and adequately packaged and protected from
theft or damage.

14. where theft or attempted theft occurs whilst such an item(s) is left unattended, unless securely locked inside a building or securely locked out of sight inside a motor vehicle (unless the insured has no option other than to leave the equipment unattended due to an emergency medical, security or evacuation situation).

CLAIMS PROCEDURE APPLICABLE TO COVER - LOSS OF BAGGAGE AND PERSONAL EFFECTS

In event of the Baggage and Personal Effects covered hereunder being lost by the Insured anytime during the period of coverage, the Insured shall immediately report to the Company or its Assistance Service Provider. He / she shall also report the loss to the police authorities having jurisdiction over the place of loss, and to the appropriate authority of the Common Carrier/ Public Carrier and/or to the authorities of the hotel / guest house / accommodation provider depending upon the place of loss and get his / her complaint registered within 24 hours of occurrence of such incident.

Documents to be submitted in support of the claim:

Duly completed claims form to be supported by:

1. Copies of the letter addressed to the police authorities, hotel / guest house / accommodation provider with their acknowledgment/FIR; In case the value of items which were part of lost baggage/ hand baggage/ cabin baggage is more than 100 US$, Invoice/purchase bill of the items covered hereunder in case of indemnity claims.
2. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

COVER 16: PERSONAL ACCIDENT

The Company shall compensate the Insured as per table of covers hereunder in case of death or permanent total disablement or permanent partial disablement of the Insured arising out of and consequent upon a bodily Injury sustained in an Accident, which is not related to a pre-existing condition and has been encountered at any time whilst on a Trip during the Period of Insurance.
The Company's maximum liability in respect of any one Accident or all Accidents resulting in death or permanent total disablement or permanent partial disablement of Insured during the Period of Insurance shall not exceed the Sum Insured specified in Part I of the Policy Schedule.

Basis of assessment of claim:

The benefit payable to or on behalf of the insured will be as per the following categories

1. **Death:**
   (i) The Sum Insured as stated in Part I of the Policy Schedule if the death of the Insured shall result within a period of twelve months from the date of the accidental Injury, and if such Injury shall be the sole and direct cause of the death of the Insured and is sustained by the Insured during the Trip.
   (ii) Two times the Sum Insured as stated in Policy Schedule if the death of the Insured shall occur as a result of an Accident to the Common Carrier/ Public Carrier in which the Insured is traveling as a passenger.

2. **Permanent Total Disablement (PTD):**
   If such accidental Injury shall, within twelve months of its occurrence, be the sole and direct cause of the total and irrecoverable loss of:

   (i) Sight of both eyes, or actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye and loss of one entire hand or one entire foot, then the Sum Insured stated in the Part I of the Policy Schedule hereto shall be payable;

   (ii) Use of two hands or two feet, or of one hand and one foot, or of loss of sight of one eye and loss of use of one hand or one foot, then the Sum Insured stated in Part I of the Policy Schedule hereto shall be payable;

   (iii) The sight of one eye, or actual loss by physical separation of one entire hand or one entire foot, then fifty percent (50%) of the Sum

Insured stated in Part I of the Policy Schedule hereto shall be payable;

(iv) Total and irrecoverable loss of use of a hand or a foot without physical separation then fifty percent (50%) of the Sum Insured stated in Part I of the Policy Schedule hereto shall be payable.

Note: For the purpose of clause (iii) and (iv) above, physical separation of a hand or foot means separation of hand at or above the wrist, and of foot at or above the ankle.

(i) If an Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured from engaging in and being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Sum Insured stated in Part I of the Policy Schedule hereto shall be payable.

3. **Permanent Partial Disablement (PPD)**

If an Injury shall, within twelve calendar months of its occurrence, be the sole and direct cause of the total and/or partial irrecoverable loss of use or the actual loss by physical separation of the body parts as per the following table, then the percentage as specified hereunder of the Sum Insured as stated in Part I of the Policy Schedule shall be payable:

Table -1

Percentage of Capital		Percentage of Sum Insured
Loss of toes – all		20
Loss ofGreat both phalanges		5
Loss of Great – one phalanx		2
Other than great phalanx if more than one toe lost each		1
Loss of hearing – both ears		75
Loss of hearing one ear		30
Loss of four fingers and thumb of one hand		40
Loss of four fingers		35
Loss of thumb	-both phalanges	25
	-one phalanx	10
Loss of Index finger	three phalanges	10
	-two phalanges	8
	-one phalanx	4
Loss of middle finger- three phalanges		6
	-two phalanges	4
	-one phalanx	2
Loss of ring finger	-three phalanges	5
	-two phalanges	4
	-one phalanx	2
Loss of little finger	-three phalanges	4
	-two phalanges	3
	-one phalanx	2
Loss of metacarpus-	first or second (additional)	3
	- third, fourth or fifth (additional)	2

Any other permanent partial disablement - This shall be based upon written opinion and assessment of the Medical Practitioner as to the extent of disability.

The percentage payout as per Table-1 can be subject to modifications, if medically required and if proposed and justified by the Insured's treating doctor and a consensus have been reached between the treating doctor and a medical practitioner appointed by Us.

Additionally, for any other disablement, which is not listed above, the payout shall be based upon opinion and assessment of the Insured's treating

Doctor and a Medical Practitioner appointed by the Company.

EXTENSIONS AVAILABLE UNDER COVER - PERSONAL ACCIDENT (subject to specific acceptance by the company and on incorporation in the Part I of the Policy Schedule accordingly):

The following extensions, if opted for, would be applicable under the cover, Personal Accident, at an additional premium

EXTENSION 16.a: COMA COVER

If the Insured Person sustains a Bodily Injury during the Period of Insurance, whilst on a trip, which directly causes or results in the Person being in a Comatose state, within one (1) Calendar month from the date of bodily injury and the Insured or their legal representative presents Us with a written opinion of a Doctor which verifies that the direct cause of the Coma/ Comatose state was the Bodily Injury, We will pay the Policyholder or the Covered Person or the Covered Person's legal representative a weekly amount, as specified in the policy schedule, for each week of the Coma/Comatose state, up to a maximum of 24 consecutive weeks or up to the maximum Sum Insured as mentioned in Part I of the Policy Schedule. If the state of continuous unconsciousness persists for a period of less than one (1) week, or for only part of any subsequent week, We will pay the Coma Cover at the rate of one-seventh (1/7th) of the weekly amount for each day during which the comatose state continues, subject to the maximum number of weeks as mentioned in Part I of the Policy Schedule.

Conditions applicable to the cover - Coma Cover

1. The insured person must be admitted in an Intensive care Unit in a Hospital for the entire duration of the comatose state for any cover to be payable
2. Coma resulting out of any medical cause/illness shall not be considered under this cover

EXTENSION 16.b: CHILD BENEFIT COVER

During the Period of Insurance and whilst the Insured (is on a trip, if the Insured due to an accident and he/she is survived by Dependent Child(ren), We will pay to the Insured's surviving dependent children, a lump sum amount, as specified in Part I of the Policy Schedule. Our maximum liability is limited to the Sum Insured mentioned against this cover in Part I of the Policy Schedule, irrespective of the no. of dependent children.

Documents to be submitted in support of the claim:
In addition to the documents required to support the 'Personal Accident' claim, age proof of child.

EXTENSION 16.c: WORKPLACE ASSAULT

In the event of the Insured sustaining a bodily injury, whilst on a insured trip and within the policy period as a result of being the victim of an assault at the workplace of the insured, We will pay the Insured Person a lump sum amount shown in the policy schedule against 'Workplace Assault '. This cover would be payable, provided the resulting bodily injury has led to either total or partial disability which a Doctor certifies in writing will continue for a minimum period of four (4) weeks. Workplace assault shall mean a physical attack on the Insured in the premises of the workplace, which resulted into a bodily injury causing total or partial disability to the Insured.

EXTENSION 16.d: CHILD EDUCATION GRANT

The company shall pay to Insured's biological/legally adopted child aged between 5 years to 25 years if studying full time in a recognized institution, a sum as specified in Part I of Policy Schedule in the event that the Insured suffers an Injury due to an Accident whilst on a Trip abroad during the Period of Insurance which within 12 calendar months of its happening is the sole cause of the Insured's death or permanent total disablement or permanent partial disablement. The Company's liability under this cover will be limited to only one child.

Documents to be submitted in support of claim:
In addition to the documents required to support the 'Personal Accident' claim, proof of fee receipts/tuition fee.

TEMRS & CONDITIONS APPLICABLE TO COVER- PERSONAL ACCIDENT AND ITS

EXTENSIONS

1. Upon happening of any event, which is likely to give rise to a claim under this Cover, the Insured's representative shall give written notice with full particulars immediately to the Company or the Assistance Service Provider.
2. The insured's representative shall arrange for immediate treatment of the Insured in a Hospital and produce all such records of treatment to the Company in support of the claim.
3. Any claim for death of the Insured shall be duly supported by a death certificate issued by the Hospital in the city of Accident or City of Residence or Place of Origin, as the case may be. Post mortem certificate if required by the Company shall also be submitted, wherever post mortem is conducted.
4. In case of death, written notice must be given before internment or cremation, within one calendar month after the death, unless reasonable cause for delay is shown.
5. The claim for permanent total or partial disability shall be duly supported by the disability certificate issued by the Hospital / Medical Practitioner specifying the nature of disability and the percentage of disablement.
6. In the event of the death of the insured, the amount payable would be the sum Insured as stated in Part I of the Policy Schedule if the death of the Insured shall result within a period of twelve months from the date of the Injury, and if such Injury shall be the sole and direct cause of the death of the Insured and is sustained by the Insured during the Trip. To this extent the certificate obtained from the Medical Practitioner shall clearly relate the death to the Accident in question.
7. If the insured is not found within one(1) year of the disappearance, sinking or wrecking of the common carrier/ Public Carrier in which he was travelling as a fare paying passenger, the insured will be presumed to have died as a result of the accident.
8. An injury would be deemed to cause Permanent total disablement if such Injury shall, within twelve months of its occurrence, be the sole and direct cause of the total and irrecoverable loss

EXCLUSIONS APPLICABLE TO COVER - PERSONAL ACCIDENT

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

1. Compensation under more than one disablement event as specified above in Table-1, in respect of any one Accident - series of Accidents arising out of one event, if the overall liability of the Company exceeds the Sum Insured mentioned against this cover in the Part I of the Policy Schedule
2. Amounts related to medical expenses;
3. Compensation in case the Insured encounters an Accident in a territory outside the geographical scope of the policy.
4. With respect to the cover 'Workplace Assault', any assault done by or linked to the employer or any employee of the organization of which the Insured is also an employee .
5. Payment of compensation in respect of death or disability:
   a) arising from intentional self Injury / suicide / attempted suicide;
   b) arising from or resulting directly or indirectly from any Illness;
   c) whilst the Insured is under the influence of intoxicating liquor / drugs;
   d) whilst engaging in aviation / ballooning / while mounting into or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise), unless otherwise specified in Part I of the Policy Schedule; or while engaging in any other hazardous activity/ adventure sports unless Adventure sports cover is opted and Personal Accident claim is mentioned as payable in the Annexure I against the mentioned adventure sport during which the injury was caused and the same has been mentioned in Part I of the Policy Schedule.

CLAIMS PROCEDURE APPLICABLE TO COVER - PERSONAL ACCIDENT

In event of the Insured meeting with death or disability arising out of an Injury caused in an Accident taking place any time during the Period of Insurance, immediate notice thereof shall be sent to the Company/Assistance Service

Provider by or on behalf of the Insured furnishing details of the Accident.

Documents to be submitted in support of the claim:

i. Medical reports giving the details of the Accident, nature of Injury and the extent of disability.
ii. In case of death of the Insured death certificate issued by the Medical Practitioner who attended on the Insured.
iii. Postmortem certificate, wherever postmortem is conducted, to be produced if required by the Assistance Service Provider/Us.
iv. Police report/FIR/Panchnama.
v. Medical Practitioner's certificate in case of Injury (in case of Permanent Partial Disablement/ Permanent Total Disablement) stating the reasons and the extent of the Injury/Disablement.
vi. And any other document as may be appropriately applicable for the claims preferred under this section of the policy.
vii. For claims related to extension 'Coma Cover', a letter from the treating doctor certifying the direct cause and duration, the hospitalization course, prognosis of Coma. In case, the Coma has been induced on account of bodily injuries, a written narration from the treating doctor of the circumstances that led to the comatose state shall be needed.

COVER 17: ACCIDENTAL DEATH AND DISABLEMENT (COMMON CARRIER / PUBLIC CARRIER)

We shall pay to the Insured or nominee or legal heir of the Insured a lump sum amount as mentioned in the Part I of the Policy Schedule and up to the maximum amount specified under this cover in case of Death, Permanent Total Disability or a Permanent Partial Disability of the Insured arising out of and consequent upon an Injury or accident encountered while the Insured is mounting into or dismounting from or travelling in the Common Carrier/ Public Carrier as a passenger (fare paying or otherwise) during the Period of Insurance.

We will also cover disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a common carrier/ Public Carrier conveyance in which such Insured Person was known to have been travelling as an occupant. It shall be deemed after 12 months, subject to all other terms and conditions of this Policy that such person shall have died as a result of the accident. If at any time, after the payment of the Accidental death benefit, it is discovered that the insured person is still alive all payments shall be reimbursed in full to the Company.

EXCLUSIONS APPLICABLE TO COVER – ACCIDENTAL DEATH AND DISABLEMENT (COMMON CARRIER/ PUBLIC CARRIER)

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:
The Company shall not be liable for

i. Amounts related to medical expenses.
ii. Payment of compensation in respect of death.
- arising from intentional self Injury/ suicide/ attempted suicide.
- whilst the Insured is under the influence of intoxicating liquor/ drugs.

CLAIMS PROCEDURE APPLICABLE TO COVER – ACCIDENTAL DEATH AND DISABLEMENT (COMMON CARRIER/ PUBLIC CARRIER)

Refer to 'Claims Procedure – General' section

Documents to be submitted in support of claim:

Documents to be submitted in support of the claim

i. Medical reports giving the details of the Accident and the nature of Injury.
ii. Death certificate issued by the Medical Practitioner who attended on the Insured.
iii. Postmortem certificate to be produced if required by the Company/Assistance Service Provider wherever postmortem is conducted.
iv. In case of an air crash / ship wreck or other such operator causing deaths on a massive scale, confirmation from the common carrier/ Public Carrier operator regarding the death of insured
v. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
vi. Police report in original in case the Accident

shall have taken place in a public place or premises.

COVER 18: PERSONAL LIABILITY

The Company shall indemnify the Insured, up to the Sum Insured specified in Part I of the Policy Schedule, against legal liability to a third party arising during the Period of Insurance or within 60 days from the Date of Expiry of Insurance as specified in Part I of the Schedule as a result of :

a) Accidental Death or bodily Injury to any Third Party (Our liability in this case will be limited to reasonable medical expenses incurred by the Third Party)
b) Accidental loss of or property damage to third parties
c) Accidental loss or damage to temporary holiday accommodation which is not owned by You arising on account of an Accident occurring whilst on a Trip anytime during the Period of Insurance under the Policy for which claims shall be made on the Insured by the third parties.

The Company shall also indemnify the Insured towards the cost of defense incurred, with the consent of the Company. The Company's overall liability, including the cost of defense for all claims during the Period of Insurance shall not exceed the Sum Insured specified in Part I of the Policy Schedule.

EXTENSIONS AVAILABLE UNDER THIS COVER-
PERSONAL LIABILITY (subject to specific acceptance by the company and on incorporation in Part I of the Policy Schedule accordingly)

EXTENSION 18.a: Court Attendance Cover
If during the Period of Insurance and whilst the Insured is on a Journey, and he/she is required to attend court in connection with an event that has resulted in a valid claim under the Personal Liability Cover, We will pay a fixed amount for each day (for meal and travel expenses), the Covered Person attends court, up to the maximum amount as shown in the Schedule against the cover 'Personal Liability'.

TERMS AND CONDITIONS APPLICABLE TO COVER - PERSONAL LIABILITY

1. The Insured shall give a notice to the Company/ASP as soon as reasonably practicable of any claims made against the Insured (or any specific event or circumstances that may give rise to a claim being made against the Insured) that shall become the subject of indemnity under this Cover and shall give all such additional information as the Company may require. Every claim, writ, summons or process and all documents relating to the claim/ event shall be forwarded to the Company immediately on receipt by the Insured.
2. No acknowledgement, offer promise or payment shall be made or given by or on behalf of the Insured without the written consent of the Company/ASP.
3. The Company will have the right but in no case the obligation, to take over and conduct in the name of the Insured the defense of any claims and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defense of any claim in relinquishing the same. All amounts expended by the Company in the defense, settlement and/or payment of any claim, will correspondingly reduce the limits of indemnity specified in the Part I of the Policy Schedule.
4. The Insured shall give all such information and assistance as the Company may reasonably require.
5. The terms and exclusions of this Cover (and any phrase or word contained therein) shall be interpreted in accordance with the laws of India.

EXCLUSIONS APPLICABLE TO COVER - PERSONAL LIABILITY

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

1. Property belonging to the member of Your family or employer or deemed by law to be of your employer/employee
2. Liability to any person who is a member of Your family or employer or deemed by law to be your employee Property belonging to

You or in your care, custody or control excluding temporary holiday accommodation

3. Liability arising directly or indirectly from, in respect of, or due to Your wilful, malicious or unlawful acts
4. Liability arising directly or indirectly due to ownership and/ or usage of livestock (except domestic animals), firearms, motorized vehicles including aircraft and watercraft etc.
5. Liability arising directly or indirectly from , in respect of, or due to undertaking or pursuit of any trade, business or profession, including apprenticeship, voluntary work, professional service rendered by the Insured, work experience or consultancy with the policy holder
6. Liability arising due to any criminal acts or legal costs resulting from any criminal proceedings
7. Participation in any adventure sports as mentioned in Annexure I like motor rallies, or car or motorcycle, boat or aerial racing etc..
8. Any Deductible amount as mentioned against this Cover in Part I of the Policy Schedule
9. Legal liability of the Insured in relation to any professional services rendered by the Insured..
10. Liability assumed by the Insured by an agreement / contract which would not have attached in the absence of such agreement / contract except in case of a temporary holiday accommodation/rental accommodation, which is not owned by You.
11. Liability arising from the use of any aircrafts, water crafts and other vehicles.
12. Any liability, which is the subject matter of specific insurance elsewhere.
13. Liability arising through personnel engaged by the Insured for either business / personal purposes of any kind.
14. Liability resulting from transmission of an Illness or disease by the Insured.
15. Liability arising out of all personal injuries such as libel, slander, false arrest, wrongful eviction, wrongful detention, defamation, etc.,
16. Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
17. Liability arising from the possession of animals, birds, reptiles, insects, etc. and their byproducts like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
18. Liability arising from the use of any alcohol/ drugs or drug addiction.
19. Liability arising from any supply of goods or services on the part of the Insured.
20. Bodily injury to any person eligible to receive any covers voluntarily provided or required to be provided by an insured person under workers compensation law, non- occupational disablement law or occupational diseases law
21. Liability arising from the violation of operating/ safety guidelines published by the service provider contracted by you

CLAIMS PROCEDURE APPLICABLE TO COVER – PERSONAL LIABILITY

The Insured shall, in the event of the contingency resulting in liability taking place in any of the public places or the roads, he/she shall report the matter to the local police and the ASP/TPA/the Company immediately or as soon as practically possible.

