



TripSecure+ Policy Wordings

PART II OF THE POLICY SCHEDULE

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in Part I of the Policy (hereinafter referred to as Policy Schedule), and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Policy Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, that on proof to the satisfaction of the Company of the compensation having become payable as set out in the Policy Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company

PART II OF THE POLICY

1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing / specified in this Policy or related Add-ons/Optional Covers: 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 sudden, unforeseen and involuntary event caused by external, visible and violent means.

"Any one Illness" means continuous period of Illness and it includes a relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

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 / installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

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

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

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body

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

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

Day Care Centre:

means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

- i) has qualified nursing staff under its employment;
- ii) has qualified medical practitioner/s in charge;
- iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
- iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

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

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

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

Day Care Treatment:

means medical treatment, and/or *surgical procedure* which is:

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IRDAI Reg. No. 115

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UIN: ICITIOP27060V032627

CIN: L67200MH2000PLC129408

Registered Office Address:

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Prabhadevi, Mumbai - 400 025.

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customersupport@icicilombard.com

- i. undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours.

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

Deductible:

means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Dental Treatment:

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 thereon shall be forfeited by the Company in event of misrepresentation, established fraud, or non-disclosure of any material fact. Non-disclosure may affect the claim settlement.

Emergency Care:

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

Grace Period:

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for 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” - A 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 under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;

- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospital includes an AYUSH Hospital as defined below:

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

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped
 - iv. operation theatre where surgical procedures are to be carried out;
 - v. 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

“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:

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

- (a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- (b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs ongoing or long-term control or relief of symptoms

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3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Injury:

means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, 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.

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

Intensive Care Unit (ICU):

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.

ICU Charges:

means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.

Maternity expenses:

It means;

- 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 Advice:

means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

“**Medically Necessary treatment**” means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i. is required for the medical management of the Illness or Injury suffered by the Insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner,
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Expenses:

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had

not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

“**Medical Practitioner**” is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/ Insured Person’s family who includes his/her lawful spouse and their dependent children), parents, in-laws and siblings.. For the purposes of worldwide cover, Medical practitioner would mean a person who holds a valid registration from the Medical council of the respective country where the treatment is being taken by the Insured

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

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

“**Notification of claim**” means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

OPD treatment:

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

“**Pre-existing Disease**” means any condition, ailment, injury or disease:

- a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

“**Qualified Nurse**” means 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.

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

“**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.

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Room Rent:

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

“Subrogation” means the right of the insurer to assume the rights of the Insured person to recover expenses paid out under the Policy that may be recovered from any other source.

Surgery or Surgical Procedure:

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

Unproven/Experimental treatment:

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

Specific Definitions

“**Air Travel**” shall mean travel by an airline/aircraft, licensed by the competent authority for the purpose of flying therein as a Fare paying passenger.

“**Alternative treatments**” are forms of treatments other than treatment “Allopathy” or “modern medicine” or Ayurveda, Unani, Siddha and Homeopathy (AYUSH) treatments in the Indian context.

“**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.

“**Annual Multi trip Insurance**” For Domestic Travel, means a Trip or Trips of not exceeding 30 days duration each, that You undertake, during the Insured Period as specified on the Policy Schedule.

“**Domestic Trip**” shall mean a temporary travel undertaken within the geographical territory of India that involves the insured person being away from their usual place of residence for a planned period for the purpose of leisure, business or any other purpose including sojourn and/or personal deviation.

This definition of Domestic Trip/Travel does not include-

- Crossing international borders at any point during the trip.
- Daily commute within the city of usual residence
- Routine weekly travel within the range of 50 Kms from the city of usual residence

Sojourn and/or Personal Deviation for the above purpose means travel further while on business trip not related to the business trip of the policy holder.

“**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**” for international policy means any

- 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
- 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, household 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.

- 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.

“**Cruise**” means any civilian water conveyance operated under a valid license for the transportation of fare paying passengers under a valid ticket.

“**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 children (including step or legally adopted children 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.

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“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.

“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

Franchise is a threshold limit below which no claim is payable; however, once the loss exceeds the specified threshold, the insurer pays the entire admissible loss without deducting the franchise amount.

“Financial Emergency” shall mean a situation faced by the Insured wherein the Insured Person accidentally loses 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 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, Bobsleighbing/ 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, Lugging, 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, Quad biking/all-terrain vehicles, Rifle range shooting, River boarding, River bugging, Rock scrambling, Rodeo, Roller hockey, Rugby, Running of the bulls, Safari tours, Sail boarding (racing/high speed), 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.