Documents to be submitted in support of the claim:

1. Statement of claim furnishing particulars of the event leading to the liability
2. Photocopy of the police report wherever reported
3. Proof of judicial decision rendered by a Court of law or any other such Legal document
4. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

COVER 19: HIJACK DISTRESS COMPENSATION

The Company shall pay the Insured a fixed amount as mentioned in Part I of the Policy Schedule for every day spent by the Insured under hijack, in case the Common Carrier/ Public Carrier in which the Insured is traveling as a fare paying passenger forming a part of the Insured Trip shall be subject to Hijack. Compensation shall be payable under this Cover provided that

the Hijack is for more than
12 hours or for a period more than specified number of hours, mentioned against the Cover as Deductible in Part I of the Policy Schedule. Claim payout for one day shall be applicable also if hijack has happened for more than 12 hours but less than 24 hours.

Company's liability shall not exceed the maximum number of days or the maximum SI specified in Part I of the Policy Schedule.

Should death of the Insured occur during the period for which the Common Carrier/ Public Carrier with the passengers is held captive by the hijackers, such death of the Insured shall be considered as a valid claim under Cover – 'Personal Accident' under the provision applicable to the death of the insured in an Accident. Such compensation for death shall be independent of the Insured's eligibility for claim under this Cover.

EXCLUSIONS APPLICABLE TO COVER - HIJACK DISTRESS COMPENSATION

In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following: 1. The Company shall not be liable for any claim under this Policy if the Insured shall be involved as either principal or accessory or is in any way involved in causing/planning the Hijack.

CLAIMS PROCEDURE APPLICABLE TO COVER - HIJACK DISTRESS COMPENSATION

The statement of claim shall be accompanied by a certificate of Hijack from the Common Carrier/ Public Carrier, furnishing details of travel by the Insured, the fact of his / her being held captive and confirmation of death, if death shall occur or we may choose to confirm the facts regarding hijack from a third party source, at our own discretion.

COVER 20.a.: FINANCIAL EMERGENCY CASH ALLOWANCE(LUMPSUM)
If the Insured has suffered a financial emergency following incidents like theft/ robbery/ burglary of luggage/ money or hold up as a consequence of which the Insured is left without any Travel Funds (Including and not limited to cash, travellers' cheque, debit/credit card, forex card) whilst on an Insured Trip, the Company shall provide an amount upto the SI mentioned in Part I of the Policy Schedule or the amount of cash carried by You on the Trip, whichever is lower. The claim payment would be made on a pro- rated basis of the Sum Insured amount proportionate on the original total trip duration vis-à-vis the remaining number of travel days. In order for the Insured to be covered under this cover, the incident leading to the loss of money should be reported to local police within
24 hours of it occurring and obtaining a First Information Report (FIR).

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

The Company shall not be liable for Financial Emergency arising out of any actions on part of the Insured such as wager, lottery, gambling, betting, etc.
Should it come to notice at a later date after payment of compensation by the Company to the Insured that the declaration of the Insured in connection with the Financial Emergency is false / unsubstantiated; the Company shall be entitled to recover the sum paid hereunder in addition to retaining its right of action against the Insured for damages.

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

TERMS AND CONDITIONS APPLICABLE TO COVER – FINANCIAL EMERGENCY CASH ALLOWANCE (LUMP SUM)

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

1. No claim shall be admitted under the Policy unless a complaint is lodged with the police authorities and copy of the first information report is furnished to the Company.

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

CLAIMS PROCEDURE APPLICABLE TO COVER – FINANCIAL EMERGENCY CASH ALLOWANCE (LUMP SUM)

1. The Insured shall report to the Company/Assistance Service Provider immediately on the telephone number indicated in the Policy Schedule after becoming aware of the accidental loss of Money that triggers a Financial Emergency.
2. The Insured shall also report to the police authorities having jurisdiction at the place of loss, immediately and in any case not exceeding 24 hours from the time the loss was detected and shall make available to the Company a copy of the first information report of the police, immediately thereafter.
3. Upon due confirmation at our end, the Company/Assistance Service Provider shall organize financial aid to the Insured or his/her local contact as informed by the insured

Documents to be submitted in support of the claim:

a. Copy of report to the police authorities having jurisdiction at the place of loss and nature of loss along with the details of loss
b. Confirmation of amount of foreign currency being carried by the insured such as recent exchange receipt of the currency
c. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

COVER 20.b.: FINANCIAL EMERGENCY CASH ALLOWANCE (PER DAY BASIS)

If the Insured has suffered a financial emergency following incidents like theft/ robbery/ burglary of luggage/ money or hold up as a consequence of which the Insured is left without any Travel Funds (Including and not limited to cash, travellers' cheque, debit/credit card, forex card) whilst on an Insured Trip, the Company shall provide a daily amount as mentioned in Part I of the Policy Schedule. The claim payment would be made for the remaining number of travel days upto a maximum of 7 days or as specified in Part I of the Policy Schedule. In order for the Insured to be covered under this cover, the incident leading to the loss of money should be reported to police within 24 hours of it occurring and obtaining a First Information Report (FIR).
The Company's liability under this Cover shall not be for more than one incident of Financial Emergency during the whole Period of Insurance hereunder, irrespective of whether the Policy is Single-trip Policy, Round-trip Policy or Multi-trip Policy. If the customer's trip ends prior to the specified no. of days, per day payout will be applicable only till the trip ends.

The Company shall not be liable for Financial Emergency arising out of any actions on part of the Insured such as wager, lottery, gambling, betting, etc. Should it come to notice at a later date after payment of compensation by the Company to the Insured that the declaration of the Insured in connection with the Financial Emergency is false / unsubstantiated; the Company shall be entitled to recover the sum paid hereunder in addition to retaining its right of action against the Insured for damages.

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

TERMS AND CONDITIONS APPLICABLE TO COVER – FINANCIAL EMERGENCY CASH ALLOWANCE (PER DAY BASIS)

1. No claim shall be admitted under the Policy unless a complaint is lodged with the police authorities and copy of the first information report is furnished to the Company.
2. No claim shall be payable under this Cover for need arising anywhere in the Country of Residence of the Insured.
3. No claim shall be admitted under this Cover that is reported to the Company or Assistance Service Provider more than 48 hours after the incident of theft or burglary of luggage/money.
4. Any loss of Money that was not in the personal custody of the Insured Person

CLAIMS PROCEDURE APPLICABLE TO COVER – FINANCIAL EMERGENCY CASH ALLOWANCE (PER DAY BASIS)

1. The Insured shall report to the Company/Assistance Service Provider immediately on the telephone number indicated in the Policy Schedule after becoming aware of the accidental loss of Money that triggers a Financial Emergency and submit the completed claims form and FIR report obtained from the local police authority where the loss has occurred.
2. On due confirmation at our end, the Company / Assistance Service Provider shall organize financial aid to the Insured or his/her local contact as informed by the insured

Documents to be submitted in support of the claim:

a. Copy of report to the police authorities having jurisdiction at the place of loss along with nature and details of loss
b. Confirmation of amount of foreign currency being carried by the insured such as recent exchange receipt of the currency
c. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

COVER 21: TRIP CANCELLATION

The Company shall indemnify the Insured for the financial loss incurred by the insured arising out of cancellation of the trip following unexpected events, upto before the departure of the Trip solely attributable to and/or arising out of:

i. Sickness or injury which requires medical attention/consultation and the insured is advised in writing by treating medical practitioner as unfit for travel. Death or imminent death from an unforeseen illness or injury, quarantine of you or any of your immediate family member or travelling companion (insured in the policy for the same itinerary and exact same trip duration)
ii Personal contingencies like hijack, quarantine, kidnap etc. your presence required by judicial authority in the course of its proceedings during the period of insurance.
iii Natural Calamities of which you were not aware at the time of purchase of the policy like avalanches, landslides, floods, hurricanes, tornadoes, blizzards, cyclones, volcanic eruptions, earthquakes, forest fire, tsunamis etc. at your place of residence or your departure city or one of Your destination(s) as per your itinerary
iv A Terrorism / Terrorist attack which occurs in your place of residence or your departure city, or in a city which is a scheduled destination for your Covered Trip provided that the act of Terrorism occurs within 15 days prior to your departure ;
v A Major Travel Event that prevents You from travelling to one of Your destination(s) in your itinerary
vi In case of loss of passport due to theft/robbery/burglary etc. and reissue of new passport has not happened prior to travel date (Applicable only to international travel)
vii Advisory issued by the government of India not to travel or prevention of travel by government of India

Subject to the maximum liability of the Company as stated in Part I of the Policy Schedule, the Company shall pay to the Insured:

1. The payments made for accommodation and travel in advance by You which are non-recoverable after initiation of cancellation of the same.
2. Official cancellation charges of

accommodation and travel tickets paid in advance of a proposed journey, if any;

The deductible under this cover shall be applicable, if any and shall be of an amount as specified in Part I of the Policy Schedule.

EXTENSIONS AVAILABLE UNDER COVER – TRIP CANCELLATION (subject to payment of additional premium, specific acceptance by the company and on incorporation in the Part I of the Policy Schedule accordingly)

EXTENSION 21.a.: Frequent flyer points:

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

EXTENSION 21.b.: Event Cancellation Cover

If a particular event that is a part of the insured's scheduled trip and has a confirmed audience attendance in excess of one thousand people(1000) or as specified in Part I of the Policy Schedule and the same event gets cancelled for reasons which are unforeseen and beyond the control of the Insured and which in turn leads to the cancellation of the Insured's trip, then we would consider this cancellation of event as a trigger under 'Trip Cancellation' cover. The maximum Overall liability of the Company under this extension shall not exceed the Sum Insured against 'Trip Cancellation', as specified in Part I of the Policy schedule.

EXTENSION 21.c.: Reimbursement of Cancellation charges of pre-booked events
If the Policyholder or the Insured had purchased tickets for events/ sightseeing/excursion activities for use during his Trip which he has to cancel due to the contingencies mentioned under the base cover 'Trip Cancellation' or its extension, we will reimburse the non- refundable charges of the pre-booked tickets. For the purpose of this cover, event is described as a confirmed affair organized majorly with a performance etc. with an expected attendance of atleast 1000 people for which the insured has booked a ticket.

We shall indemnify maximum of one event of Trip Cancellation for single-trip/round-trip or as mentioned in Part I of the Policy Schedule during the policy period.

EXCLUSION APPLICABLE TO COVER - TRIP CANCELLATION AND EXTENSIONS THEREIN

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

1. Any change of plans or dis-inclination on your part or that of any other passenger to travel.
2. Lack in the number of persons required to commence any tour, conference, accommodation or travel arrangement or the negligence of the wholesaler or the operator The failure of your travel agent to pass on the monies to operators or to deliver promised services
3. Any claim for a medical condition if any of the following applied when you purchased or renewed your Policy or when you booked your trip (whichever is later)-
   i) You, your immediate family or travelling companion had received advice, medication or treatment for any serious, chronic or recurring illness, injury or disease in the last 12 months unless the condition was disclosed to and accepted by us
   ii) You, your immediate family or travelling companion were under investigation or awaiting results for any diagnosed or undiagnosed condition unless disclosed to and accepted by us
   iii) You, your immediate family or travelling companion were on a waiting list for in-

patient treatment or were aware of the need for in-patient treatment

iv) You, your immediate family or traveling companion has been diagnosed with a terminal illness;

4. Any cancellation due to Hospitalization resulting from pre- existing disease, Childbirth, Pregnancy or related medical complications to You, Your immediate family or travelling companion.
5. Any claim where you were aware of the fact that the perils listed in the above section existed prior to the purchase of the policy
6. Failure to start the journey due to rejection of VISA in case of international travel only.
7. If your trip is cancelled due to Natural Calamity not declared by the appropriate government authority.
8. Cancellation of the trip either wholly or in part done at the instance of the common carrier/ Public Carrier or by the travel agent, Air transport Authority or any government body
9. Strike, Civil unrest, labour disputes and other similar events which existed or of which advance warning had been given prior to the date on which Trip was booked.
10. Any event which could trigger 'Trip Cancellation' having occurred more than 15 days before the commencement of trip or issuance of policy
11. For event cancellation cover, the events covered shall not include personal family events, political rallies/agendas/strikes, anti-national or anti-social gatherings or events of any illegal nature.
12.

COVER 22.a: TRIP CANCELLATION DUE TO VISA REJECTION

If the Insured or Insured's travelling companion is forced to cancel the trip on account of visa rejection only, anytime up to the start of the trip, then the Insured will be covered under this cover, if this travel insurance cover has been issued at the time of or before commencing the visa application process.

This cover is not valid for immigrant or employment visa.

Subject to the maximum liability of the Company as stated in Part I of the Policy Schedule, the Company shall pay to the Insured:

1. The payments made for accommodation and travel in advance by the Insured which are non-recoverable after initiation of cancellation of the same.
2. Official cancellation charges of accommodation and travel tickets paid in advance of a proposed journey, if any;

The insured will not be covered for VISA rejection that happens on account of the following reasons:

a) Past or current criminal actions or record
b) Any error at the Travel Agent/Aggregator's end. Any such error/situations that may lead to recurring bulk visa rejections

COVER 22.b: REFUND OF VISA FEE

If the Insured or Insured's travelling companion is forced to cancel the trip on account of visa rejection only, anytime up to the start of the trip and if the Insured has opted for this cover before or at the time of applying for Visa, then, Subject to the maximum liability of the Company as stated in Part I of the Policy Schedule, the Company shall reimburse to the Insured the Visa fee or a fixed amount as applicable and mentioned against this cover in Part I of the Policy Schedule.

This cover is not valid for immigrant or employment visa.

The insured will not be covered for VISA rejection that happens on account of the following reasons:

a) Past or current criminal actions or record
b) Any error at the Travel Agent/Aggregator's end. Any such error/situations that may lead to recurring bulk visa rejections

CLAIMS PROCEDURE APPLICABLE TO COVERS - TRIP CANCELLATION DUE TO VISA REJECTION & REFUND OF VISA FEE

In the event of any of the contingencies covered hereunder resulting in the visa rejection of the scheduled trip, immediate notice thereof shall be given by the Insured to the Company or its Assistance Service Provider.

Documents to be submitted in support of the claim –

1. Proof of visa appointment and visa rejection
2. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

COVER 23: TRIP INTERRUPTION OR CURTAILMENT

If the below mentioned circumstances cause a disruption to your Trip:

A) If Your trip is disrupted and You have to shorten Your trip and return directly to the Home Country or the Country/ Port of Origin of the trip, due to -

a) Major Travel event which prevents you from continuing with Your Scheduled trip
b) You suffer a serious injury or serious sickness and receive medical advice to discontinue the trip
c) The air craft or vessel on which you are onboard is hijacked
d) Due to an unexpected death or injury or sickness of Your Close Relative or your Travel Companion
e) In case of loss of passport due to theft/robbery/burglary etc. (Applicable only to international travel)

Or,

If Your trip is disrupted and You have to remain Overseas before returning directly back to Home Country or the Country/ Port of Origin

f) Due to quarantine upon medical advice which prevents You from continuing with Your Scheduled Trip
g) Due to You, Your Immediate family member or Travel Companion being confined in a Hospital whilst Overseas for more than 5 consecutive days, or where Hospital confinement is less than 5 days, upon medical advice against travelling, thus resulting in You being unable to return from Your scheduled trip
h) In case of loss of passport due to theft/robbery/burglary etc. (Applicable only to international travel)

We will reimburse upto the SI limits as specified in Part I of the Policy Schedule for:

a) Non-refundable expenses for air, land or sea travel through a common carrier/ Public Carrier for the cancelled part of the trip
b) Any additional costs/expenses on account of air (economy class fares unless specifically mentioned by the treating doctor only), land or sea travel through a common carrier/ Public Carrier resulting from amendment of the existing tickets or booking of new tickets in case the existing tickets cannot be amended.
c) Hotel accommodation expenses, per day tariff not exceeding that of the same class of hotel initially booked for stay in the location where the peril has occurred, in case trip is disrupted and Insured is to remain overseas

EXTENSIONS AVAILABLE UNDER COVER- TRIP INTERRUPTION OR CURTAILMENT (subject to payment of additional premium, specific acceptance by the company and on incorporation in the Part I of the Policy Schedule accordingly)

EXTENSION 23.a: Trip Resumption

In the event of cancellation of part of the Trip of the Insured covered hereunder, that necessitates the Insured's return back to the City of Residence of the Insured before completion of the Trip, and for which compensation to the Insured for the cancellation charges and the additional transportation expenses are paid under Trip Interruption
& Curtailment, the Company shall reimburse the cost of travel through Common Carrier/ Public Carrier in Economy Class as actually incurred by the Insured to resume the Trip from the City of Residence of the Insured or the Port where Insured is stranded to the place where the trip was interrupted, subject to the maximum Sum Insured specified in Part I of the Policy Schedule. For this extension to trigger, the claim must be admissible under Trip Interruption and Curtailment.

EXTENSION 23.b: Reimbursement of cancellation charges of pre-booked events

If the Insured had purchased tickets for events/ sightseeing/excursion activities for

use during his insured Trip which he has to cancel due to occurrence of any of the circumstance as defined above in the 'Trip Interruption and Curtailment' section, we will reimburse him the non-refundable charges of the pre-booked tickets. For the purpose of this cover, event is described as a confirmed affair organized majorly with a performance etc. with an expected attendance of atleast 1000 people for which the insured has booked a ticket.