“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

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

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

“Kidnap” means to seize and detain an individual or carry away by unlawful force or fraud and often with a demand for ransom

“Theft ” 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

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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, land-slides, 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 event leading to air space or multiple airport closures.

“**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

“**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.

“**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. Annual Multi-trip:
2. Round-trip
3. Single-trip

“**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.

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“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.

“Quarantine” means isolation at the place of visit of an individual due to diagnosis of the disease whilst on an Insured Journey provided such disease has been declared as a pandemic.

“Robbery” means the act of taking person’s belongings away by force or by violence or threat

“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 and etc.

“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, including 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.

“International 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” For International** 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

Illustration

Multi Trip Max for International:

1. Limiting maximum duration covered in one single trip during the policy period (i.e. 1 year)
2. There is a capping on maximum duration of one trip, i.e. 15, 30, 45, 60, 90 and 120 days. The customer can go on for any number of trips subject to capping on duration of one trip

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Multi Trip Total for International:

1. Limiting total number of travel days Insured will be covered during policy period of 1 year
2. Under this option, the insured can choose the total number of travel days that insured will be covered during a trip while insured can travel any number of times during the policy period. The plan can constitute total number of travel days as 10, 15, 30, 45, 60, 90, 120, 150 and 180 days and can go for any number of trips during 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 /Insured person 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 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.

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

Only those covers that have been opted by You are mentioned in the below document

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PART I : INTERNATIONAL TRAVEL INSURANCE

SECTION 1: MEDICAL EXPENSES COVERS

COVER 1: HOSPITALIZATION EXPENSES 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 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: 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.

The Insured Person is admitted to the hospital or undergoes Day Care Treatment within 7 days of occurrence of the Accident/Injury

- i. 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
- ii. The Deductible/Co-pay amount as mentioned against this Cover, in Part I of the Policy Schedule, shall be applicable
- iii. The treatment for Illness shall commence immediately after diagnosis of Illness during the Period of Insurance.

The Company shall reimburse the following inpatient medical expenses for Insured:

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;

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.

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 1.a: Outpatient Treatment for Illness and Injury

If an Insured Person contracts an Illness or suffers an injury due to an accident, which 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. The charges would include cost for consultation, diagnostic/investigation and medicines.

However, the Deductible/Co-pay amount mentioned under this extension as mentioned in Part I of the Policy Schedule shall be applicable

Insurance cover under this Coverage is available provided additional premium has been received by the Company for such cover and the same has been specifically mentioned on the Policy Schedule/ Certificate of Insurance.

Exclusions applicable to the extension 1.a

1. Plaster casts,
2. Bandages,
3. Walking aids,
4. Crutches,
5. Wheel chairs,
6. Bipap/C-PAP machine,
7. Oxygen cylinder(for usage outside hospital),
8. Cervical collar,
9. Splint,
10. Knee braces,
11. Arm-sling
12. Lumbo sacral belt
13. Any other medical aid
14. Physiotherapy
15. Any medical expenses incurred by the Insured attributable to any Pre-Existing Disease(s).

Outpatient claims may be authorized for cashless settlement on a case by case basis.

EXTENSION 1.b: 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 such as plaster casts, bandages, walking

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aids, crutches, wheel chairs, bipap/C-PAP 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:

- The need for such medical aids is at the written advice of the treating Medical Practitioner
- 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.
- The Deductible/ Co-pay amount mentioned in Part I of the Schedule to this Policy shall be applicable.
- 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 1.c.: 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 days 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.

- 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.
- 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 in Part I of the Policy Schedule.

EXTENSION 1.d: 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:

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

EXTENSION 1.e: Adventure Sports Cover

We will reimburse the Insured person for medical expenses as specified under Cover Hospitalization Expenses For Illness And Injury due to injuries as a result of the insured's participation in any Hazardous Activities, provided you participate in a non- professional capacity and under the supervision of a trained professional that occurs whilst the Insured is on a trip during the Policy Period.

The maximum SI limit per event will also be specified in Part I of the Policy Schedule.

This Cover will not be payable if there is:

- Non-adherence to the guidelines / instructions of the organizers of hazardous activity
- Participation in a professional capacity and without supervision of trained professional

TERMS AND CONDITIONS APPLICABLE TO COVER 1 (Including Extensions) & COVER 2

COVER 1 (Including Extensions) & COVER 2 will be subject to sub-limits as mentioned below. However, Sub-limits can be waived by paying an additional premium.