EXCLUSIONS APPLICABLE TO COVER - TRIP INTERRUPTION OR CURTAILMENT & EXTENSIONS THEREIN
towards the unfulfilled portion of the Trip (applicable in case of Trip interruption and curtailment)

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

1. Interruption of the Trip either wholly or in part done at the instance of the Common Carrier/ Public Carrier due to any reason including operational and technical reasons;
2. Interruption of the Trip either wholly or in part done by the travel agent;
3. Interruption of the Trip either wholly or in part done at the instance of the authority governing the Common Carrier/ Public Carrier or the government;
4. Any circumstances other than those that are directly attributable to the perils as stated in the covers above.
5. Strike, civil unrest, labour disputes and other similar events which existed or of which advance warning had been given prior to the date on which a Trip was booked.
6. Any change of plans which are not results of any unforeseen circumstances outside the control of the policyholder or covered person or dis-inclination on the part of the covered person or of any other person to undertake the journey.
7. The Exclusions specified under Cover , 'Burglary (Home Contents)', would be applicable under this cover 'Trip Interruption or Curtailment', provided any claim under this cover is triggered due to burglary at the Insured's residence or place of business.

CLAIMS PROCEDURE APPLICABLE TO COVERS – TRIP CANCELLATION, TRIP CANCELLATION DUE TO VISA REJECTION & TRIP INTERRUPTION OR CURTAILMENT & EXTENSIONS THEREIN

In event of any of the contingencies covered hereunder resulting in the interruption or cancellation of the scheduled travel being part of the Trip, immediate notice thereof shall be given by the Insured to the Company/Assistance Service Provider.

Documents to be submitted in support of the claim:

1. On occurrence of an Insured event that may give rise to a claim in any of the above mentioned covers of 'Trip Cancellation', 'Trip Cancellation due to Visa Rejection' and 'Trip Interruption or Curtailment' and its extensions, in the Country of Residence of the Insured or any other intermediate place forming part of the Trip solely resulting from any of the reasons or conditions mentioned in the cover, other than medical reasons, the Insured must submit a duly completed claims form to be accompanied by:
   a) Confirmation of cancellation of the Trip from the Common Carrier/ Public Carrier
   b) Ticket issued by the Common Carrier/ Public Carrier indicating the cost of the ticket and receipt for the refund of the fare of the Common Carrier/ Public Carrier towards the cancelled portion of the Trip, the cancellation charges retained by the Common Carrier/ Public Carrier or the Travel Agent;
   c) Original bill and a receipt / letter obtained from the hotel and / or guest house indicating the amount paid for the accommodation, the refund given and the cancellation charges retained for the unused portion of the Trip;
   d) Used air ticket in original for return journey from the place of cancellation to the City of Residence or Place of Origin of the Insured which indicate the cost of the tickets together with the receipts for the refunds obtained
2. In case the cancellation or interruption and

curtailment of the Trip shall result because of personal contingencies covered hereunder, the duly completed claims form to be accompanied by:

a) Medical evidence as may be required by the Company/Assistance Service Provider in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Immediate Family Member;
b) Receipt for the refund of the fare (even if the refund is NIL) of the Common Carrier/ Public Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained by the Common Carrier/ Public Carrier or the Travel Agent;
c) Original bill and a receipt / letter obtained from the hotel and / or guest house indicating the amount paid for the accommodation, the refund given and the cancellation charges retained for the unused portion of the Trip
d) Used boarding pass in original for return journey from the place of cancellation to the City of Residence or Place of Origin of the Insured together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip in case of Trip Interruption and Curtailment.

3. In case the cancellation charges either for the Trip or part of it or in relation to the accommodation in a hotel / guest house - other residential accommodation is waived to the advantage of the Insured subsequent to any settlement of claim under this cover, the Insured shall forthwith return the sum paid by the Company to the extent of such waiver.
4. For the extension 'Event Cancellation Cover' , proof of purchase of event ticket, confirmation of cancellation of the event from the organizer of the event citing the reasons for cancellation of the event and the cancellation charges retained by them
5. For the extension 'Reimbursement of Cancellation charges of pre-booked events', proof of purchase of event ticket, confirmation of ticket cancellation and the cancellation charges retained by them
6. For the extension 'Frequent flyer points', confirmation that the ticket of the cancelled trip was purchased using frequent flyer points.
7. For 'Trip Cancellation due to Visa Rejection', confirmation of rejection by Visa Authorities, complete set of documents submitted to the Visa Authorities as well as proof of payment of Visa fee will be needed
8. For the extension 'Trip Resumption', confirmed common carrier/ Public Carrier ticket and proof of travel
9. All claims resulting from injury, illness, quarantine or death must be supported by medical reports or a death certificate (or both) indicating the necessity to cancel your trip. Other reasons should be supported with relevant proofs specific to the circumstances e.g. court summon for the witness, FIR for the loss of passport.
10. All claims must be supported by documentary evidence that you have been unable to obtain a full refund from the travel and/or accommodation provider.
11. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

COVER 24: CANCELLATION COVER FOR HOTEL AND ACCOMMODATION

The Company shall indemnify the Insured for the financial loss incurred by the Insured arising out of cancellation done for hotel and accommodation booking following unexpected events, upto before the start of the Trip or any such period as mentioned in Part I of the Policy Schedule solely attributable to and/or arising out of:

i. Sickness or injury which requires medical attention/consultation and the insured is confirmed in writing by treating medical practitioner as unfit for travel. Death or imminent death from an unforeseen illness or injury, quarantine of your or any of your immediate family member or travelling companion (insured in the policy for the same itinerary and exact same trip duration)
ii. Personal contingencies like hijack, quarantine, kidnap, your presence required by judicial authority in the course of its proceedings during the

period of insurance.

iii. Natural Calamities of which you were not aware at the time of purchase of the policy like avalanches, landslides, floods, hurricanes, tornadoes, blizzards, cyclones, volcanic eruptions, earthquakes, forest fire, tsunamis etc. at one of your main destinations as per your itinerary

iv. A Terrorism / Terrorist attack which occurs in your departure city, or in a city which is a scheduled destination for your Covered Trip provided that the act of Terrorism occurs within 15days to your departure ;

v A Major Travel Event that prevents You from travelling to Your main destination(s) in your itinerary

vi In case of loss of passport due to theft, robbery, burglary etc. and reissue of new passport have not happened prior to travel date. (Applicable only for International Travel)

viii. Advisory issued by the Government of India not to travel or prevention of travel by Government of India

Subject to the maximum liability of the Company as stated in Part I of the Policy Schedule, the Company shall pay to the Insured:

a) The payments made for accommodation in advance by You which are non-recoverable after initiation of cancellation of the same

b) Official cancellation charges of accommodation paid in advance of a proposed journey, if any;

The deductible under this cover shall be applicable, if any and shall be of an amount as specified in Part I of the Policy Schedule.

EXCLUSIONS APPLICABLE TO COVER - CANCELLATION COVER FOR HOTEL AND ACCOMMODATION

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

1. Cancellation of the Trip either wholly or in part done by the travel agent or at the instance of the Common Carrier/ Public Carrier;
2. Any circumstances other than those that are directly attributable to the perils as stated in the covers above. Strike, civil unrest or labour disputes which existed or of which advance warning had been given prior to the date on which a Trip was booked.
3. Any change of plans which are not results of any unforeseen circumstances outside the control of the policyholder or covered person or dis inclination on the part of the covered person or of any other person to undertake the journey.
4. The Exclusions specified under Cover , 'Burglary (Home Contents)', would be applicable under this cover, provided any claim under this cover is triggered due to burglary at the Insured's residence or place of business.
5. Any event which could trigger, 'Cancellation cover for Hotel and Accommodation' having occurred more than 15 days before the commencement of the trip or any time before the issuance of the policy

CLAIMS PROCEDURE APPLICABLE TO COVER – CANCELLATION COVER FOR HOTEL AND ACCOMMODATION

In event of any of the contingencies covered hereunder resulting in the cancellation of the scheduled accommodation being part of the Trip, immediate notice thereof shall be given by the Insured to the Company/Assistance Service Provider.

Documents to be submitted in support of the claim:

1. On occurrence of an Insured event that may give rise to a claim in cover of 'Cancellation cover for Hotel and Accommodation', in the Country of Residence of the Insured resulting from any of the reasons or conditions mentioned above, other than medical reasons, the Insured must submit a duly completed claims form to be accompanied by:
   a) Original bill and a receipt / letter obtained from the hotel and / or guest house indicating the amount paid for the accommodation, the refund given and the cancellation charges retained for the unused portion of the Trip;

b) We will verify the occurrence of the perils like Hijack, Major Travel Event from an independent third party

2. In case the cancellation of the Trip shall result because of personal contingencies covered hereunder, the duly completed claims form to be accompanied by:
   a) Medical evidence as may be required by the Us in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Immediate Family Member;
   b) Original bill and a receipt / letter obtained from the hotel and / or guest house indicating the amount paid for the accommodation, the refund given and the cancellation charges retained for the unused portion of the Trip
3. In case the cancellation charges either for the Trip or part of it or in relation to the accommodation in a hotel / guest house / other residential accommodation is waived to the advantage of the Insured subsequent to any settlement of claim under this cover, the Insured shall forthwith return the sum paid by the Company to the extent of such waiver.
4. All claims resulting from injury, illness, quarantine or death must be supported by medical reports or a death certificate (or both) indicating the necessity to cancel your trip. Other reasons should be supported with relevant proofs specific to the circumstances e.g. court summon for the witness, FIR for the loss of passport.
5. All claims must be supported by evidence that you have been unable to obtain a full refund from the travel and/or accommodation provider.
6. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

COVER 25: CANCELLATION COVER FOR COMMON CARRIER/ PUBLIC CARRIER

The Company shall indemnify the Insured for the financial loss incurred by the Insured arising out of cancellation done for common carrier/ Public Carrier ticket bookings following unexpected events, upto before the start of the Trip or any such duration as specified in Part I of the Policy Schedule solely attributable to and/or arising out of:

i. Sickness or injury which requires medical attention/consultation and the insured is advised in writing by treating medical practitioner as unfit for travel. Death or imminent death from an unforeseen illness or injury , quarantine of your or any of your immediate family member or travelling companion (insured in the policy for the same itinerary and exact same trip duration)
ii. Personal contingencies like hijack, quarantine, kidnap, your presence required by judicial authority in the course of its proceedings during the period of insurance.
iii. Natural Calamities like avalanches, landslides, floods, hurricanes, tornadoes, blizzards, cyclones, volcanic eruptions, earthquakes, forest fire, tsunamis etc. at one of your main destinations as per your itinerary
iv. A Terrorism / Terrorist attack which occurs in your departure city, or in a city which is a scheduled destination for your Covered Trip provided that the act of Terrorism occurs within15 days of your departure ;
v A Major Travel Event that prevents You from travelling to Your main destination(s) in your itinerary
vi In case of loss of passport due to theft, robbery, burglary and reissue of new passport have not happened prior to travel date. (Applicable only for International Travel)

Subject to the maximum liability of the Company as stated in Part I of the Policy Schedule, the Company shall pay to the Insured:

a)The payments made for common carrier/ Public Carrier tickets in advance by You which are non-recoverable after initiation of cancellation of the same
b) Official cancellation charges of common carrier/ Public Carrier ticket paid in advance of a proposed journey, if any;

The deductible under this cover shall be

applicable, if any and shall be of an amount as specified in the Part I of the Policy Schedule.

EXCLUSIONS APPLICABLE TO COVER – CANCELLATION COVER FOR COMMON CARRIER/ PUBLIC CARRIER

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

1. Cancellation of the Trip either wholly or in part done at the instance of the Common Carrier/ Public Carrier due to any reason including operational and technical reasons;
2. Cancellation of the Trip either wholly or in part done by the travel agent;
3. Cancellation of the Trip either wholly or in part done at the instance of the authority governing the Common Carrier/ Public Carrier or the government;
4. Any circumstances other than those that are directly attributable to the perils as stated in the covers above.
5. Strike, civil unrest or labour disputes which existed or of which advance warning had been given prior to the date on which the Trip was booked. Any change of plans which are not results of any unforeseen circumstances outside the control of the policyholder or covered person or dis inclination on the part of the covered person or of any other person to undertake the journey.
6. The Exclusions specified under Cover , 'Burglary (Home Contents)', would be applicable under this cover, provided any claim under this cover is triggered due to burglary at the Insured's residence or place of business.
7. Any event which could trigger, 'Cancellation Cover for Common Carrier/ Public Carrier' having occurred more than 15 days before the commencement of the trip or any time before the issuance of the policy

CLAIMS PROCEDURE APPLICABLE TO COVER - CANCELLATION COVER FOR COMMON CARRIER/ PUBLIC CARRIER

In event of any of the contingencies covered hereunder resulting in the cancellation of the scheduled travel being part of the Trip, immediate notice thereof shall be given by the Insured to the Company/Assistance Service Provider.

Documents to be submitted in support of the claim:

1. On occurrence of an Insured event that may give rise to a claim in the above mentioned covers of 'Cancellation Cover for Common Carrier/ Public Carrier' in the Country of Residence of the Insured or any other intermediate place forming part of the Trip solely resulting from any of the reasons or conditions mentioned, other than medical reasons, the Insured must submit a duly completed claims form to be accompanied by:
   a) Confirmation of cancellation of the Trip from the Common Carrier/ Public Carrier
3. Ticket issued by the Common Carrier/ Public Carrier indicating the cost of the ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip, the cancellation charges retained by the Common Carrier/ Public Carrier or the Travel Agent;
4. All claims resulting from injury, illness, quarantine or death must be supported by medical reports or a death certificate (or both) indicating the necessity to cancel your trip. Other reasons should be supported with relevant proofs specific to the circumstances e.g. court summon for the witness, FIR for the loss of passport.
5. Any other document that may be appropriately applicable for claims preferred under this section of the policy

COVER 26: OPERATOR DRIVEN COMMON CARRIER/ PUBLIC CARRIER CANCELLATIONS

In the event the operator of the common carrier/ Public Carrier cancels the pre-paid/ pre booked ticket of the Common Carrier/ Public Carrier after confirming the same to the insured, either prior to beginning of the trip or during the trip the below mentioned covers can get triggered :

a) **Compensation for ticket charges:**

On the happening of an operator driven cancellation of the non- refundable ticket of the pre-booked/ pre-paid ride for which the Insured held a confirmed ticket, a fixed amount as mentioned in Part I of the Policy Schedule will be payable to the Insured.

b) **Compensation for hotel / transport charges:**

If due to the cancellation of a pre-booked intercity mode of transport of a Common Carrier/ Public Carrier, an overnight stay is necessitated, either prior to start of the trip or while on the trip, then a fixed amount as mentioned in Part I of the Policy Schedule will be payable to the Insured for overnight hotel accommodation and / or transport to the nearest hotel.

Compensation against Overnight hotel stay will be paid only if the city of residence of the insured and point where the Common Carrier/ Public Carrier starts are different.

The maximum payout in case of any of these covers would be limited to the maximum SI in the policy upto the SI limit specified in Part I of the Policy Schedule. The covers which Insured has opted for and for which a premium has been paid by the Insured will be mentioned in Part I of the Policy Schedule.

EXCLUSIONS APPLICABLE TO COVER – OPERATOR DRIVEN COMMON CARRIER/ PUBLIC CARRIER CANCELLATIONS

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

1. We will not be covering the cancellations other than the ones initiated by the Operator of the common carrier/ Public Carrier.
2. In case the cancellation of the Trip shall result because of personal contingencies covered hereunder, the duly completed claims form to be accompanied by:
   a) Medical evidence as may be required by the Assistance Service Provider/ Us /TPA in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Immediate Family Member;
   2. Receipt for the refund of the fare of the Common Carrier/ Public Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained by the Common Carrier/ Public Carrier or the Travel Agent;
   3. Situations including but not limited to runway closure, shutdown/in the process of shutdown of airlines, advisory of Government to ban a certain airline/aircraft etc. that may lead to recurring or bulk cancellations will not be covered

CLAIMS PROCEDURE APPLICABLE TO COVER - OPERATOR DRIVEN COMMON CARRIER/ PUBLIC CARRIER CANCELLATIONS

Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

a) The confirmed ticket / confirmation from the Common Carrier/ Public Carrier regarding the ticket to insured
b) The confirmation of cancellation of the common carrier/ Public Carrier should be received, either through the travel aggregator or through the operator himself.

c) Claim form, either filled manually or digitally

COVER 27: MISMATCH IN CARRIER

In the event of a mismatch in the type of Common Carrier/ Public Carrier during travel period or up to before the start of the Trip, vis a vis what was assured or booked for at a cost, a fixed amount as mentioned in the Part I of the Policy Schedule will be payable to the insured. This amount can either be a flat amount or a percentage of the ticket value or the difference between the tickets amounts of the two carriers whichever is higher/lower as specified in Part I of the Policy Schedule.

The mismatch in common carrier/ Public Carrier provided vis-à- vis what was booked for should be ascertained / accepted by the common carrier/ Public Carrier provider or related aggregator.

EXCLUSIONS APPLICABLE TO COVER – MISMATCH IN CARRIER

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

1. We will not be covering for any mismatch in type of common carrier/ Public Carrier unless initiated/accepted by the common carrier/ Public Carrier provider or aggregator

CLAIMS PROCEDURE APPLICABLE TO COVER – MISMATCH IN CARRIER
Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

a) The confirmed ticket / confirmation of the common carrier/ Public Carrier regarding the ticket to insured
b) The confirmation of any mismatch in type of common carrier/ Public Carrier should be received, either through the channel partner or through the operator himself.
c) Claim form, either filled manually or digitally / confirmation by the insured

COVER 28: TRIP CANCELLATION PLUS - COMMON CARRIER/ PUBLIC CARRIER

If the Insured cancels his pre-booked and pre-paid common carrier/ Public Carrier reservation made for his trip, after purchasing the policy and within the number of days from the policy purchase date as mentioned in Part I of the Policy Schedule, prior to the journey start date mentioned in the policy schedule, we will reimburse any non refundable amount against such reservation, upto the SI limit as specified in Part I of the Policy Schedule.

Co-pay or deductible, if any, as mentioned in Part I of the Policy Schedule shall be applicable.

EXCLUSIONS APPLICABLE TO COVER – TRIP CANCELLATION PLUS -COMMON CARRIER/ PUBLIC CARRIER

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

1. Any cancellation requested after the deductible duration as mentioned in Part I of the Policy Schedule

CLAIMS PROCEDURE APPLICABLE TO COVER - TRIP CANCELLATION PLUS - COMMON CARRIER/ PUBLIC CARRIER
Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

1. Cancellation request from the customer
2. Confirmation from the common carrier/ Public Carrier regarding ticket cancellation
3. Confirmation of the non-refundable amount due after ticket cancellation
4. Any other documents that may be needed

COVER 29: TRIP CANCELLATION PLUS– HOTELS/ OTHER ACCOMMODATION

If the Insured cancels his pre-booked and prepaid reservation of the hotel/other commercial accommodation of the Insured Trip, after purchasing the policy and within the number of days from the policy purchase date as mentioned in Part I of the Policy Schedule, we will reimburse any non-refundable amount against such reservation, upto the SI limit as specified in Part I of the Policy Schedule.

Co-pay or deductible, if any, as mentioned in Part I of the Policy Schedule shall be applicable.

EXCLUSIONS APPLICABLE TO COVER – TRIP CANCELLATION PLUS– HOTELS/ OTHER ACCOMMODATION

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

1. Any cancellation requested after the deductible duration as mentioned in the Part I of the Policy Schedule

CLAIMS PROCEDURE APPLICABLE TO COVER – TRIP CANCELLATION PLUS– HOTELS/ OTHER ACCOMODATION
Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

1. Cancellation request from the customer
2. Confirmation from hotel regarding cancellation of the reservation

3. Confirmation of the non refundable amount due after cancellation of the reservation
4. Any other documents that may be needed

COVER 30.a. COMMON CARRIER/ PUBLIC CARRIER DELAY

The Company shall pay a fixed amount to the Insured as specified in Part I of the Policy Schedule if the departure of the scheduled common carrier/ Public Carrier is delayed by more than the deductible duration specified in the Part I of the Policy Schedule, at the port at the Place of Origin of the Trip or any other port from where the Insured boards the Common Carrier/Public Carrier within the Period of Insurance solely arising out of and consequent upon any of the contingencies specified hereunder:

a) Delay of the Scheduled Common Carrier/ Public Carrier due to Inclement weather at the port of origin or the port of destination
b) Delay of Common Carrier/ Public Carrier due to sudden strike or any other action of the employees of the Common Carrier/ Public Carrier which disrupts services
c) Delay of the Common Carrier/ Public Carrier caused by equipment failure or clearances of the Common Carrier/ Public Carrier.
d) Delay of the Common Carrier/ Public Carrier caused by operational problems like crew or staff scheduling issues etc.
e) Delay of the Common Carrier/ Public Carrier due to a Major Travel Event, Civil Unrest, Riots or Commotion at the port of departure or the port of destination.
f) Cancellation or rescheduling of the flight at the instance of Common Carrier/ Public Carrier that causes delay

The maximum liability of the Company under this Cover shall be the Sum Insured as stated in Part I of the Policy Schedule.

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

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

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

Cover 30.b: LOUNGE ACCESS / RECREATION COVER FOR COMMON CARRIER/ PUBLIC CARRIER DELAY

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

a) Delay of the Scheduled Common Carrier/ Public Carrier due to Inclement weather at the port of origin or the port of destination
b) Delay of Common Carrier/ Public Carrier due to sudden strike or any other action of the employees of the Common Carrier/ Public Carrier which disrupts services
c) Delay of the Common Carrier/ Public Carrier caused by equipment failure or clearances of the Common Carrier/ Public Carrier.
d) Delay of the Common Carrier/ Public Carrier caused by operational problems like crew or staff scheduling issues etc.
e) Delay of the Common Carrier/ Public Carrier due to a Major Travel Event, Civil Unrest, Riots or Commotion at the port of departure or the port of destination.
f)

ancellation or rescheduling of the flight at the instance of Common Carrier/ Public Carrier that causes delay The maximum liability of the Company under this Cover shall be the Sum Insured as stated in Part I of the Policy Schedule.

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

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

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

TERMS AND CONDITIONS APPLICABLE TO COVER - COMMON CARRIER/ PUBLIC CARRIER DELAY AND LOUNGE ACCESS / RECREATION COVER FOR COMMON CARRIER/ PUBLIC CARRIER DELAY

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

EXCLUSIONS APPLICABLE TO COVER - COMMON CARRIER/ PUBLIC CARRIER DELAY AND LOUNGE ACCESS / RECREATION COVER FOR COMMON CARRIER/ PUBLIC CARRIER DELAY

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

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

CLAIMS PROCEDURE APPLICABLE TO COVER - COMMON CARRIER/ PUBLIC CARRIER DELAY AND LOUNGE ACCESS / RECREATION COVER FOR COMMON CARRIER/ PUBLIC CARRIER DELAY

Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

1. Confirmation of delay of the Trip from the Common Carrier/ Public Carrier detailing the circumstances of delay.
   The confirmation of this delay can either be procured by the Insured from the Common Carrier/ Public Carrier or We will use the Scheduled / Actual departure time of the Common Carrier/ Public Carrier as recorded by independent external agencies for determining the admissibility of claim.
2. The insured would have to provide documentary evidences to support that he / she reached the scheduled port of departure on time. The evidence could be a stamped boarding pass etc.
3. And any other document as may be appropriately applicable for the claims

preferred under this section of the Policy.

COVER 31: MISSED CONNECTING COMMON CARRIER/ PUBLIC CARRIER

The Company shall indemnify the Insured up to the Sum Insured amount as mentioned in Part I of the Policy Schedule in case of failure of the Insured to access the connecting flight/connecting journey through Common Carrier/ Public Carrier as per schedule, any time during the Trip within the Period of Insurance, arising out of and consequent upon the delayed arrival of the earlier flight/Common Carrier/ Public Carrier caused by reasons beyond the control of the Insured, provided that, no claim shall be payable hereunder incase such delay is foreseen by the Insured or that the Insured could have reasonably become aware of such delay in advance. The delayed arrival should solely be arising out of and consequent upon any of the contingencies specified hereunder-

a) Delay of the Scheduled Common Carrier/ Public Carrier due to Inclement weather at the port of origin or the port of destination
b) Delay of Common Carrier/ Public Carrier due to sudden strike or any other action of the employees of the Common Carrier/ Public Carrier which disrupts services
c) Delay of the Common Carrier/ Public Carrier caused by equipment failure or clearances of the Common Carrier.
d) Delay of the Common Carrier/ Public Carrier caused by operational problems like crew or staff scheduling issues etc.
e) Delay of the Common Carrier/ Public Carrier due to a Major Travel Event, Civil Unrest, Riots or Commotion at the port of departure or the port of destination.
f) Cancellation or rescheduling of the flight at the instance of Common Carrier/ Public Carrier that causes delay

The Company shall reimburse the Insured:

1. The official cancellation charges, if any, incurred by the Insured resulting from cancellation of the ticket by the Insured in relation to the Missed Connecting Common Carrier / Public Carrier.
2. Additional cost of transportation to proceed with the journey originally scheduled to have been covered by the Missed Flight/Common Carrier/ Public Carrier, provided that, such additional cost shall be in relation to the scheduled destination and not to any different destination and provided that the additional cost shall be for tickets of the same class and / or type as of the Missed Flight/Common Carrier/ Public Carrier. For the purpose of this Cover, additional cost means difference between the actual charges incurred to proceed with the journey originally scheduled to have been covered by the Missed Flight/Common Carrier/ Public Carrier and the amount obtained towards refund of the Missed Flight/Common Carrier/ Public Carrier

If mentioned specifically in Part I of the Policy Schedule, a fixed benefit amount equivalent to the Sum Insured would be paid to the Insured in the event of Missed Connecting Common Carrier/ Public Carrier.
Provided also that the Company shall be liable under this Cover only in event of Missed Flight/Common Carrier/ Public Carrier caused solely by the delay of the flight / common carrier/ Public Carrier in which the Insured is travelling immediately prior to the Missed Flight/Common Carrier/ Public Carrier.

The Company's overall liability for claims of all occurrences of Missed Flight/Common Carrier/ Public Carrier during the Period of Insurance shall not exceed the Sum Insured specified in the Part I of the Policy Schedule.

TERMS AND CONDITIONS APPLICABLE TO COVER - MISSED CONNECTING COMMON CARRIER/ PUBLIC CARRIER

1. The Insured shall endeavor to take all timely steps to ensure avoidance of missing a flight/Common Carrier/ Public Carrier even in case of delays of the arrival of the earlier flight/Common Carrier/ Public Carrier.
2. In case of missing the flight/Common Carrier/ Public Carrier, when Insured shall look for alternative flights for prosecuting the scheduled journey, he / she shall ensure minimum additional cost in selecting the alternative flight/Common Carrier/ Public Carrier.

3. In order to minimize the claim under this Policy, the Insured shall also take all efforts to see that the cancellation charges are either waived or reduced to the minimum level by the Common Carrier/ Public Carrier and / or the authorities of the hotel / guest house / any other residential accommodation.
4. While preferring the claim in case of an indemnity cover, the Insured shall prove that he / she has not been compensated by the flight operator/Common Carrier/ Public Carrier or any other agency concerned in connection with delay of the flight/Common Carrier/ Public Carrier that led to the situation of missing flight/Common Carrier/ Public Carrier.

EXCLUSIONS APPLICABLE TO COVER - MISSED CONNECTING COMMON CARRIER/ PUBLIC CARRIER

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

1. If the time gap between the scheduled arrival of the previous flight/Common Carrier/ Public Carrier and the scheduled departure of the next flight/common Carrier/ Public Carrier (Missed Flight/Common Carrier/ Public Carrier) shall be less than 3 hours or as specified under deductible in Part I of the Policy Schedule.
2. Towards expenses incurred by the Insured for any temporary stay.
3. If the missing of the flight/Common Carrier/ Public Carrier is the result of:
   a. Any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever;
   b. Any advance intimation given to the Insured of a possible delay of the flight/Common Carrier/ Public Carrier that might lead to missing of connecting flights/Common Carrier/ Public Carrier.
   c. Any circumstances other than those directly attributable to the delay of the earlier flight/Common Carrier/ Public Carrier beyond the control of the Insured.
4. If the insured does not exhibit reasonable degree of caution and concern to avoid missing of the connecting transport

CLAIMS PROCEDURE APPLICABLE TO COVER - MISSED CONNECTING COMMON CARRIER/ PUBLIC CARRIER

In the event of occurrence of an event, that may give rise to a claim, he / she shall report to the Company/Assistance Service Provider such delay furnishing the details of the flights/common carrier/ Public Carrier, the scheduled arrival to the place of delay, actual time of arrival and consequently the period of delay as soon as possible.

Documents to be submitted in support of the claim:

1. The confirmation of the flight/common carrier/ Public Carrier operator of the delayed flight or Common Carrier/ Public Carrier operator as to the expected time of arrival and the actual time of arrival at the port of delay together with the reasons for delay.
2. Unused ticket for the Missed Flight or missed Common Carrier/ Public Carrier along with a confirmation of cancellation / no-show of the same.
3. Confirmation from the operator of the Missed Flight or Common Carrier/ Public Carrier that the fare for the part of the Trip covered by the Missed Flight/Common Carrier/ Public Carrier is forfeited in full or in part together with the amount of forfeiture, in case of indemnity cover.
4. Original used ticket, boarding pass obtained afresh towards the alternative flight/Common Carrier/ Public Carrier for the part of the Trip covered by the Missed Flight/Common Carrier/ Public Carrier indicating the amount paid as fare.
5. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

In the event of the forfeited amount by the Common Carrier/ Public Carrier for the Missed Connecting Common Carrier / Public Carrier being refunded / returned to the Insured, subsequent to any payment under this section, the Insured shall return the amount so refunded in full.

COVER 32: FIRE AND ALLIED PERILS (HOME BUILDING & CONTENTS)

In consideration of the Insured having paid to the Company the full premium mentioned in the said Policy Schedule, the Company agrees, (Subject to the Conditions and Exclusions contained herein or endorsed or otherwise expressed hereon) that if after payment of the premium the Property Insured described in the said Schedule or any part of such Property be destroyed or damaged by any of the perils specified hereunder during the period of insurance named in the said schedule, the Company shall pay to the Insured the value of the Property at the time of the happening of its destruction or the amount of such damage or at its option reinstate or replace such property or any part thereof:

1. Fire

   Excluding destruction or damage caused to the property Insured by

   a. Its own fermentation, natural heating or spontaneous combustion.
   b. Its undergoing any heating or drying process.
   c. Burning of property Insured by order of any Public Authority.
2. Lightning
3. Explosion/Implosion

   Excluding loss, destruction of or damage

   a. To boilers (other than domestic boilers), economizers or other vessels, machinery or apparatus(in which steam is generated) or their contents resulting from their own explosion/implosion
   b. Caused by centrifugal forces.
4. Aircraft Damage

   Loss, Destruction or damage caused by Aircraft, other aerial or space devices and articles dropped therefrom excluding those caused by pressure waves.
5. Riot, Strike and 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

   a. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.
   b. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
   c. Permanent or temporary dispossession of any building or plant or unit of machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention of access to the same.
   d. 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 of public peace) in any malicious act.
   e. If the Company alleges that the loss/damage is not caused by any malicious act, the burden of proving the contrary shall be upon 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 or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), 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 expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. In

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

6. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation
   Loss, destruction or damage directly caused by Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood or Inundation excluding those resulting from earthquake, Volcanic eruption or other convulsions of nature.
7. Impact Damage
   Loss of or visible physical damage or destruction caused to the property Insured due to impact by any Rail/ Road vehicle or animal by direct contact not belonging to or owned by The Insured or any occupier of the premises or
   a. Their employees while acting in the course of their employment
8. Subsidence and Landslide including Rock slide
   Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Land slide/ 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 of ground works or excavations.
9. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes
10. Missile Testing operations
11. Leakage from Automatic Sprinkler Installations Excluding loss, 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.
12. Bush Fire
    Excluding loss 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 said 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 by or on behalf of the Company.

TERMS AND CONDITIONS APPLICABLE TO COVER - FIRE AND ALLIED PERILS (HOME BUILDING & CONTENTS)

1. This benefit shall be voidable in the event of mis- representation, mis-description or non-disclosure of any material particular.
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 of any 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 were Insured 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. Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the Insured, before the occurrence of any loss or damage, obtains the sanction of the Company signified by endorsement upon the policy by or on behalf of the Company:-
   a. If the trade or manufacture carried on be altered, or if the nature of the occupation of or other circumstances affecting the building Insured or containing the Insured property be changed in such a way as to increase the risk of loss or damage by Insured Perils.
   b. If the interest in the property passes from the Insured otherwise than by will or operation of law.
4. This insurance 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.

5. (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. 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.
   b. Particulars of all other insurances, 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, invoices, duplicates or copies thereof, documents, investigation reports (internal/external), proofs and information with respect to the claim and 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 be reasonably 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

   (ii) In no case whatsoever shall the Company be liable for any loss or damage after the expiration of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration; it being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6. 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 has happened.
   b. Take possession of or require to be delivered to it any property of the Insured in the building or on the premises at the time of the loss or damage.
   c. Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same.
   d. Sell any such property or dispose of the same for account of whom it may concern.
   e. 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.

7. If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under the policy or if the loss or damage be occasioned by the willful act, or with the

connivance of the Insured, all benefits under this policy shall be forfeited.

8. If the Company at its option, reinstate or replace the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other Company or Insurer(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 elect 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 reinstate or replace 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 of buildings 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.
9. 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 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.
10. 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 rate-able proportion of such loss or damage.
11. 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.
12. If any dispute or difference shall arise as to the quantum to be paid under this Cover(liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to 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 difference or dispute shall be referable to arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Cover.
    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.
13. Every notice and other communication to the Company required by these conditions must be written or printed.
14. 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 loss under 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. The intention of this condition is to ensure continuity of the cover to the Insured subject only to the right of the Company for deduction from the claim amount, when settled, of pro-rata premium to be calculated from the date of loss till expiry of the policy.

Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss in case the Insured immediately on occurrence of the loss exercises his option not to reinstate the Sum Insured as above

EXCLUSIONS APPLICABLE TO COVER - FIRE AND ALLIED PERILS (HOME BUILDING & CONTENTS)

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

1. This Policy does not cover (not applicable to policies covering dwellings)

   The first 5% of each and every claim subject to a minimum of Rs.10,000 in respect of each and every loss arising out of "Act of God perils" such as Lightning, STFI, Subsidence, Landslide and Rock slide covered under the policy

   a. The first Rs.10,000 for each and every loss arising out of other perils in respect of which the Insured is indemnified by this policy
   b. The Excess shall apply per event per Insured.
2. 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 the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Loss, destruction or damage directly or indirectly caused to the property Insured by
   a. Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
   b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
4. 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
5. 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 or documents 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.
6. Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.
7. Loss, destruction or damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self heating or leakage of electricity from whatever cause (lightning included) provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so set up.
8. Expenses necessarily incurred on

a. Architects, Surveyors and Consulting Engineer's Fees and
b. Debris Removal by the Insured 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 damage of any kind or description whatsoever.
10. Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process 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, Malicious and Terrorism Damage cover.
12. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to 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.

CLAIMS PROCEDURE APPLICABLE TO COVER - FIRE AND ALLIED PERILS (HOME BUILDING & CONTENTS)

In the event of a contingency covered under this section, occurring during the period of insurance, resulting in loss or damage to the property covered hereunder, the Insured shall report to the Company/Assistance Service Provider and furnish the claims form
duly completed in all particulars. The Insured shall render all his / her corporation and assistance to the surveyor appointed by the Company for assessment of loss.

The Insured shall also report to the police having jurisdiction over the place of loss and shall secure a detailed first information report duly signed by the policy authority and forward the same to the Company immediately thereafter.

The Insured shall not do anything as regards to the affected property that shall result in aggravation of loss and he shall be wholly guided by the surveyor with regards to preserving the affected property.

Documents to be submitted in support of the claim:

1. First Information Report
2. Panchnama
3. Investigation Report by the Police
4. Fire Brigade Report
5. Estimate and final bills of repairers
6. Invoices of owned articles, if required by the Company
7. Legal opinion wherever required.
8. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

COVER 33: BURGLARY (HOME CONTENTS)

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, and subject to the maximum liability of the Company to pay to the Insured, at actuals, for any loss or damage sustained by the Insured during the Period of Insurance caused by

i. Burglary of Contents of the Property insured and/ or
ii. Attempted burglary of the Contents of the property insured provided that the total liability of the Company for such loss or damage shall not exceed the Sum Insured as stated in the Policy Schedule for item (i) above and INR 15,000/- in any one year irrespective of the number of such incidents or occurrences in item above.

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

1. In case of damage due to attempted Burglary shall be limited to the amount actually payable for repair or replacement of locks, damage to door, or windows, if any.
2. For settlement of claims under this Cover, the market value of the jewelry, gold ornaments, silver articles and precious stones kept in the premises of the Insured shall be considered. Maximum value of jewelry, silver articles, precious stones

covered will be 25% of total Sum Insured as specified in Part I of Policy Schedule.

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

3. The Company's liability shall be subject to a Deductible as specified in Part I of the Schedule to the Policy, for any and all claims arising in a particular year.

The Company's liability under this Cover shall not exceed the Sum Insured as specified in Part I of the Schedule to the Policy.