Sub-limit:

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 and as per the plan/option mentioned in the Policy Schedule. These limits are further restricted to the maximum sum insured specified in Part I of the Policy Schedule as per the below table

Hospitalization Expense	Sub-limits
Hospital Room and boarding,	Maximum US\$ 1,800 per day up to 30 days.
Intensive Care Unit/Emergency Department	Maximum US\$ 3,250 per day up to 7 days.
Surgical treatment*	Maximum up to US\$ 15,000
Anesthetist services and anesthesia charges	Up to 25% of surgical treatment.
Physician's visit	Maximum US\$ 100 per day up to 10 visits.
Diagnostic and pre-admission testing	Maximum US\$ 1000.
Ambulance services**	Maximum US\$ 500.
Miscellaneous expenses***	Maximum of USD 2,000

*Surgical treatment: Includes Operation room charges, Surgeon fee and Implant charges

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****Ambulance Services:** Includes Cost of transportation to hospital and Paramedic services

*****Miscellaneous expenses:** Includes 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, All other services/charges which are not part of any other above given heads.

CLAIMS PROCEDURE APPLICABLE TO COVER 1 & 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 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 required 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.;
 - iii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;
 - iv. 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 required in support of claims under 'Child Care Expenses due to Hospitalization' shall be - Discharge summary, Claim form and Cancelled cheque (or any such document mentioning account details)
6. Claim documents required in support of Adventure Sports as follows:
 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. 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.
 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.

7. Copy of ticket, Copy of passport, visa with exit stamp from India and entry stamp overseas or original boarding pass used for the travel

8. 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.

COVER 2: HOSPITALIZATION EXPENSES FOR INJURY

If an Insured Person 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 (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 has already begun 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.

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 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 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 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

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- 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 following inpatient medical expenses for Insured:
- Accommodation, boarding and nursing expenses;
 - 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);
 - Physician, surgeon, anesthetist fees;
- 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.

CLAIMS PROCEDURE APPLICABLE TO COVER 2: HOSPITALIZATION EXPENSES FOR INJURY

In the event of the Insured sustaining any accidental Injury 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 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 required in support of the claim:

- Medical reports and discharge summary issued by the Hospital furnishing the name of the Insured, period of treatment and details of treatment rendered.
- Original Bills and receipts and invoices for:
 - Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered;
 - 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;
 - 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.
- Police First Incidence Report (FIR), in case of any road traffic accident or third-party involvement
- Post-mortem report, if applicable
- And any other document as may be appropriately applicable for the claims preferred under these sections of the Policy.
- Copy of ticket, Copy of passport, visa with exit stamp from India and entry stamp overseas or original boarding pass used for the travel.

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.

EXCLUSIONS APPLICABLE TO COVER 1 & COVER 2 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:

- 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.
- If any new Illness/injury is contracted beyond the expiry date of this Policy, treatment for the same shall not be covered
- Any Out-patient treatment expenses, unless specifically opted for as an extension under the above
- Any Child care expenses due to hospitalization, unless specifically opted for as an extension under the above
- Cost related to Physiotherapy, unless specifically opted for as an extension under the above.
- Expenses related to Routine vision/ Dental,
- Screening/examinations for cancer or mammography.
- Any Skilled nursing facility related to disease/illness/injury requiring outpatient Care.
- Any medical treatment which was not medically necessary or could reasonably have been delayed until the Insured Person's return to India.
- 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
- Any treatment related to general debility, convalescence, and rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- Rehabilitation and/or the cost of prostheses/ prosthetics (artificial limbs) or any Services provided by chiro practitioner, unless specifically provided under the extension of 'Medical Aid in case of Illness and Injury' and the insured has opted for the same extension(s).
- 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.
- Cost of spectacles / contact lenses, hearing aid, unless specifically provided under the extension of 'Medical Aid Cover in case of Illness and Injury' and the insured has opted for the same extension(s).
- Hospitalization expenses of donor.
- Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury/Illness as certified by the attending Medical Practitioner.
- Circumcision unless necessary for treatment of an Injury or necessitated due to an Accident.
- Any treatment/ surgery for change of sex or treatment/ surgery / complications/ Illness/ Injury arising as a consequence thereof.
- Personal comfort, convenience and hygiene related items and services.
- Any Injury and/or Illness sustained or contracted
 - Whilst the Insured is under the influence of intoxicating liquor / drugs,
 - 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

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Mailing Address:
 601 / 602, 6th Floor, Interface
 Building No. 16, New Link Road,
 Malad (West),
 Mumbai - 400 064.

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CIN: L67200MH2000PLC129408
Registered Office Address:
 ICICI Lombard House, 414, P Balu Marg, Off
 Veer Savarkar Road, Nr Siddhi Vinayak Temple,
 Prabhadevi, Mumbai - 400 025.

TripSecure+
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activities, unless specifically opted for and covered under 'Adventure Sports Cover' on prior intimation to the company and payment of applicable additional premium.