EXCLUSIONS APPLICABLE TO COVER - BURGLARY (HOME CONTENTS)

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

1. Loss or damage caused by direct or indirect involvement of the Insured and/or Insured's domestic staff in the actual or attempted Burglary;
2. Any loss or damage to, or on account of loss of livestock, motor vehicles, pedal cycles, Money, securities, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards (unless previously specifically declared to, and accepted by, the Company);
3. The loss or damage occurring while Insured's premises is unoccupied, for a consecutive period of more than 30 days, and if the Insured had not previously informed the Company of the same and obtained its written consent/approval.
4. Loss or damage to any property illegally acquired, kept, stored, or property subject to forfeiture in any manner whatsoever;
5. Theft without actual forcible and violent entry and/or exit from the premises.
6. Loss or damage directly or indirectly, proximately or remotely occasioned by or which arises out of or in connection with riot and strike, civil commotion, terrorist activities.

CLAIMS PROCEDURE APPLICBALE TO COVER – BURGLARY (HOME CONTENTS)

Upon occurrence of the event covered under this Cover, the Insured shall report to the Company/Assistance Service Provider and furnish the claims form duly completed in all particulars. The Insured shall render all cooperation and assistance to the surveyor appointed by the Company for assessment of loss.

The Insured shall also report to the police having jurisdiction over the place of loss and shall secure a detailed first information report duly signed by the policy authority and forward the same to the Company/Assistance Service Provider immediately thereafter.

The Insured shall not do anything as regards to the affected property premises that shall result in aggravation of loss and shall be wholly guided by the surveyor with regards to preserving the affected property/ premises.

Documents to be submitted in support of the claim:

1. The statement of claim furnishing the details of items lost and the values thereof duly supported by purchase bills/Invoices wherever available. In the event of the purchase bills not being available, he / she shall render such evidence as may be required by the surveyor for the latter to arrive at the value of the lost items.
2. First Information Report / Investigation Report by the Police - Panchanama
3. Estimate and final bills of repairers;
4. And any other document as may be appropriately applicable for the claims preferred under this Cover of the Policy.

COVER 34: COMPASSIONATE VISIT

In the event of the Insured being Hospitalized consequent upon any Injury sustained and / or Illness contracted during the period of insurance at any place that is a part of the Trip covered hereunder, other than the City of Residence and if such Hospitalization shall in the written opinion of the Medical Practitioner attending on the

Insured extend beyond a period of 5 continuous days or such period specified in the Part I of the Policy Schedule, the Company shall reimburse:

a) The cost of economy class air ticket incurred by the Immediate Family Member/ another family member or friend, in case immediate family member are not available, from and to the Place of Origin or City of Residence of Immediate Family Member for rendering special assistance to the Insured during the period of Hospitalization within the Period of Insurance, provided that the Insured doesn't have any other source of assistance in the country/ location of visit. The reimbursement for the expenses under this Cover shall be only for one Immediate Family Member or friends, as applicable, of the Insured.

b) Cost of boarding and lodging of the visiting member at the location of visit.

Our overall liability under this claim shall not exceed the total SI specified against this cover in Part I of the Policy Schedule. Provided that:

1. The Hospitalization has been advised by the Medical Practitioner attending on the Insured and such Hospitalization is admitted under Cover- 'Hospitalization Expenses for Injury' or Cover- 'Hospitalization Expenses for Illness and Injury'; and
2. The need of such special assistance is essential in the written opinion of the Medical Practitioner attending on the Insured and recommended by him / her accordingly.

The Company's liability under this Cover, however, in respect of any one event or all events of Hospitalization during the Period of Insurance shall not in total exceed the Sum Insured as specified in the Part I of the Policy Schedule.

TERMS & CONDITIONS APPLICABLE TO COVER - COMPASSIONATE VISIT

1. The Insured shall as far as possible seek for such special assistance from any one of his / her Immediate Family Member/another family member or friends, as applicable, either at the place of Hospitalization or any other nearest place.
2. It is a condition precedent to the Company's liability hereunder that the need for such a special assistance and consequent visit of any one of the Immediate Family Member from a particular place is also approved by the Company/Assistance Service Provider before any one of the Immediate Family Member/another family member or friends, as applicable, undertakes the Trip.

EXCLUSIONS APPLICABLE TO COVER - COMPASSIONATE VISIT

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

1. Any reason mentioned as exclusion under covers- 'Hospitalization Expenses for Injury' and/or 'Hospitalization Expenses for Illness and Injury'. It is a condition precedent to the Company's liability hereunder that the need for such a special assistance and consequent visit of any one of the Family or relative from a particular place is also approved by the Company/Assistance Service Provider before any one of the Family or near relatives undertakes the Trip.

CLAIMS PROCEDURE APPLICABLE TO COVER – COMPASSIONATE VISIT

In the event of occurrence of an event that may give rise to a claim, immediate notice shall be given and approval obtained from the Company/Assistance Service Provider by the Insured before seeking such special assistance.

Documents to be submitted in support of the claim:

Duly completed claims form to be supported by:

1. A certificate from the Medical Practitioner recommending the presence of an Immediate Family Member in the form of special assistance to be rendered during the entire period of Hospitalization. Certificate to also specify the minimum period of Hospitalization.
2. Discharge summary of the Hospital furnishing details – date of admission, date of discharge, and the presence of the Immediate Family Member on all days of Hospitalization.
3. Copy of ticket, Copy of passport, visa with exit stamp from India and entry stamp overseas / original boarding pass used for the travel to and fro by the Immediate Family Member.

And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

4. Copy of invoices and payment receipts for the travel tickets and hotel accommodation, if any.

COVER 35: ESCORT OF MINOR CHILDREN

In the unfortunate event of the death of the Insured whilst abroad during the Period of Insurance or the Insured being Hospitalized consequent upon any Injury sustained and /or Illness contracted at any place being part of the Trip during the period of insurance covered hereunder and such Hospitalisation shall in the written opinion of the Medical Practitioner attending on the Insured extend beyond a period of 5 continuous days or such period as specified in Part I of the Policy Schedule, the Company shall reimburse the cost of the economy class air ticket incurred for:

a) The actual to and fro cost for the economy class Common Carrier/ Public Carrier ticket using the most direct route for an immediate family member/ relative/ friend to escort the unattended minor children back to their city of residence
b) Actual cost of economy class Common Carrier/ Public Carrier tickets sending the unattended Minor Child(ren) back to the city of Residence or Place of Origin of the Insured using the most direct route less actual refund of the scheduled return ticket of the minor children, provided the Insured covered under the policy was the only companion of the minor children Minor Child(ren) for the purpose of this cover shall mean any child of the Insured Person, below the age of 18 years.

In case the Insured does not opt for the above option of transporting his/her children back to the city of residence and if an attendant is necessary to ensure the safety and welfare of Minor Child(ren) at the place of Hospitalisation, the Company shall reimburse for the cost of travel tickets, by the most direct route through economy class, of the attendant from and to his/her City of Residence provided that the requirement of an attendant along with the cost of travel tickets of the attendant is pre-approved and authorised by the Company/Assistance Service Provider. The Company shall not be liable to pay for either the attendant's or the children's accommodation.

The Company's liability under this Cover, however, in respect of any one event or all events of Hospitalisation during the Period of Insurances shall be restricted only to two Minor Child(ren) and shall be subject to the Sum Insured as specified in the Part I of the Policy Schedule.

TERMS & CONDITIONS APPLICABLE TO COVER - ESCORT OF MINOR CHILDREN

1. It is a condition precedent to the Company's liability hereunder that the need for the return of Minor Child(ren) is also approved by the Company or Assistance Service Provider
2. The Company shall not be liable for any payment under this cover if the Hospitalisation occurs for a period of less than 5 continuous days or such period as mentioned in Part I of the Policy Schedule, prior to the Completion of Trip

CLAIMS PROCEDURE APPLICABLE TO COVER – ESCORT OF MINOR CHILDREN

In the event of occurrence of an event that may give rise to a claim, he / she / his representative shall render the particulars of insurance cover as also the details of the Company/Assistance Service Provider to the Hospital while simultaneously reporting the claim to the Company/Assistance Service Provider as provided in the Claims Procedure - General.

Documents to be submitted in support of the claim:

Duly completed claims form to be supported by:

1. A certificate from the Medical Practitioner specifying the cause and minimum period of Hospitalisation
2. Discharge summary of the Hospital furnishing details - date of admission, date of discharge and the written confirmation by the attending Medical Practitioner of presence of the attendant member of the family or near relative on all days of Hospitalisation
3. Copy of ticket(s) or boarding pass used for the travel by the Minor Child(ren) back to the City of Residence or Place of Origin, if the

ticket(s) are bought on behalf of the Insured without any interference of the Company

4. Photocopy of the death certificate (wherever applicable) providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the post mortem certificate, wherever required by the Company/Assistance Service Provider, for cases where post mortem is conducted), issued by the appropriate authority where the contingency has arisen And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

COVER 36: BOUNCED BOOKINGS OF AIRLINES OR HOTEL

The Company shall reimburse the actual additional expenses/ cost incurred by the Insured up to the Sum Insured specified in Part I of the Policy Schedule for alternative flight arrangements or for alternative accommodation in the event of the confirmed pre-paid flight or confirmed pre-paid accommodation, forming a part of the Insured Trip, getting bounced at the sole instance of the Common Carrier/ Public Carrier or at the sole instance of the accommodation provider, respectively.

Provided that the Company's liability shall be in relation to the original travel destination covered by such a confirmed flight booking and in relation to accommodation in the same place of stay and also provided that the Company's liability to such additional expenses shall be in relation to the same class of air travel and same category of accommodation as the case may be covered by the original confirmed bookings.

The Company will bear the difference of cost in alternate accommodation or up-gradation to a same class or superior class of the booking for the same number of nights or same travel destination that were overbooked (in case similar alternate arrangement is not available on cost of original booking amount). Reasonable cost of transportation expenses to the alternative accommodation in the same city.

TERMS & CONDITIONS APPLICABLE TO COVER – BOUNCED BOOKINGS OF AIRLINES OR HOTEL

1. You must always check-in on time stipulated as 'must check-in by' time on your reservation or fulfil any other obligation on your part.
2. In case of international flights, you are expected to have web- checked-in prior to your arrival at the Airport if instructed by the operator to do so
3. You must be able to provide documentary evidence from the accommodation provider or common carrier regarding bounced booking.
4. The overbooked portion of the hotel stay must include the first night stay.
5. The overbooking at the common carrier/ Public Carrier /accommodation must happen at check-in/ at the check-in counter.
6. It is a condition precedent to admission of liability by the Company under this cover that the Insured shall take all steps to fix the primary responsibility for the bouncing of bookings both with the Common Carrier/ Public Carrier and/ or with the accommodation provider and try to recover from them the consequential loss incurred by the Insured by way of additional expenses for alternative travel arrangement or alternative accommodation arrangement. Details of the steps taken by the Insured shall be furnished to the Company, if required.
7. Any recovery towards additional expenses incurred for alternative travel or accommodation arrangement effected from the Common Carrier/ Public Carrier or accommodation provider as the case may be, if any, effected from the concerned agencies after settlement of the claim under the policy shall be remitted to the Company to the extent of the amount of claim admitted and paid by the Company to the Insured

EXCLUSIONS APPLICABLE TO COVER - BOUNCED BOOKINGS OF AIRLINES OR HOTEL

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

1. With respect to the Deductible amount as mentioned against this Cover in the Policy Schedule
2. If the Insured shall fail to adhere to the rules of the Common Carrier/ Public Carrier or the accommodation provider in connection with

reconfirmation of the booking before the date of travel or occupation as the case may be
3. In connection with any waitlisted travel booking or accommodation booking irrespective of whether such bookings have been promised to be confirmed later
4. If the confirmed accommodation shall be a personal arrangement free of charge
5. Where the alternative arrangements for either the travel or the accommodation is provided by the Common Carrier/ Public Carrier or the accommodation provider as the case may be within 6 hours or such period as mentioned in Part I of the Policy Schedule from the time of departure of the travel covered by the bounced booking or the time of commencement of stay covered by the earlier confirmed accommodation booking
6. If you volunteer to take a late flight (Voluntary denied booking).

CLAIMS PROCEDURE APPLICABLE TO COVER – BOUNCED BOOKINGS OF AIRLINES OR HOTEL

In the event of Occurrence of an event, that may give rise to a claim, the Insured shall immediately report the said bounced booking to the Company/Assistance Service Provider.

Documents to be submitted in support of the claim:

1. A confirmation from the Common Carrier/ Public Carrier of the bounced booking solely at their instance and responsibility
2. A confirmation from the accommodation provider of the bounced booking solely at their instance and responsibility
3. Insured shall lodge his/ her claim on the Common Carrier/ Public Carrier and/ or the accommodation provider as the case may be for the additional charges that he/ she might have incurred for which he/ she has lodged a claim on this Company and in case of any recovery from the concerned agencies, shall return such recovery to the Company to extent of amount paid hereunder
4. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
5. Bills and payment receipts for transportation and alternative hotel bookings made
6. Receipts of compensation received from common carrier/ Public Carrier.

COVER 37: HOTEL EXTENSION DUE TO CONTINGENCY

The Company shall reimburse the actual expenses for lodging and boarding in the same class type of accommodation (As originally planned), incurred by the Insured for extending the stay at a pre- booked hotel or guest house or any other pre- paid accommodation facility subject to the maximum Sum Insured as specified in Part I of the Policy Schedule if the departure of the Insured shall be delayed either at the port at the Place of Origin or at any intermediate ports forming part of the Trip within the Period of Insurance solely arising out of and consequent upon any of the contingencies specified hereunder:

1. Major Travel Events
2. Terrorism Provided that the named perils herein above shall take place in and in the vicinity of any port involved in the Insured's Trip;
3. Personal contingencies like Emergency Hospitalisation treatment necessitated to the Insured or Insured's Traveling Companion or death of the travelling companion whilst on the Trip.;
4. Cancellation or rescheduling of flights beyond 24 hours, done at the instance of the Common Carrier/ Public Carrier
5. Lost or stolen passport or travel documents.
6. Political risk and catastrophe situations

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

TERMS AND CONDITIONS APPLICABLE TO COVER – HOTEL EXTENSION DUE TO CONTINGENCY

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

EXCLUSIONS APPLICABLE TO COVER - HOTEL EXTENSION DUE TO CONTINGENCY

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

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

CLAIMS PROCEDURE APPLICABLE TO COVER - HOTEL EXTENSION DUE TO CONTINGENCY

In the event of a contingency that may give rise to a claim, the Insured shall immediately inform the Company/Assistance Service Provider of the Company furnishing circumstances and the details of the delay.

The Insured shall undertake to refund any amount received from the Common Carrier/ Public Carrier towards emergency hotel accommodation, if any such payment shall be received by the Insured after settlement of the claim by the Company.

Documents to be submitted in support of the claim:

Duly completed claims form to be supported by:

1. Receipt for the amount paid to the hotel or guest house or any other accommodation provider
2. Details of the cause of delay in case of major travel events
3. Medical certificate furnishing details of date of admission and date of discharge together with the details of the Injury or Illness and the treatment rendered, obtained from the Medical Practitioner in case of delay being caused because of Hospitalization of the Insured or Insured's travelling companion resulting from any Injury or Illness , as the case may be
4. In case of loss of passport and loss of travel documents, a copy of the first information report in relation to the complaint lodged with the police having jurisdiction over the place of loss and a copy of the application lodged with the passport office for a duplicate passport
5. In case of loss of travel documents, a confirmation/No- show Certificate from the Common Carrier/ Public Carrier that the Insured could not undertake the travel as scheduled
6. In case of delay solely attributable to Common Carrier/ Public Carrier and beyond the control of the Insured a confirmation by the Common Carrier/ Public Carrier of the said delay having taken place at their instance together with a copy of the claim made on the Common Carrier/ Public Carrier for expenses incurred as a result of the delay. At our prerogative, we may choose to verify this information from an independent third party.
7. And any other document as may be appropriately applic able for the claims preferred under this section of the Policy

COVER 38: AUTOMATIC EXTENSION OF PERIOD OF INSURANCE

The Company shall grant the automatic extension of the period of insurance up to a period of 7 days, from the policy expiry date as stated in the Part I of the Policy Schedule if the trip is delayed/ extended beyond the policy expiry date for reasons beyond the control of the insured in the following circumstances:

1. Delay of any Common Carrier/ Public Carrier in which the Insured is travelling as

a fare paying passenger, solely done at the instance of Common Carrier/ Public Carrier
2. Unforeseen and sudden hospitalization of the Insured or Insured's traveling companion or a medical practitioner advising the insured/ his or her traveling companion in written, against travelling due to an illness or injury up to 3 days prior to policy expiry date
3. In the event of a Major Travel Event or catastrophe (earthquake, storm, flood, explosion, inundation, cyclone, tempest, epidemic due to contagious disease) in the vicinity of any port involved in the Insured's trip
4. Political unrest or terrorism in the country or place where Insured is stuck whilst on a Trip or in the vicinity of any port involved in the Insured's trip

EXCLUSIONS APPLICABLE TO COVER - AUTOMATIC EXTENSION OF PERIOD OF INSURANCE

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

1. If delay to the Common Carrier/ Public Carrier in which the Insured is travelling as a fare paying passenger is done at the instance of insured for any reasons whatsoever
2. Any circumstances other than those that are directly attributable to the perils as stated above

CLAIMS PROCEDURE APPLICABLE TO COVER– AUTOMATIC EXTENSION OF PERIOD OF INSURANCE

In the event of any of the contingencies covered under this Cover, resulting in the claim, immediate notice thereof shall be given to the Company/Assistance Service Provider of the Company. In the event of claim arising between the policy expiry date stated on the Policy Schedule and Insured's return to Place of Origin or 7 days from the Policy Expiry date, whichever is earlier, the Insured will have to provide the following documents-
Documents to be submitted in support of the claim:
Duly completed claim form to be supported by:

1. The confirmation/correspondence from the Common Carrier/ Public Carrier of the delay stating the circumstances which causes the delay to Common Carrier/ Public Carrier and details of the expected time of arrival and the actual time of arrival at the port of City of Residence or Place of Origin of the Insured and/or we may verify this information from an independent Third Party Source;
2. Medical Practitioner's certificate furnishing details of date of admission and date of discharge in case of Injury or illness stating the reasons and the extent of the Injury/ Illness necessitating the hospitalization of the insured and/or;
3. Official confirmation in case of political unrest or terrorism or catastrophe
4. And any other document as may be appropriately applicable for the claims preferred under any applicable section due to extension of the policy

COVER 39: LOSS OF PASSPORT/ INTERNATIONAL DRIVING LICENSE

In the event the Insured loses or damages his/her original passport or international driving license overseas due to robbery, burglary, theft or natural disasters etc. during the Trip covered under the Policy, the Company shall pay to the insured a fixed benefit amount as mentioned in Part I of the Policy Schedule
The Company's liability under this cover in relation to the loss shall be limited to the Sum Insured specified in Part I of the Policy Schedule. In event of more than one incident of loss during the period of Insurance, the Company's liability shall be limited to only one such incident of loss.

EXCLUSIONS APPLICABLE TO COVER- LOSS OF PASSPORT/ INTERNATIONAL DRIVING LICENSE

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

1. Loss of the passport or international driving license due to delay or confiscation or detention by the customs, police or public authorities.
2. Loss of the passport or international driving license unless it has been reported to the police authorities within 24 hours of the

Insured becoming aware of the loss and a written police report being obtained in that regard.

3. Loss of passport or international driving license anywhere in the Country of Residence or prior to policy inception date.
4. Loss caused due to the Insured's failure to take reasonable steps to guard against the loss of passport/ driving license.

CLAIMS PROCEDURE APPLICABLE TO COVER - LOSS OF PASSPORT & INTERNATIONAL DRIVING LICENSE

In the event of any of the contingencies covered under this Cover, resulting in the claim under the said cover, Contact the Indian Embassy for getting the new passport /emergency certificate made and immediate notice thereof shall be given to the Company/Assistance Service Provider of the Company & kindly refer to 'Claims Procedure – General' section Documents to be submitted in support of the claim:

In event of passport loss, Police Report in original obtained within 24 hours, copy of the emergency certificate and application for duplicate passport in the Country of Residence;

1. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

In event of International driving license loss,

1. Police Report in original
2. Receipt for payment of charges for obtaining a duplicate international driving license And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

COVER 40: GOLFER'S HOLE IN ONE

If the Insured completes a hole in one in an organized event at any 18-hole golf course anywhere in the World, except India during a trip, we shall indemnify the Insured up to USD 250 to cover the cost of celebratory drinks on the day of accomplishment. The Insured must provide us with written confirmation from the golf club professional that the hole in one is achieved and payment receipts for the cost of celebratory drinks on the date of accomplishment at the golf club.

CLAIMS PROCEDURE APPLICABLE TO COVER – GOLFER'S HOLE IN ONE

Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

a. Confirmation from the Golf course/club stating that the Insured has completed Golfer's Hole in One at their Golf course/club
b. Bills / receipts / invoice of the celebratory drinks on the day of accomplishment

COVER 41: CAR RENTAL COVER

If during the Period of Insurance, the insured person hires a Rental Vehicle which is subsequently stolen, damaged or involved in a collision whilst in the care of the Insured, we will reimburse the Insured for the Rental Vehicle Insurance Excess up to the amount shown in Part I of the Policy Schedule against the cover of 'Car rental cover'.

Rental Vehicle Insurance Excess means the amount the Insured is legally liable to pay under the Rental Vehicle hiring agreement to the car rental company, if the Rental Vehicle is involved in an accident or is stolen during the rental period. As such, payment under this cover would be restricted only against theft or any accidental damage to the rented vehicle made to the car rental company.

In addition if the Insured Person's Rental Vehicle is involved in a collision or is damaged rendering it un-driveable, We will reimburse the Insured for towing fees not covered under the rental vehicle agreement, or roadside assistance agreement up to a maximum amount as shown in Part I of the Policy Schedule against the 'Car rental cover'.

Please Note, this cover does not replace the need to take rental car insurance or a damage waiver (CDW).

EXTENSIONS AVAILABLE UNDER COVER - CAR RENTAL

COVER (subject to payment of additional premium, specific acceptance by the company and on incorporation in the Part I of the Policy Schedule accordingly)

Extension 41.a: Rental Vehicle Return

If during the period of Insurance during the trip:
a) The rental vehicle in custody of the insured meets with accident, is damaged or is involved in a collision which directly results in a delay in returning the vehicle to the rental company within the stipulated time as per the rental vehicle hiring agreement.
b) The rental company presses charges for delayed return We will indemnify the insured for the delay charges asked by the rental company for such delayed return of the vehicle, upto the SI limit specified in Part I of the Policy Schedule.
If mentioned specifically in Part I of the Policy Schedule, in place of reimbursing the charges, we will provide a flat benefit amount to the insured in the event any delay charges are asked by the rental company.
The extension shall trigger only if a claim under the cover 'Car Rental Cover' is triggered and is admissible and payable by us.

EXCLUSIONS APPLICABLE TO COVER – CAR RENTAL COVER & EXTENSIONS THEREIN

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

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

CLAIMS PROCEDURE APPLICABLE TO COVER – CAR RENTAL COVER & EXTENSIONS THEREIN
Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

1. Police First Incidence Report (FIR), in case of any road traffic accident or third-party involvement or theft
2. Rental agreement/declaration proving hire of vehicle from authorized auto rental company
3. Confirmation from rental company on charges pressed in event of collision
4. Photographs of the damage to the rental vehicle (and images of the vehicle before the incident if available)
5. The accident report from the car rental company or agency
6. Invoices/Receipts/other documents confirming the amount you have paid in respect of damage for which the car rental company or agency holds you responsible

COVER 42: BAIL BOND
If the Insured is arrested or detained by the police/judicial authorities, and if the offence for which he is arrested or detained is bailable, then the amount upto the maximum specified Sum Insured against this cover in Part I of the Policy Schedule, will be provided to the appropriate authority/court as the bail amount towards the arrest or detention, subject to the terms and conditions and the exclusions below.
The deductible in respect of this cover will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Policy Schedule.

TERMS AND CONDITIONS APPLICABLE TO COVER - BAIL BOND

1. The Company will pay or arrange to pay the bail amount through the Third Party Administrator or the Assistance Service Provider (ASP) to the court directly on behalf of the Insured. This cover would be for bailable offences only.

2. The Insured shall appear in the court on the date specified by the court for trial and judgment.

3. If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured or otherwise by breach of the terms of such bail bond, the Insured would be required to repay the bail bond to the Company within 1 month after the bail bond is forfeited and if the Company so deems necessary (whether on expiry of such 1 month or otherwise), the Insured will be liable to repay the bail amount together with the interest rate of 18% p.a. accruing from the date of payment by the Company to the court until receipt thereof

from the Insured, and the costs and expenses reasonably incurred by the Company in such behalf.

4. The amount will be refunded to the Company or the Third Party Administrator or the Assistance Service Provider(ASP) by the court with which it was deposited as soon as the court releases the bail amount with which the deposit was made. In no case the amount will be paid out to the Insured.

5. The judgment shall have no bearing on the refund of the deposit to the Company or the Third Party Administrator. 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 or adjusted from the bail amount which was deposited by the Company or the Third Party Administrator.

EXCLUSIONS APPLICABLE TO COVER - BAIL BOND

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

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

CLAIMS PROCEDURE APPLICABLE TO COVER – BAIL BOND

The company will pay or arrange to pay through the Third Party Administrator/Assistance Service Provider to the court directly on behalf of the insured, the bail amount this cover would be for bailable offences only.

Documents to be submitted in support of the claim:

1. The Court/Legal order stipulating the required amount as bail bond.

COVER 43: CRUISE COVER

A. MEDICAL COVER WHILE ON A CRUISE

If during the period of Insurance and while on a Trip aboard a cruise ship, You suffer an Accidental Injury or Sickness resulting in Medical Expenses and requires medical attention, the insured will be covered under 'Hospitalization expenses for Injury', 'Hospitalization expenses for Illness and Injury', 'Daily Allowance in Case of Hospitalization due Injury' and 'Daily Allowance in Case of Hospitalization and 'Medical Evacuation' as per the terms and conditions mentioned in the respective covers.

Daily allowance will be applicable even if the insured is confined to the cabin for period greater than one day, the payout will be happen for every day.

CLAIMS PROCEDURE APPLICABLE TO COVER – CRUISE COVER **Refer to 'CLAIMS PROCEDURE APPLICABLE TO SECTION 1 & SECTION 2 AND EXTENSIONS THEREIN'**

Documents to be submitted in support of the claim:

Same as the documents needed for applicable section of Section(s) 1, 2 and extensions therein

B. MISSED SHORE COVER

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

CLAIMS PROCEDURE APPLICABLE TO COVER – MISSED SHORE COVER

Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

a. Travel Itinerary stating the shores to be covered as provided by the cruise operator
b. Documented confirmation from operator mentioning missed shores vis-à-vis original Travel Itinerary
c. Confirmed cruise ticket along with the

confirmation of you boarding the cruise vessel

COVER 44: KIDNAP DISTRESS ALLOWANCE

If during the Period of Insurance, the Insured person is Kidnapped, We will pay the Policyholder/Nominee a fixed amount as specified in Part I of the Policy Schedule against this Cover for every continuous 24 hour period that the insured is held hostage. Our maximum liability in the event of this claim will be limited to the SI mentioned in Part I of the Policy Schedule.

As a condition precedent to Our liability, We must:

a) Have sufficient proof that the event has actually occurred

b) Be given immediate oral and written notice of the event and periodic updates of any activity occurring during the incident

c) if it is in Your best interests, notify the national or other appropriate law enforcement agency having jurisdiction over the matter.

EXCLUSIONS APPLICABLE TO COVER – KIDNAP DISTRESS ALLOWANCE

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

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

CLAIMS PROCEDURE APPLICABLE TO COVER – KIDNAP DISTRESS ALLOWANCE

Refer to 'Claims Procedure – General' section

Documents to be submitted in support of the claim:

i) Proof of kidnap along with police FIR
ii) Confirmation of duration for which the insured is kidnapped

COVER 45: REPLACEMENT AND REARRANGEMENT OF STAFF

If while on an Insured trip, the Insured undergoes the following circumstances:

(i) disablement of an Insured Person which totally prevents the Insured Person from carrying out his occupational duties and provided that disablement has lasted (or is proven by medical evidence to be likely to last) for more than Seven Days;

(ii) Death of a Spouse, parent, child, brother, sister, parent-in- law, or close business associate of an Insured Person;

(iii) Compulsory quarantine, jury service or witness-call of an Insured Person or any person with whom an Insured Person is traveling or is intending to travel or a close business associate of an Insured Person;

(iv) Insured Person's place of residence or business, in India, being rendered uninhabitable, up to 10 Days prior to intended travel on an Insured Journey as a result of accidental damage or an Insured Person's presence being required by the police following burglary or such attempt at the Insured Person's place of residence or business.

The Insurer shall pay up to the maximum amount stated in Part I of the Policy Schedule in respect of reasonable additional travel and accommodation expenses necessarily incurred under the circumstances described above, for an Insured trip. The Company would pay for travelling expenses incurred:

a) In sending out a replacement for an Insured Person;

b) In returning the replacement following the completion of the duties undertaken;

Or,

As a result of:-

1) In returning the original person, back to the place of originating journey;

2) In sending out the original Insured Person to complete a tour of duty following recovery from disability,

EXCLUSIONS APPLICABLE TO COVER - REPLACEMENT AND REARRANGEMENT OF STAFF

In addition to the General Exclusions listed in this Policy this coverage section shall not cover and Insurer will not be liable under this section for any pregnancy and resulting childbirth,

miscarriage or Disease of the female organs of reproduction which result in 'Replacement and rearrangement of staff'

CLAIMS PROCEDUREAPPLICABLETO COVER - REPLACEMENT AND REARRANGEMENT OF STAFF

The Insurer should be immediately made aware of such circumstances that may give rise to a claim.

Documents to be submitted in support of the claim:

i) Proof of occurrence of such Insured event
ii) Letter from HR of the Insured's Company, confirming that a replacement is needed
iii)Proof of cost incurred on tickets

Proof of travel of the insured person and the replacement having occurred (such as a used/stamped boarding pass)

COVER 46: STUDENT SPONSOR PROTECTION

The Company will indemnify the Insured Person for the balance/unpaid fee for regular classroom study for the Educational Course at the Educational Institute specified in the Proposal Form / Part I of the Policy Schedule in the event of death of the Sponsor directly arising out of injury or illness as specified in Part I of the Policy Schedule sustained by the Sponsor during the policy period. Our maximum liability will be limited to actual unpaid fee for the remaining period of the policy or the SI specified against this cover in Part I of the Policy Schedule, whichever is lower.
If the Sponsor dies within 365 days due to an injury sustained during the policy period, we will pay the balance/unpaid fee for the subsequent academic year or the SI specified against this cover in Part I of the Policy Schedule, whichever is lower. In the event of a claim, only the figures shown on official invoice(s) from the educational institution and receipts of payment of the said Tuition fees, shall be used for calculating any reimbursement to be paid by the Company.

CLAIMS PROCEDURE APPLICABLE TO COVER - STUDENT SPONSOR PROTECTION

The Insurer should immediately be made aware of the circumstances that may give rise to a claim.

Documents to be submitted in support of the claim:

a. An official death certificate and a statement from a physician (which physician should not be a relative or spouse of the Insured or the Sponsor) stating cause of death, as proof of death of the Sponsor. Simultaneous claims under 'Study Interruption' and 'Student Sponsor Protection' is not permitted.
b. Official Invoice of the institution regarding payment of the said tuition fee.
c. Documentary evidence that establishes the sponsor- sponsee relationship between the deceased person and the Insured

COVER 47: STUDY INTERRUPTION

The Company shall indemnify the Insured, the tuition fee which is to be paid to Educational Institute on account of Insured Person having to repeat the semester upto the amount stated in Part I of the Policy
Schedule, given that such Study interruption has arisen on the following grounds:

1) In the event of Hospitalization of the Insured for more than one consecutive month from either a covered Injury or illness or in the case of terminal illness or in the case of a medical repatriation, or
2) In case of death of any one immediate family member or the sponsor during the entire policy period, which leads the Insured to discontinue his / her studies for the remaining part of the current school semester for which Tuition has been paid,
3) The Company shall reimburse the Insured, the Tuition fees which has already been advanced to the educational institution less possible/actual refunds, up to the amount stated in the Part I of the Policy Schedule.

CLAIMS PROCEDURE APPLICABLE TO COVER - STUDY INTERRUPTION

In the event of a claim, the Insured shall make a request to the institution, in writing, seeking a written response from the institute towards any amount due to the insured by way of refunds, both

of which shall be provided to the Company. Only the figures shown on an official invoice(s) from the educational institution for payment of said Tuition Fees in conjunction with the refund statement, if any, shall be used for calculating any reimbursement paid by the Company. It cannot exceed the maximum amount stated in the Part I of the Schedule of Covers under this policy.

Documents to be submitted in support of the claim:

a. Official invoice form the educational institution.
b. Proof of occurrence of Insured event, leading to claim.
c. Communication seeking written response from the institute towards refund of the fee for the concerned semester

COVER 48: ADVENTURE SPORTS COVER

Adventure Sports will be bifurcated into various level (Level 0, 1, 2 & 3) as mentioned in Annexure - I. To be covered, You must give a prior intimation to the company (before the commencement of the trip). The level of cover You select will depend on the activity You plan to undertake on the Trip.

- If you have paid the required additional premium for a sport or activity in Level 3, you will be covered for all sports and activities listed as Level 1, 2 and 3.
- If you have paid the required additional premium for a sport or activity in Level 2, you are covered for all sports and activities listed as Level 1 and 2.

However, Level 0 (Zero) will be covered by default for all Insured.

The Level of cover available to you will be mentioned on Part I of the Policy Schedule

To obtain the correct level of cover, simply select the activities you know you'll be doing on your trip. For example:

You're going hiking for a few days and scuba diving at least once during your trip - you would select the level of cover basis:

- the maximum elevation you'll be hiking to; and
- the type of scuba diving you'll doing and the maximum depth (checking whether you need to be licensed).

If you are participating in an activity that is not listed, you will not be covered for the same and must contact us to confirm if cover is available before you buy a policy. Cover will not be in place until we have confirmed acceptance and any additional premium required is paid and the same is mentioned in Part I of the Policy Schedule.

There are some special conditions and exclusions that apply to many of these activities.

The Insured is expected to adhere to the following pre-requisites :

1. You must take reasonable care and not put yourself at needless risk while participating in these adventure sports, activities and experiences. You must follow any local authority warning or advice.
2. If you intend to work or study, you must have the appropriate visa to work or study under the local laws of the country you're visiting.
3. The payment of any claim will be subject to Specific Exclusions to each cover section and General Exclusions which are applicable to all sections.

(1) **Level 1** - Covers Level 1 sports, activities & experiences
(2) **Level 2** - Includes Level 1 & 2 sports, activities & experiences
(3) **Level 3** - Includes Level 1 & 2 & 3 sports, activities & experiences

Adventure Sports List is as mentioned in Annexure - I:

TERMS & CONDITIONS APPLICABLE TO COVER – ADVENTURE SPORTS COVER

1. The adventure sport service provider must be Government/ Relevant Authority certified.
2. The insured shall be older than 18 years of age and his informed consent must have been taken prior to undertaking the activity. The insured should have been informed of the risks associated with the activity by a professional trainer (employee of service provider) prior to commencement of activity.

3. At the time of claims, the onus shall lie on the insured to prove that he/she had undertaken all the necessary safety precautions as were recommended to him including the use of protective gear and had followed the trainer's instructions. The company is at a right to confirm from the service provider the insured's participation in this activity and the extent of precautions taken by the insured.
4. The insured shall not be undertaking these activities in case he suffers from some pre – existing health conditions which may hamper his health or lead to potential medical emergencies whilst undertaking these activities.
5. Any payouts in relation to this cover shall be paid only against covers – 'Hospitalization Expenses for Injury', 'Hospitalization expenses for Illness & Injury', 'Repatriation of Remain', 'Personal Accident' and 'Medical Evacuation' (if any evacuation is involved) and shall not include any other benefits/covers available under the policy.
6. There is a provision of sub-limiting the Sum Insured under this cover within the Sum Insured of the base cover of 'Hospitalization expenses for Injury' or 'Hospitalization expenses for Illness and Injury', and the same if opted for, shall be mentioned in Part I of the Policy Schedule.

Below Special Condi
tions are applicable to the Adventure Sports Cover, if mentioned against the individual covers in Annexure I:

(a) You must be with a professional, qualified and licensed guide, instructor or operator.

(b) You must have the appropriate certification or license to participate in this sport, activity or experience at home. If operating a motor vehicle, the driver must hold the appropriate valid license in their country where such activity is being undertaken.

(c) Within 60 miles of a safe haven (a protected body of water used by marine craft for refuge from storms or heavy seas).

(d) Conventional skiing/snowboarding only. It is not a condition of cover that you ski or snowboard with a guide, however, you must follow the International Ski Federation code or the resort regulations; you must not venture into back country areas without taking local advice and appropriate rescue equipment.