21. Any condition/instances/scenarios where there is no active line of treatment taken by the insured.
22. Alternative Treatments or any form of treatment other than AYUSH and allopathic Treatment, AYUSH and allopathic treatment should also be medically necessary under the written advice of a medical practitioner.
23. Any kind of planned treatment or travelling for the purpose of obtaining treatment
24. 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 in case of Illness and Injury' and the same is mentioned in Part I of the Policy Schedule.
25. 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; unless specifically included in the extension.
 - 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
 - g) Incurred for routine medical or optical treatment or consultation
26. Treatment of orthopedic, degenerative and oncological (cancer) diseases unless declared and qualified as a Pre Existing disease and treatment for life threatening situation. 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.
27. 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.
28. Sterility, infertility, venereal disease or any sexually transmitted disease.
 29. 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, Also, this exclusion does apply to ectopic pregnancy proved by diagnostic means
30. Self-inflicted Illness or Injury.
31. Treatment relating to birth defects and external /defects/ anomalies
32. Any Medical treatment or expense related to Cruise cover.

33. Any exclusion mentioned in the 'General Exclusions' section of this policy.
34. Any Pre-Existing Disease (PED) or any complication arising from it unless in case of Life Threatening Condition (Our maximum liability even in case of Life Threatening Conditions would remain restricted to the Sum Insured as mentioned in the Policy Schedule). The treatment for these emergency measures would be paid till the time You become medically stable or is relieved from acute pain. All further medical cost to improve or maintain medically stable state or to prevent the onset of acute pain would be borne by You. Except for the EXTENSION 1.a: Outpatient Treatment for Illness and Injury.

COVER 3: 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/ in Part I of the Policy Schedule.

EXCLUSIONS APPLICABLE TO COVER – DAILY ALLOWANCE IN CASE OF HOSPITALIZATION

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 Cover- "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
3. Any Medical treatment or expense related to Cruise cover
4. Any exclusion mentioned in the 'General Exclusions' section of this policy.

Documents required in support of the claim:

1. Claim documents required in support of claims under 'Daily Allowance in case of Hospitalization shall be - Discharge summary, Claim form and Cancelled cheque (or any such document mentioning account details)
2. And any other document as may be appropriately applicable for the claims.

COVER 4: 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/

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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.

“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:

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

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.

If it is medically necessary in the opinion of Emergency Assistance Service Provider that you need to be accompanied by a Medical Practitioner, nurse, relative, friend or colleague; then the additional costs for 1 accompanying person would also be payable under this.

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 Cover- Hospitalization Expenses for Illness and Injury'
2. Claims arising out of or due to Pre-existing diseases, unless the extension 'Pre-existing disease cover in case of emergency Life Threatening Medical Condition' or 'Pre- existing disease cover has been specifically opted for and mentioned in Part I of the Policy Schedule
3. Any Medical treatment or expense related to Cruise cover unless such **COVER 32: MEDICAL COVER ON A CRUISE** has been opted. Any exclusion mentioned in the 'General Exclusions' section of this policy.

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 required 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, only on prior

approvals from ASP/Insurer.

COVER 5 : 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 compensate the Nominee, the costs incurred for transporting the remains of the deceased Insured back to the Country/Place of Residence of the Insured or, upto 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.

The payment for cremation will be limited to USD 300 as a fixed benefit in the event of non-submission of bills.

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 Illness and Injury'.
- e. Any exclusion mentioned in the 'General Exclusions' section of this policy.

CLAIMS PROCEDURE APPLICABLE TO COVER - REPATRIATION OF REMAINS

Refer to 'Claims Procedure – General' section

Documents required 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 6: 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.

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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 medical management.
5. Any tooth that has been restored or replaced using cementing, fillings, bridges, caps, dentures, retainers, or any similar dental appliances shall be excluded from coverage.
6. Any exclusion mentioned in the 'General Exclusions' section of this policy.

CLAIMS PROCEDURE APPLICABLE TO COVER – DENTAL TREATMENT

Refer to 'Claims Procedure – General' section

Documents required 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.

SECTION 2: ACCIDENT & DISABILITIES COVERS

COVER 7: 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. Accidental 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 via air travel only 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:

- (i) 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.
- (ii) 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

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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 of Great 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 7 .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 Treating physicians 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

- 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
- Coma resulting out of any medical cause/illness shall not be considered under this cover

EXTENSION 7.b: CHILD BENEFIT COVER

During the Period of Insurance and whilst the Insured (is on a trip, if the Insured dies 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 required in support of the claim:

In addition to the documents required to support the 'Personal Accident' claim, age proof of child.

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EXTENSION 7.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.

Documents required in support of claim:

In addition to the documents required to support the 'Personal Accident' claim, proof of fee receipts/tuition fee.

EXTENSION 7.d: Adventure Sports Cover

We will reimburse the Insured person a lump sum amount shown in the policy schedule against Adventure Sports under Cover 7 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, as a result of the insured's participation in any Hazardous Activities, provided you participate in a non-professional capacity and under the supervision of a trained professional that occurs whilst the Insured is on a trip during the Policy Period.

The maximum SI limit per event will also be specified in Part I of the Policy Schedule.

This Cover will not be payable if there is:

1. Non-adherence to the guidelines / instructions of the organizers of hazardous activity
2. Participation in a professional capacity and without supervision of trained professional

EXTENSION 7.e: Lifestyle Modification Cover

We will reimburse You the Sum insured as per the Policy schedule for the cost of artificial limbs and any modifications to Your home or vehicle in India necessitated due to disablement arising as a result of an Accident during the Policy Period, whilst on an Insured Journey, that is recommended by a Medical Practitioner who is a civil surgeon, subject to claim under Cover 7: Personal Accident being accepted by You.

TERMS & CONDITIONS APPLICABLE TO COVER – COVER 7 AND EXTENSIONS THEREIN

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 interment 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 7 & 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. 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.

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IRDA Reg. No. 115

Mailing Address:

601 / 602, 6th Floor, Interface
Building No. 16, New Link Road,
Malad (West),
Mumbai - 400 064.

UIN: ICITIOP27060V032627

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg, Off
Veer Savarkar Road, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai - 400 025.

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Alternate No.: 86552 22666 (Chargeable)

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E-mail : customersupport@icicilombard.com

CLAIMS PROCEDURE APPLICABLE TO COVER 7 & EXTENSIONS THEREIN

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 required in support of the claim:

- Medical reports giving the details of the Accident, nature of Injury and the extent of disability.
- In case of death of the Insured death certificate issued by the Medical Practitioner who attended on the Insured.
- Postmortem certificate, wherever postmortem is conducted, to be produced if required by the Assistance Service Provider/Us.
- Police report/FIR/Panchnama.
- 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.
- And any other document as may be appropriately applicable for the claims preferred under this section of the policy.
- 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.
- For claims related to extension 'Lifestyle Modification Cover', Medical Practitioner's report suggesting requirement of prosthetics along with Disability certificate shall be needed.

COVER 8: ACCIDENTAL DEATH AND DISABLEMENT- COMMON 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

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

- Amounts related to medical expenses.
- 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

Refer to 'Claims Procedure – General' section

Documents required in support of claim:

Documents required in support of the claim

- Medical reports giving the details of the Accident and the nature of Injury.
- Death certificate issued by the Medical Practitioner who attended on the Insured.
- Postmortem certificate to be produced if required by the Company/Assistance Service Provider wherever postmortem is conducted.
- 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
- And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
- Police report in original in case the Accident shall have taken place in a public place or premises.

COVER 9: CREDIT CARD SECURE

In the event of an accident occurring while you are overseas, resulting in your death or permanent total disablement, as specified under cover, 'personal accident', we will pay you or your nominee or legal heir, as the case may be, the outstanding balance in your credit card as on the date of the accident, up to the maximum sum insured as specified against this cover in your certificate of insurance.

EXCLUSIONS APPLICABLE TO COVER – CREDIT CARD SECURE

Payment for any transaction made after the date of accident.

CLAIMS PROCEDURE APPLICABLE TO COVER – CREDIT CARD SECURE

Refer to 'Claims Procedure – General' section

Documents required in support of claim:

- Medical reports giving the details of the Accident and the nature of Injury.
- Death certificate issued by the Medical Practitioner who attended on the Insured.
- Postmortem certificate to be produced if required by the Company/Assistance Service Provider wherever postmortem is conducted.
- 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
- And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

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- vi. Police report in original in case the Accident shall have taken place in a public place or premises.
- vii. Credit card statement of the Insured

COVER 10: HOME TO HOME COVER

Section A:

Under this Cover, if You sustain an Injury solely and directly due to an Accident which occurs whilst on Insured Journey in India from the Usual Place of Residence in India to airport/port on the Day of overseas departure from India and/or on the Day of Your arrival back to India during Your travel from airport/ port to the Usual Place of Residence in India, We will pay Reasonable and Customary Charges incurred by the Insured for the Emergency Hospitalization or Day Care Treatment or OPD treatment which would include cost for consultation, diagnostic/investigation and medicines and such medical treatment should be undertaken on the written advice of a medical practitioner.