(e) Conventional scuba diving only. You are limited to your current qualification limit, unless accompanied by a qualified instructor, taking part in a recognized course requirement of your chosen Diving Association. You must hold a current P.A.D.I. (Professional Association of Diving Instructors), S.S.I. (Scuba Schools International), B.S.A.C. (British Sub Aqua Club), SAA (Sub Aqua Association), C.M.A.S. (Confederation Mondiale Des Activites Subaquatiques), or equivalent internationally recognized qualification and follow their relevant Association, Club or Confederation rules and guidelines at all times, or you must only dive under the constant supervision of a properly licensed Diving Instructor and follow their rules and instructions at all times.

EXCLUSIONS APPLICABLE TO COVER - ADVENTURE SPORTS COVER

In addition to the General Exclusions listed in this Policy, we won't cover any costs that directly or indirectly relate to or arise from your participation in any adventure sport, activity, work, study or volunteer experience in the following circumstances:

1. You train for and/or participate in an activity at a professional level.
2. Competing at an international event as a national representative.
3. Participation in any adventure sports, activities where you don't select the appropriate adventure sports level upgrade or where it is specifically excluded (including Special Exclusion (i)-(v))
4. You go against local authority warnings or enter closed or restricted areas or places or situations known to be unsafe or dangerous.
5. Damage to any sporting equipment while in use; damage or theft of any sporting equipment left unattended.
6. Racing, except on foot and up to marathon level; participating in speed or time trials.
7. Motorsports – shows, races, competitions or training.
8. For motorised vehicles:
   a. not wearing a helmet regardless of the local laws; and
   b. operating any motorised vehicle without a

valid licence for the same class of vehicle or watercraft in your country of residence and as required in the relevant country where you're travelling.

9. Where you don't meet the Special Conditions (a)-(e) as specified in the list of the Special Conditions applicable to Adventure Sports Cover.
   a. Undertaking or working in any dangerous, extreme or hazardous activities, and/or participating in any sports or activities in hazardous locations, such as for example: base jumping, wingsuit flying, cliff diving, martial arts competitions, motor sports, piloting an aircraft, stunt flying/aerobatics, rodeo, bull riding/Running of the Bulls;
   b. taking part in dangerous expeditions; mountaineering expeditions or expeditions to the Arctic, Antarctica or Greenland, unless approved by us;
   c. crewing of a vessel more than 60 miles from a protected body of water;
   d. work as a guide where ropes or other specialist climbing equipment is required;
   e. work offshore or underground, including in caves;
   f. work operating machinery or heavy/industrial equipment;
   g. work at height without proper safety equipment. Work at height is further restricted to a maximum of two metres; or
   h. work in close proximity to dangerous animals including, for example, hippopotami, crocodiles, alligators, sharks, elephants, bears, big cats and deadly snakes.
   i. Additionally, apart from exclusion list mentioned under the

   Cover 1 – 'Hospitalization Expenses for Injury', 'Hospitalization expenses for Illness and Injury', 'Personal Accident', 'Repatriation of Remains' the Company shall not be liable for any expenses caused by and/or attributable to the following:
   a. Insured is participating in any of covered sports activities against the advice of a Medical Practitioner.
   b. Injury/Illness is caused to the insured due to his/her own carelessness or covered sports activities are not pursued by the insured in accordance with the rules, regulations and guidelines of the applicable governing body or authority of each such activity.
10. Any other reason listed under the General Exclusions which are applicable to all sections of the policy.
11. Personal Liability arising out of/linked to any adventure sports

Below mentioned Special Exclusions will be applicable to adventure sports cover, if mentioned against the individual covers in Annexure I:

(i) Any competition, free-style skiing / snowboarding, ski/ snowboard jumping, ski-flying, ski / snowboard acrobatics, ski / snowboard stunting, or ski racing or national squad training, the use of skeletons
(ii) Any unaccompanied dive, any dive for gain or reward, any dive which takes you below your current qualification limits, or any dive below 50 metres under any circumstances
(iii) Free mountaineering, climbing in remote or inaccessible regions, exploratory expeditions and new routes, high altitude climbing over 6,000 metres, mountaineering expeditions or activities within Antarctica, the Arctic Circle or Greenland
(iv) Personal Accident

CLAIMS PROCEDURE APPLICABLE TO COVER - ADVENTURE SPORTS COVER

In the event of the Insured sustaining any Injury/illness necessitating the Emergency hospitalization, he / she shall provide the particulars of insurance cover and also the details of the Company/Assistance Service Provider to the Hospital and / or the Medical Practitioner while simultaneously reporting the contingency / claim to the Assistance Service Provider/Company as provided in the Claims Procedure – General.
At the time of claims, the insured shall provide us with a copy of the entry ticket/pass of the adventure sport and the declaration signed by him/her prior to undertaking the activity.

Documents to be submitted in support of the claim:

1. Medical Practitioner's certificate as a proof that the insured was medically and physically fit

to engage in sports activities cover hereunder issued to the insured before the start of the trip and period of insurance.

2. Correspondence with the governing body or authority of sports activity in which insured was engaged while he/she got injuries stating the reasons/ circumstances in which insured got injured, if applicable.

3. Medical reports and discharge summary issued by the Hospital furnishing the name of the Insured, period of treatment, details of treatment rendered.

4. Bills/ receipts for

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

b. Fees paid to the Medical Practitioner, special nursing charges, etc.

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

d. Charges incurred towards medicines or drugs purchased from outside duly supported by the prescriptions of the Medical Practitioner attending on the Insured.

5. Any other document that may be required to reasonably ascertain the claim admissibility.

On payment of additional premium the following covers will be available:

Medical Covers: 'Hospitalization expenses for Injury' and its extensions, 'Hospitalization expenses for illness' and its extensions, 'Daily allowance in case of hospitalization due to injury', 'Daily allowance in case of hospitalization due to illness', 'Repatriation of Remains', 'Medical Evacuation', 'Personal Accident'

COVER 49: PET CARE COVER

If the Insured Person is travelling with his/her pet during the Travel Period We will provide the following:

a. We will reimburse the expenses incurred on the medical treatment of the Insured Person's pet if the pet suffers an Injury due to an Accident during the Travel Period.

This Cover will be payable provided that:

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

b. The Insured Person's pet has been validly transported and accommodated in accordance with the rules of the Common Carrier/ Public Carrier, hotel or other provider of accommodation;

c. The Insured Person's pet is maintained by the Insured Person exclusively for company, protection or entertainment, and not for the purposes of commerce or research;

d. We will reimburse only those expenses that are in excess of the Deductible;

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

EXCLUSIONS APPLICABLE TO COVER - PET CARE COVER

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

a. Any facts or matters of which the Insured Person was aware or should have been aware which could have resulted in injury to the pet;

b. Any loss which will be paid or refunded by hotel, agent or any other provider of accommodation or carrier.

CLAIMS PROCEDURE APPLICABLE TO COVER - PET CARE COVER

On occurrence of an event that may give rise to a claim, the notice of the same is to be given to the Insurer/Assistance Service Provider (ASP)/TPA.

Documents to be submitted in support of the claim:

i) Medical reports, bill receipts, discharge summary, charges paid for hospital accommodation, fee paid to the medical practitioner, charges incurred on tests, prescribed medicines etc.

ii) Proof that the pet was travelling along with the Insured on the Insured Trip

POLICY-WIDE EXTENSION(S)

1. Extension – Travel by a Self-driven Carrier

If an Insured chooses to opt for this cover, the scope of definition of "Common Carrier"/" Public Carrier" for the covers in 'Section 1', 'Repatriation of Remains', 'Medical Evacuation' and 'Personal Accident' will extend to any self-driven/self-owned carrier including but not limited to any vehicle

driven by the customer, any self- owned/chartered jet, yacht etc subject to following conditions –

i) The Insured is himself/herself driving the vehicle and holds a valid license to drive that type of vehicle in that particular country of travel.

ii) In case of Chartered flights/jet/yacht, the Insured holds a valid license to fly/operate the carrier in the country of travel

VAS OFFERINGS

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

Section 1: Value Added Services for Insured

1.1. Pre-Trip Visa Information
1.2. Pre-Trip Inoculation recommendation
1.3. Pre-Trip weather information and exchange rate services.
1.4. Pre-Trip Information on location/city,documentations, general country info, airport and terminal, trip planning and local culture
1.5. Health Card in Physical Form
1.6. Doctor on call services
1.7. Medical Assistance Services
1.8. Medical Service Provider Referral
1.9. Arrangement of Hospital Admission
1.10. Arrangements of Appointments with Local Medical Practitioners for Treatment
1.11. Medical Translation Service
1.12. Chat with Medical Practitioners
1.13. Delivery of Essential Medicine
1.14. Arrangement of Compassionate Visit
1.15. Arrangement of Return of Minor Child
1.16. Arrangement of Parent Accommodation
1.17. Inoculation and Visa Requirement Information
1.18. Emergency Document Delivery
1.19. Embassy Referral
1.20. Pro-Active alerts and flight booking assistance in case of trip delay which might cause missed connections
1.21. Information on upcoming events in the country of visit
1.22. Legal firm referral in case of personal liability and bail bond claims
1.23. Interpreter referral and document translation services
1.24. Lost Luggage Assistance and luggage tracking services
1.25. Lost Passport Assistance and Passport Tracking services
1.26. Identity Theft Assistance
1.27. Road Side Assistance
1.28. Telephone medical advice/Virtual Medical Assistance
1.29. Residence of the Insured for a International/Overseas policy) mentioned hereunder.
1.30. Discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty or hotel or any travel related services and skin-clinics
1.31. Discounts on medical equipment or medicines
1.32. Health Risk Assessment

Section 2: Medical Concierge services for Dependents back home

2.1 Tele-medical information
2.2. Medical Service provider referral and appointment with local doctors for treatment 2.3. Home nursing assistance care
2.4. Pre-Trip Information on location/city, documentations, general country info, airport and terminal, trip planningMonitoring assistance
2.5. Evacuation/ Repatriation services

Section 3: Lifestyle Services for dependents in India

3.1. Gift/Flower Delivery Assistance
3.2. Dining Referral and Reservation Assistance
3.3. Business Services
3.4. Special Events and Performance Assistance
3.5. Home Movers Assistance
3.6. Plumbing Assistance
3.7. Electrical Assistance
3.8. Pest Control Assistance
3.9. Home Cleaning Assistance
3.10 Electrical Gadget Repair Assistance
3.11 Diet and Nutrition Consultation

Section 4: Automotive assistance for dependents in India

4.1. Minor on the spot repair
4.2. Breakdown Services & Towing
4.3. Flat tyre service
4.4. Battery Service / Jumpstart

GENERAL EXCLUSIONS (APPLICABLE TO

ALL COVERS UNDER THE POLICY):

The Company shall not liable for any compensation or benefit for/in event:

1. Any claim relating to events occurring before the commencement of the Trip covered hereunder and any time after the completion of the Trip (or at any port at the Country of Residence of the insured for an International/Overseas policy) mentioned hereunder.
2. A claim which is fraudulent in any respect, or if any false declaration has been made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under the Policy or if the loss or damage is occasioned by the willful act, or with the connivance of the Insured
3. In so far as it relates to the covers the Insured:
   a. Is traveling against the advice of a Medical Practitioner;
   b. Is receiving, or is on a waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate;
   c. Has received terminal prognosis for a medical condition;
   d. Travelling for the purpose of obtaining treatment
   e. Is taking part in a naval, military or air force operation;
4. Any claim arising from any intentional self-Injury, suicide or attempted suicide, intoxication by liquor or drugs.
5. Of Involvement or participation of Insured directly or indirectly in murder, or criminal assault or the like;
6. any claim arising out of venereal disease and/or any mutant derivative or variations thereof howsoever caused.
7. Claim under any of the mentioned covers that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority;
8. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
   a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
   b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
9. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.
10. In case of an International/Overseas policy, if the Insured hereunder is traveling under an immigrant visa, claims in relation to contingencies occurring after the expiry of 90 days from the date of commencement of cover not withstanding the
11. Any claim relating to Hazardous Activities, unless specifically covered in the Policy.
12. . Payment of compensation in respect of Illness/ Injury arising or resulting from the Insured committing any breach of law with a criminal intent
13. Any claim not meeting the deductible amount or time excess mentioned against the cover in Part I of the Policy Schedule

GENERAL CONDITIONS (APPLICABLE TO ALL COVERS UNDER THIS POLICY)

- The Policy in so far as it relates to a single Trip or round trip, shall be initially issued for a maximum period as stated in Policy Schedule. Extension of the Policy shall, if required, be granted at the sole discretion of the Company, provided that the period of extension shall in no case exceed 180 days and shall be dependent on the plan available with the channel partner. Further, no extension of the Policy beyond the initial period shall be considered in respect of those covers under which claims shall have been reported by the Insured during the initial Period of Insurance. Rendering of the format for the extension of cover duly completed and

submission of complete particulars of claims if any reported by the Insured or pending report by the Insured for contingencies occurring during the initial Period of Insurance shall be a condition precedent to consideration by the Company of the extension of insurance beyond the initial period.

- Premium charged at the time of extension will be the difference between the extended Trip Duration and initial Trip Duration
- The insurance under the Policy shall not attach to any Trip that shall have commenced prior to the date of commencement of Insurance under the Policy unless there is continuous coverage in case of a multi-trip policy.

- Deductible shown against the respective items of cover in the schedule of the Policy shall be applied separately for each and every claim preferred under the respective covers.
- The Insured shall as if uninsured shall take all steps as are necessary to avoid occurrence of any contingency covered hereunder and to avert and / or minimize a loss otherwise payable under the Policy.
- Policy is applicable for one way travel also, including immigration travel with the condition that the maximum duration of coverage will be 90 days.

CLAIMS SECTION - CLAIMS PROCEDURE – GENERAL

1. **Common claim documents asked for:**
   a. Claim Form – completed and signed by the Insured or electronically filled, as per Company's discretion.
   b. Copy of passport, visa with entry and exit stamp (Only international travel)
   c. Copy of cancelled Cheque (Insured's name should be printed on Cheque) or Active Bank Account Statement which contains Insured's Name, Account Number and IFSC Code of the Bank. Details furnished in Part C of the claim form must match with details mentioned on cancelled cheque / bank statement or any other method of ascertaining payment/account details associated with the customer.
   d. PAN Card and Aadhar Card Copy
   e. Cover letter from the insured stating the exact reason and other pertinent details pertaining to loss

2. **On facing a contingency which shall result in** a claim under any of the covers under this Policy, immediate notice thereof shall be given by the Insured to the Company/Assistance Service Provider appointed by the Company, the details of which are furnished hereunder and after furnishing to them the identity as required by them shall get the claim registered. Failure to send such immediate notice may prejudice the Insured's claim under the Policy. No expenses however beyond a limit of US$ 1000 shall be incurred by the Insured without prior approval from the Company. This condition shall be applicable even in cases where the Insured would like to pursue his claim only on his return to his place of residence in spite of his meeting with the contingency covered herein whilst abroad.

   Contact ICICI Lombard 24hr Help Line number for assistance & registering your claim
   In USA & Canada (Toll Free) : +1 844 871 1200
   Rest of The World (Call Back Facility) : +91 124 449 8778 National Toll Free Number : 1800 102 5721
   Fax Number : +91 124 4006674
   Email Address : icicilombard@falck.com
   You can submit the claim via online portal:- https://fgaindia.com/FalckMLink/Register.aspx and can also scan QR Code.

3. **Documents of claim appropriate for each contingency and the consequent loss as listed in the respective Covers of this Policy** shall be forwarded to the Assistance Service Provider/The Company as soon as the Insured returns to the Country of Residence in case of International/Overseas policy and as soon as practically possible in case of a domestic policy of the Insured (unless otherwise required by the Company or the Assistance Service Provider) and in no case beyond a period of 30 days from the date of such return/report of a claim. In case the Trip is terminated anytime before the completion of the

Trip covered hereunder, the Insured shall submit all the documents as soon as such termination shall take place, and in no case beyond a period of 30 days beyond the date of such termination. Each and every claim preferred under the policy irrespective of the Benefits of cover which they relate to shall be accompanied by original used ticket or the boarding pass in original or a photocopy of the passport indicating the travel dates, in relation to all the travels being part of the Trip. Submission of documents shall be a condition precedent to admission of liability under the Policy.

Wherever, details pertaining to any incident which results in a claim, are conveyed by the Insured Person to the Assistance Service Provider/the Company after 30 days, Insured Person shall provide the reasons of such delay to the Company and the Company may on analysis of reasons provided by Insured Person, may condone the delay in intimation of claim or delay in providing the required information/documents to the Company/Assistance Service Provider.

4. **While simultaneously lodging a claim under the relevant Cover under this policy** the Insured shall also take all steps to recover the loss from whosoever has been responsible for such loss caused to the Insured. The Insured shall then pursue his / her claim with the Company for the amount in excess of what has been recovered thereon. If the claim shall in advance of any such recovery have been settled under this Policy, the Insured shall undertake to repay to the credit of the Company the surplus of any amount that he / she recovered jointly under Policy as also from other sources. The appropriate documents in connection with such steps taken by the Insured vis-à-vis the agencies responsible for the loss as more vividly described under the respective Covers shall be submitted to the Company as an when available.

5. If at anytime during the period of the Policy, or anytime thereafter the Insured shall commit any fraud or resort to fraudulent means to recover any claim under this Policy, Insured's right for all benefits under this Policy shall be forfeited.
6. It is a condition under this Policy that the Insured shall declare in detail the schedule of his / her travels to one or more destinations until he / she returns to the Country of Residence of the Insured in completion of his/ her Trip hereunder. Failure of his / her part to declare so shall prejudice his / her right of claim under different Covers of the Policy.

7. **Except in case of Student Travel Insurance** and unless otherwise specified, settlement of all claims under different Covers of the Policy hereunder in so far as it relates to non- immigrant visa cases involving a reimbursement of an admissible claim to the Insured shall be made only in the Country of Residence of the Insured in the local currency. In case of policies relating to immigrant visa cases, settlement of claims shall, if required by the Insured be made in currency of the country where the insured contingency shall have taken place resulting in financial loss to the Insured.

8. **All settlements under this Policy wherever** done in the currency of Country of Residence of the Insured shall be based on the exchange rate of the currency of Country of Residence of the Insured as on the date of loss incurred by the Insured.

9. **Claim Documentation:**

Any other document(s) that the Company requires from the Insured to process the claim and prove the authenticity of the loss may be asked for. If these additional documents are not submitted, then the Company will be relieved of it liability to pay the claim. If the Assistance Service Provider or the Company request that bills/invoices/receipts in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured.