Section B:

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, we will pay in accordance with the table of benefits defined under Cover 7: Personal Accident.

Payment under this cover (Section A & Section B) would be subject to the following:

- i. Accident which occurs within 48 hours whilst on Insured Journey in India from the Usual Place of Residence in India to airport/port for overseas departure from India and/or on Your arrival back to India during Your travel from airport/ port to the Usual Place of Residence in India.
- ii. Place of Stay to airport provided the domestic travel takes place within 48 hours from time of boarding the overseas transport, or
- iii. Airport to Place of Stay provided the domestic travel has occurred within 48 hours of Your arrival back to India.

EXCLUSIONS APPLICABLE TO COVER – HOME TO HOME COVER

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. Any claim arising from intentional self-Injury/ suicide/ attempted suicide.
- ii. Any claim whilst the Insured is under the influence of intoxicating liquor/ drugs

CLAIMS PROCEDURE APPLICABLE TO COVER – HOME TO HOME COVER

Refer to 'Claims Procedure – General' section

Documents required in support of 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.;
- iii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;
- iv. 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) or Medical legal certificates , in case of any road traffic accident or third- party involvement
- 4. Post-mortem report, if applicable
- 5. Medical reports giving the details of the Accident and the nature of Injury.
- 6. Death certificate issued by the Medical Practitioner who attended on the Insured.
- 7. Police report in original in case the Accident shall have taken place in a public place or premises.
- 8. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

SECTION 3: BAGGAGE & PERSONAL EFFECTS

COVER 11 : 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
- 2. 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'

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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 required 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) and any document evidence received from airlines providing details of the compensation received from airlines
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 11 .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 11.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 equipment's, 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 equipment's 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.

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Vinayak Temple, Prabhadevi, Mumbai - 400 025.

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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 required 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 12 : 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
 - **Cosmetic damage** that does not affect usability

Cosmetic damage refers to superficial defects or imperfections that do not affect the functional usability or structural integrity of the baggage. This includes, but is not limited to, scratches, scuffs, discoloration, dents, or abrasions that do not impair the baggage's ability to be used for its intended purpose (i.e., carrying and securing personal items during travel).

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 required in support of the claim:

- Proof of damage to the baggage during the transit certified by the common carrier/ Public Carrier and 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 13 : 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

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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 required 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

Extension 13.a: SMART DELAYED CHECKED IN BAGGAGE

This extension provides customers with a service for baggage tracking, and status update in the event of delayed delivery of checked-in baggage during travel. Where the insured, while travelling, experiences a delay in the delivery of checked-in baggage and notifies the designated Assistance Service Provider of such delay, the insured shall be eligible to avail the services under this extension.

Upon receipt of such notification, the Assistance Service Provider shall initiate coordination with the concerned airline, Common Carrier, Public Carrier, airport authorities, customs authorities, and/or other relevant agencies for the purpose of tracing and monitoring the delayed baggage.

As part of the service, the insured shall receive automatic real-time status notifications through electronic communication channels, including SMS and/or email, upon any update, movement, or change in the status of the delayed checked-in baggage.

The aforesaid service is intended to facilitate timely communication, operational assistance, and enhanced customer support in relation to delayed checked-in baggage, subject always to the terms, conditions, exclusions, and limitations of the Policy.

CLAIMS PROCEDURE APPLICABLE TO COVER – SMART DELAYED CHECKED IN BAGGAGE

In the event of delay of Checked-In Baggage under cover 13-Delay of checked in baggage, If Insured is out- side India, and notify the Assistance Service Provider that his/ her baggage has been delayed, insured will receive automatic real-time push notifications in the form of email/SMS updates every time there is a change to the status of his/her delayed baggage. The Assistance Service Provider will track and expedite the return of the delayed baggage for the first 96 hours from when the destination flight lands

COVER 14 : LOSS OF BAGGAGE AND PERSONAL EFFECT

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, theft, 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.

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.

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EXTENSION 14 .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, theft, 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 14 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, theft, hold-up or any similar incidence, whereby the insured is carrying the same in his baggage during the period of Insurance. We will indemnify the customer for this coverages 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 – LOSS OF 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 14 c.: 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, theft, 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 or we will indemnify the cost of renting the same type of sports equipment and penalty charges imposed by Rental sports equipment company under the Rental sports equipment hiring agreement, 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.
4. 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.
5. 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

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UIN: ICITIOP27060V032627

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Registered Office Address:

ICICI Lombard House, 414, P Balu Marg, Off
Veer Savarkar Road, Nr Siddhi Vinayak Temple,
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E-mail :
customersupport@icicilombard.com

or one of the extensions shall not be simultaneously covered under another extension also. For all the electronic items, sports equipment's 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 & 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:

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 theft 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) accompanying 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 & EXTENSIONS THEREIN

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 required 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;
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. For loss of sports equipment cover, we would require rental agreement/declaration proving hire of sports equipment from authorized company and Confirmation from Rental Company on charges pressed in event of theft. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

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COVER 15: DEBIT AND CREDIT CARD AND FOREX CARD – FRAUDULENT UTILIZATION

In the event of loss or Theft of the Insured Person's bank issued debit/credit/forex card in a Country of Visit whilst on a Trip, the Company shall pay or reimburse the financial loss incurred by the Insured Person, arising out of any fraudulent utilization of such card from the time of such loss or Theft being reported until the time the customer informs to issuing bank to block such card, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate. The Insurer's liability to make payment is only in excess of the Deductible as specified in policy certificate.

This Benefit shall be payable subject to the following:

1. All claims made under this Benefit shall be payable in India and in Indian Rupees only.
2. The Insured Person must have taken all reasonable steps to avoid any loss, damage or expense.
3. The loss or Theft is to be reported to the issuing bank as soon as practicable, and a written police report is to be furnished to the Company.
4. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

TERMS AND CONDITIONS APPLICABLE TO COVER: DEBIT AND CREDIT CARD AND FOREX CARD – FRAUDULENT UTILIZATION

1. All claim under this section shall be payable in India and in Indian Rupees only.
2. Any suit or legal proceedings against the Company under this section shall be filed and instituted in the court having jurisdiction in India only.
3. Each insured person must take all reasonable steps to avoid any loss, damage or expense.

EXCLUSIONS APPLICABLE TO COVER: DEBIT AND CREDIT CARD AND FOREX CARD – FRAUDULENT UTILIZATION

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any claims where the loss can or could have been recovered from any other source.
2. Any claims where the reporting procedures of the issuing bank have not been followed as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
3. Any claim where loss or Theft is not notified to the local police as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
4. Any claim arising out of a loss where Insured Person has left the card unattended.
5. Any costs incurred in procurement of a new card.
6. Any claims arising out of, or in connection with any contractual liability.
7. Any claim arising out of a loss where the Insured Person, his/her Immediate Family Member, relative, colleague, Travelling Companion or business staff is involved as an accomplice or accessory.
8. Any loss or damage of a consequential nature.
9. Any financial loss or liability due to misuse of card

occurring after the time of reporting the loss or Theft to the issuing bank.

10. Any claim, which is in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured Person or by any person acting on behalf of the Insured Person.
11. Any loss falling under the 'General Exclusions' Section of the Policy.

CLAIMS PROCEDURE APPLICABLE TO COVER – DEBIT AND CREDIT CARD AND FOREX CARD – FRAUDULENT UTILIZATION

In event of the fraudulent utilization of Debit / Credit / Forex card 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 required 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;
2. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

COVER 16 : LOSS OF PASSPORT AND 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 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 AND 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.

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CLAIMS PROCEDURE APPLICABLE TO COVER - LOSS OF PASSPORT AND 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 required in support of the claim:

In event of passport loss,

1. Police Report obtained within 24 hours, copy of the emergency certificate and application for duplicate passport in the Country of Residence;
2. 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. Copy of Police Report
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

SECTION 4: Travel Delay, Cancellation & Curtailment COVER 17: 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. 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)

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 travel in advance by You which are non-recoverable after initiation of cancellation of the same.
2. Official cancellation charges/ non-refundable amount

of travel tickets upon cancellation 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 17.a: 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 at least 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.

Extension 17 b: Frequent flyer points:

If 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 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.

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
3. The failure of your travel agent to pass on the monies to operators or to deliver promised services
4. A Major Travel Event that prevents You from travelling to one of Your destination(s) in your itinerary
5. Advisory issued by the government of India not to travel or prevention of travel by government of India
6. 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

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- 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;
6. Any cancellation due to Hospitalization resulting from pre- existing disease, Childbirth, Pregnancy or related medical complications to You, Your immediate family or travelling companion.
 7. 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
 8. Failure to start the journey due to rejection of VISA in case of international travel only.
 9. If your trip is cancelled due to Natural Calamity not declared by the appropriate government authority.
 10. 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
 11. 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
 12. Any event which could trigger 'Trip Cancellation' having occurred more than 15 days before the commencement of trip or issuance of policy
13. 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.