10. **Obligations of the Insured:**

a. Claims for insurance covers must be submitted to the Assistance Service Provider/Company not later than one (1) month after the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.
b. The Insured shall provide the Assistance Service Provider/Company on demand any information that is required to determine the occurrence of the insurable event or the Company's liability to pay the claims. In

particular, upon request, proof shall be furnished of the actual commencement date of the Trip abroad.

c. If requested to do so by the Assistance Service Provider/the Company, the Insured shall be obliged to undergo a medical examination by a Medical Practitioner designated by the Assistance Service Provider/the Company. The cost of such medical examinations and/or tests will be borne by the Company

   The Assistance Service Provider/the Company is authorized to take all measures that are suitable for loss prevention and claim minimization, which includes the Insured's transportation back to the Country of Residence of the Insured.

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

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

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

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

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

12. **No sum payable under this Policy** shall carry any interest / penalty.

13. **The International/Overseas insurance** cover applies to all countries that come under the Geographical Scope stated in the Policy Schedule, except the country, where the Insured has a permanent place of residence.

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

Settlement/Rejection of Claim –

For Cashless Settlement

In order to avail of cashless treatment, the following procedure must be followed by You:

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

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

For Reimbursement Settlement

"The claim will be processed within 15 days of receipt of claim along with claim form and documents." any rejections if done, would be provided with proper reasons by Us. The role of the TPA or ASP (if any) would be limited to facilitate the flow of information between You and Us.

Terms of Renewal-

- In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- This policy shall ordinarily be renewable except on grounds of established fraud, moral hazard or misrepresentation or non-cooperation by the insured
- Renewal Premium - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.

PART III OF THE POLICY SCHEDULE STANDARD TERMS AND CONDITIONS

1. Incontestability and Duty of Disclosure:

The Policy shall be null and void and no amount/claim shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration

and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

2. Reasonable Care

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

3. Observance of terms and conditions

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

4. Material change

The Insured shall immediately notify the Company by fax and in writing of any material change in the risk in relation to the declarations made in the proposal form during the policy period or at the time of renewal and the Company may adjust the scope of cover and / or premium if necessary, accordingly.

5. Records to be maintained

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such records. The Insured shall exercise all necessary co-operation in obtaining the medical records from the Hospital, and furnish them, as the Company may require in relation to the Claim, within reasonable time limit and within the time limit specified in the Policy.

6. No constructive Notice

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

7. Notice of charge etc.

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

8. Overriding effect of Part II of the Schedule

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

9. Duties of the Insured on occurrence of loss

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

a. Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Part II of the Schedule.
b. Allow the Surveyor or any agent of the Company to inspect the lost/damaged properties premises /goods or any other material items, as per 'the Right to Inspect' Clause as provided in this Part.
c. Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.
d. Not abandon the Insured property/item premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor.

If the Insured does not comply with the provisions of this Clause or other obligations cast upon the Insured under this Policy, in terms of the other clauses referred to herein orin terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.

10. Rights of the Company on acceptance of claim

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

a. Enter and/or take possession of the Insured property, where the loss or damage has happened
b. Take possession of or require to be

delivered to it any property of the Insured in the building or on the premises at the time of the loss or damage

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

d. Sell any such property or dispose of the same for account of whom it may concern. The powers conferred by this condition shall be exercisable by the Company at any time until notice in writing is given by the Insured that he makes no claim under the Policy, or if any claim is made, until such claim is finally determined or withdrawn. The Company shall not by any act done in the exercise or purported exercise of its powers hereunder incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this Policy in answer to any claim.

If the Insured or any person on his behalf shall not comply with the requirement of the Company, or shall hinder or obstruct the Company in the exercise of the powers hereunder, all benefits under the Policy shall be forfeited at the option of the Company.

11. Right to inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor or an investigator appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy.

12. Position after a claim

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

13. Indemnity

The Company may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing. The Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. In no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage and in any event not more than the Sum Insured thereon. If in any case the Company shall be unable to reinstate or repair the Insured property/item hereby Insured, because of any law or other regulations in force affecting Insured property or otherwise, the Company shall, in every such case, only be liable to pay such Sum as would be requisite under the Policy.

14. Subrogation

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

The Insured and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. However, this condition shall not be applicable to “Benefit” based covers of the Policy but only applicable to indemnity based covers of the Policy

15. Condition of Average

If the Insured property be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss or damage

accordingly. Every item, if more than one in the Policy, shall be separately subject to this condition.

16. Fraudulent claims

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

17. Cancellation/termination

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

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

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

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.

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."

18. Policy Disputes

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

19. Arbitration clause

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

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

20. 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 the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

21. Renewal notice

We shall ordinarily renew the policy except on grounds of moral hazard, misrepresentation or established fraud or non disclosure cooperation by the Insured. 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 that nothing is known to You that may result to enhance Our risk under

the guarantee hereby given. Any change in the risk will be intimated by You to Us. 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.

22. Notices

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

In case of the Insured, at the last-known address
In case of the Company:
ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025
Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

23. Customer Service

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

24. The Standard 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)

Limitation period

In no case whatsoever shall the Company be liable, for any expenses after the expiry of 30 days from the date of completion of trip unless the claim is subject to pending action or arbitration; it being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of disclaimer have been made the subject matter of a suit in court of law then the claim for all such purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder. However, a period of up to 6 months would be provided after the Policy end date, for the purpose of intimation of claims related to Section 7 -Personal Accident.

25. 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.

26. Grievances

In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com

ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 ,
Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064

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

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

If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance officer at the details provided in the below link: https:// www.icicilombard.com/grievanceredressal.co m

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.in Jurisdiction : Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

18	THANE	Insurance Ombudsman Office of the Insurance Ombudsman, Shri Umesh Sinha, Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane - 400604. Email: bimalokpal.thane@cioins.co.in Jurisdiction : Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/ West, N, S and T.

The updated details of Insurance Ombudsman are available on IRDA website:www.irdai.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, website of the Company www.icicilombard.com or from any of the offices of the Company 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"

ANNEXURE - I

Special Conditions Applicable -

(a) You must be with a professional, qualified and licensed guide, instructor or operator.

(b) You must have the appropriate certification or license to participate in this sport, activity or experience at home. If operating a motor vehicle, the driver must hold the appropriate valid license in their country where such activity is being undertaken.

(c) Within 60 miles of a safe haven (a protected body of water used by marine craft for refuge from storms or heavy seas).

(d) Conventional skiing/snowboarding only. It is not a condition of cover that you ski or snowboard with a guide, however, you must follow the International Ski Federation code or the resort regulations; you must not venture into back country areas without taking local advice and appropriate rescue equipment.

(e) Conventional scuba diving only. You are limited to your current qualification limit, unless accompanied by a qualified instructor, taking part in a recognized course requirement of your chosen Diving Association. You must hold a current P.A.D.I. (Professional Association of Diving Instructors), S.S.I. (Scuba Schools International), B.S.A.C. (British Sub Aqua Club), SAA (Sub Aqua Association),
C.M.A.S. (Confederation Mondiale Des Activites Subaquatiques), or equivalent internationally recognized qualification and follow their relevant Association, Club or Confederation rules and guidelines at all times, or you must only dive under the constant supervision of a properly licensed

Diving Instructor and follow their rules and instructions at all times.

Special Exclusions Applicable -

(i) Any competition, free-style skiing / snowboarding, ski/ snowboard jumping, ski-flying, ski / snowboard acrobatics, ski / snowboard stunting, or ski racing or national squad training, the use of skeletons

(ii) Any unaccompanied dive, any dive for gain or reward, any dive which takes you below your current qualification limits, or any dive below 50 metres under any circumstances

(iii) Free mountaineering, climbing in remote or inaccessible regions, exploratory expeditions and new routes, high altitude climbing over 6,000 metres, mountaineering expeditions or activities within Antarctica, the Arctic Circle or Greenland

(iv) Personal Accident

Adventure Sports, Activities & Experiences	Level	SPECIAL CONDITIONS THAT APPLY	SPECIAL EXCLUSIONS THAT APPLY
Abseiling (rappelling, rapping, rap jumping, deepelling, abbing)	2	Special Condition (a)	-
Acrobatics	0	-	-
Aerial safari	2	Special Condition (a)	Special Exclusion (iv)
Aerobics	0	-	-
Air guitar	0	-	-
Alpine ski touring	-	-	-
American football (Gridiron)	1	-	Special Exclusion (iv)
Angling (see Fishing)	-	-	-
Athletics	0	-	-
Australian Rules Football (AFL)	1	-	Special Exclusion (iv)
Backpacking (2,000 up to 4,500 meters)	1	-	Special Exclusion (iii)
Backpacking (4,500 up to 6,000 meters)	2	-	Special Exclusion (iii)
Backpacking (Above 6,000 meters)	3	-	Special Exclusion (iii)
Badminton	0	-	-
Ballooning (See Hot air ballooning)	-	-	-
Banana boat rides	1	Special Condition (a)	-
Baseball	0	-	-
Basketball	0	-	-
Biking (see Cycling, Mountain biking or Snow biking)	-	-	-
Black water rafting (cave tubing) (grades 1-5)	3	Special Condition (a)	Special Condition (iv)
Boating (see Speed boating, Sailing)	-	-	-
Bobsled/Bobsleigh	3	Special Condition (a)	Special Exclusion (i)
Bouldering (see Rock climbing)	-	-	-
Bowling (lawn, ten-pin, nine-pin, candlepin, duckpin, and five-pin)	0	-	-
Boxing (gym or outdoor training)	2	-	Policy excludes boxing competition or bouts
Bungee/bungy jumping	1	Special Condition (a)	-
Bushwalking (2,000 up to 4,500 meters)	1	-	Special Exclusion (iii)
Bushwalking (4,500 up to 6,000 meters)	2	-	Special Exclusion (iii)
Bushwalking (Above 6,000 meters)	3	-	Special Exclusion (iii)
Camel riding/trekking	2	Special Condition (a)	-
Camping up to 4,500 meters	1	-	Special Exclusion (iii)
Camping 4,500 up to 6,000 meters	2	-	Special Exclusion (iii)
Camping above 6,000 meters	3	-	Special Exclusion (iii)
Canoeing (inland/coastal waters, grades 1-3 only)	0	-	-
Canyon swing	1	Special Condition (a)	-
Canyoning	2	-	Special Exclusion (iv)
Capoeira dancing (see Dance)	-	-	-

Cave diving /Cavern diving	2	Special Condition (e)	Policy excludes cliff diving
Caving (sightseeing/tourist attraction)	1	Recreational visit only	-
Cheerleading	0	-	-
Clay pigeon shooting	1	Special Exclusion (a) or (b)	-
Climbing (see Rock climbing or Ice climbing)	-	-	-
Cricket	0	-	-
Croquet	0	-	-
Curling	0	-	-
Cycling (2000 to 4,500 meters – all styles including touring)	1	-	Policy excludes Yungas Road/Death Road
Cycling (4,500 up to 6,000 meters – all styles including touring)	2	-	Policy excludes Yungas Road/Death Road
Dance (ballet, ballroom, capoeira, salsa, interpretive dance)	0	-	-
Darts	0	-	-
Dirt boarding	1	-	-
Diving (see Scuba diving, High diving, Cave diving, Free diving)	-	-	-
Martial arts training	3	Special Condition (a); non-competitive only	Special Exclusion (iv). Policy excludes cage fighting, mixed martial arts, kickboxing, Muay Thai, and competition or bouts
Martial arts training (non-contact)	0	-	-
Moped riding/Scooter biking	1	Special Condition (b); and a helmet must be	-
Motor racing experience (passenger only)	1	Special Condition (a)	-
Motor biking	1	Special Condition (b); and a helmet must be	-
Motor biking pillion passenger (see Motor biking)	-	-	-
Mountain biking (up to 4,500 meters – all styles including touring)	1	-	Policy excludes Yungas Road/Death Road
Mountain biking (4,500 up to 6,000 meters – all styles including touring)	2	-	Policy excludes Yungas Road/Death Road
Mountaineering up to 6,000 meters (with ropes, picks or specialist climbing equipment)	3	We recommend you do not venture into any area without taking local advice and appropriate rescue equipment	Special Exclusion (iii) and (iv)
Mountaineering above 6,000 meters (with ropes, picks or specialist climbing equipment)	3	We recommend you do not venture into any area without taking local advice and appropriate rescue equipment	Special Exclusion (iii) and (iv)
Netball	0	-	-

Obstacle course/assault course/trim trail (see Outdoor endurance)	-	-	-
Orienteering	0	-	-
Outdoor endurance	0	-	-
Outrigger canoeing (inland or coastal waters only)	0	-	-
Outward Bound	1	Special Condition (a)	-
Paint balling/airsoft	2	Special Condition (a)	-
Parachuting	2	Special Condition (a) or (b)	Policy excludes parachuting from a hot air balloon; Special Exclusion (iv)
Paragliding/parapenting	3	Special Condition (a) or (b)	Special Exclusion (iv)
Parasailing/Parascending	3	Special Condition (a) or (b)	Special Exclusion (iv)
Quad biking (ATV up to 700 cc)	1	Special Condition (a) or (b); and a helmet must be	Special Exclusion (iv)
Racquetball	0	-	-
Rambling (See Hiking)	-	-	-
Rap jumping	3	Special Condition (a)	Special Exclusion (iv)
Rifle range/sports shooting	2	Special Condition (a) or (b)	-
River boarding/hydro speeding (grades 1-3)	2	Special Condition (a)	-
Rock climbing (bouldering)	1	-	Special Exclusion (iv)
Rock climbing (indoor)	2	Special Condition (a)	Policy excludes soloing; Special Exclusion (iv)
Rock climbing (outdoor/traditional/sport climbing/bolted/aid climbing/free climbing); see also Mountaineering	3	-	Policy excludes soloing; Special Exclusion (iv)
Roller hockey	0	-	-
Roller skating	0	-	Policy excludes stunting
Rollerblading	0	-	Policy excludes stunting
Rounders	0	-	-
Rowing/sculling (inland/coastal waters)	1	-	-
Rugby (League/Union)	-	-	Special Exclusion (iv)
Running/jogging (up to marathon distance)	0	-	Policy excludes Running of the Bulls
Safari tours	1	Special Condition (a)	Policy excludes handling and/or work with dangerous animals including big cats, crocodiles, alligators, hippopotamuses, snakes, elephants, or bears
Sail boarding (see Wind surfing)	-	-	-
Sailing	1	Special Condition (a) or (b); and Special Condition (c)	-
Sandboarding/sand skiing	0	-	-
Scuba diving (up to 50 meters)	2	Special Condition (e)	Policy excludes cliff diving; Special Exclusion (ii) and (iv)
Sculling (see Rowing)	-	-	-

Sea Kayaking/Sea Canoeing (see Kayaking)	-	-	-
Segway tours	1	Special Condition (a); and a helmet must be	Special Exclusion (iv)
Shark cage diving (see Scuba diving)	-	-	-
Skateboarding (ramp, half pipe, skate park, street)	0	-	-
Skiing / snowboarding (on piste, off piste, heli-skiing, heli-boarding)	2	Special Condition (d)	Special Exclusion (i)
Skydiving (solo)	3	Special Condition (a)	Policy excludes skydiving from a hot air balloon; Special Exclusion (iv)
Sledding/Tobogganing/Snow Sleds/Snow Sleighs (on snow)	2	-	Policy excludes remote areas, racing, time trials, and endurance events; Special Exclusion (i) and (iv)
Sleigh rides	1	Special Condition (a)	Policy excludes remote areas
Snooker	0	-	-
Snorkelling	0	-	-
Snow biking (on piste or off piste within resort boundaries)	3	Special Condition (a)	Special Exclusion (i) and (iv)
Snow kiting	3	Special Condition (a)	Special Exclusion (iv)
Snow rafting	3	Special Condition (a)	Special Exclusion (iv)
Snowmobiling	2	Special Condition (a)	Policy excludes remote areas, racing, time trials, and endurance events; Special Exclusion (iv)
Soccer	0	-	-
Softball	0	-	-
Speed boating (inland/coastal waters only)	1	Special Condition (a) or (b)	Policy excludes speed boating on white water or outside coastal waters
Spelunking (see Caving)	-	-	-
Squash/racquetball	0	-	-
Stand up paddle surfing/paddle boarding	0	-	-
Stilt walking	0	-	-
Stoolball	0	-	-
Surf boat rowing	0	-	-
Surfing	0	-	-
Swimming	1	-	Policy excludes swimming outside coastal waters
Swimming with whales/whale sharks (inside or outside coastal waters)	1	Special Condition (a)	-
Table tennis	0	-	-
Tandem skydiving	2	Special Condition (a)	Policy excludes skydiving from a hot air balloon; Special Exclusion (iv)
Tchoukball	0	-	-

Ten pin bowling (see Bowling)	-	-	-
Tennis	0	-	-
Theme parks / fairgrounds	1	Special Condition (a)	-
Tough Mudder (see Outdoor endurance)	-	-	-
Trail bike riding (see Motor biking)	-	-	-
Tramping (see Hiking)	-	-	-
Trekking (see Hiking)	-	-	-
Tubing on rivers (see also Black water rafting)	2	Special Condition (a)	Special Exclusion (iv)
Tubing on snow	3	Special Condition (a)	Special Exclusion (iv)
Ultimate Frisbee	0	-	-
Via Ferrata	2	-	-
Volleyball	0	-	-
Wake skating (see Water skiing)	-	-	-
Wakeboarding (see Water skiing)	-	-	-
Walking (see Hiking)	-	-	-
War games/military simulation (see Paint balling/airsoft OR Rifle range/sports shooting)	-	-	-
Water skiing/wakeboarding	1	Special Condition (a) or (b)	Policy excludes white water or outside coastal waters
Weight training (see Gym training)	-	-	-
White water kayaking/canoeing (see Kayaking/Canoeing)	-	-	-
White water rafting (grades 1-5)	3	Special Condition (a)	Special Exclusion (iv)
Windsurfing (inland or coastal waters only)	1	-	-
Working - Non-manual work	1	-	-
Working - manual work	-	-	-
Yachting (see Sailing)	-	-	-
Yoga (class, alone/home practice)	0	-	-
Yoga (teaching)	0	Special Condition (b)	-
Zip line (Flying Fox)	1	Special Condition (a)	-
Zorbing	2	Special Condition (a)	Special Exclusion (iv)
Swimming (man-made swimming pool)	0	-	-
Aqua zorbing (man-made swimming pool)	0	-	-
Land zorbing (200 FT)	0	-	-
Underwater walk	0	-	-
Artificial rock climbing	0	-	-
Buggy Ride	0	-	-
Swoop Swing (100 Ft)	0	-	-
Dirt Biking	0	-	-
Gyro	0	-	-
Rodeo-Bull ride	0	-	-

Bubble Soccer	0	-	-
Rocket Ejector	0	-	-
Hard ball Net cricket	0	-	-
Foosball	0	-	-
Banana boat rides	0	-	-

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