COVER 18: 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. You suffer a serious injury or serious sickness and receive medical advice to discontinue the trip
 - b. The air craft or vessel on which you are onboard is hijacked
 - c. Due to an unexpected death or injury or sickness of Your Close Relative or your Travel Companion
 - d. In case of loss of passport due to theft/robbery/ burglary etc. (Applicable only to international travel)

Or,
- B. If Your trip is disrupted and You have to remain Overseas before returning directly back to Home Country or the Country/ Port of Origin
 - a. 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
 - b. 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 18.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 18.b: Missed event due to Itinerary Change

In the event Your Travel Agent makes a change in Your Trip itinerary after Your Scheduled Departure Date, which prevents You from participating in an event/Prepaid activity scheduled on Your Trip itinerary, 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 at least 1000 people for which the insured has booked a ticket.

EXCLUSIONS APPLICABLE TO COVER -TRIP INTERRUPTION OR CURTAILMENT & 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. 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.

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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.
8. Any Medical treatment or expense related to Cruise cover

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 required 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 towards the unfulfilled portion of the Trip (applicable in case of Trip interruption and curtailment)
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. Copy of 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 ‘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
5. For the extension ‘Frequent flyer points’, confirmation that the ticket of the cancelled trip was purchased using frequent flyer points.
6. 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
7. For the extension ‘Trip Resumption’, confirmed common carrier/ Public Carrier ticket and proof of travel
8. For the extension ‘Missed event due to Itinerary Change’, confirmation/declaration from the Travel agent regarding change in the Trip Itinerary and proof of purchase of event ticket and the cancellation charges retained by them.
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.

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

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

COVER 19 : 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.

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- 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. c. Any visa application that was declined prior to the date of receipt of premium under this Policy.

CLAIMS PROCEDURE APPLICABLE TO COVERS - TRIP CANCELLATION DUE TO VISA REJECTION

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 required in support of the claim –

- Proof of visa appointment and visa rejection
- And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
- Confirmation of cancellation of the Trip from the Common Carrier/ Public Carrier
- 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;
- Copy of 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;

Extension 19. a: 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 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:

Past or current criminal actions or record

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 required in support of the claim –

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

COVER 20 : 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:

- 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)
- Personal contingencies like hijack, quarantine, kidnap, your presence required by judicial authority in the course of its proceedings during the period of insurance.
- 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
- 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;
- 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)

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

- The payments made for accommodation in advance by You which are non-recoverable after initiation of cancellation of the same
- Official cancellation charges / non-refundable amount upon cancellation 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:

- Cancellation of the Trip either wholly or in part done by the travel agent or at the instance of the Common Carrier/ Public Carrier;
- 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.
- A Major Travel Event that prevents You from travelling to Your main destination(s) in your itinerary
- Advisory issued by the Government of India not to travel or prevention of travel by Government of India

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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, provided any claim under this cover is triggered due to burglary at the Insured's residence or place of business.
8. 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 required 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. Copy of 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 21 : COMMON 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 at least 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 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 DELAY

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

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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 DELAY

Refer to 'Claims Procedure – General' section

Documents required 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.

EXTENSION 21.a : FLIGHT DELAY AUTO ASSIST

In the event of the occurrence of an insured contingency under **Cover 21- Common carrier delay**, resulting in the delay of the insured's flight beyond the threshold specified in the Policy Schedule, the Company shall provide the insured with services including automatic real-time SMS updates regarding the flight delay status, along with information relating to the claim intimation and settlement process.

Further, upon confirmation of the admissibility of the claim in accordance with the terms and conditions of the Policy, the Company shall facilitate direct payment of the claim amount to the Insured/Insured Person/Beneficiary.

This service is intended to provide enhanced customer convenience, timely communication, and seamless claims support during travel, subject always to the terms, conditions, exclusions, and limitations of the Policy

CLAIMS PROCEDURE APPLICABLE TO COVER – FLIGHT DELAY AUTO ASSIST

On the happening of the contingency covered under Cover 21- Common carrier delay, resulting in the delay of Insured's Flight beyond a certain threshold as defined in Policy schedule, insured will receive automatic real time push notifications in the form of SMS updates informing about the flight delay status and claim intimation

process and we will pay the claim directly to Insured/ Insured Person/Beneficiary. For this, accurate flight details and bank account details have to be provided by the customer.

COVER 22: FLIGHT CANCELLATION

The Company shall pay the Sum Insured as mentioned in Part I of the Policy Schedule in case of cancellation of the scheduled departure of the flight during the Period of Insurance solely arising out of and consequent upon any of the contingencies specified hereunder:

- a. Cancellation of the scheduled flight due to inclement weather at the port of origin or port of destination.
- b. Cancellation caused by sudden strike or industrial action of the airline's employees which disrupts services.
- c. Cancellation caused by mechanical or equipment failure, or due to required clearances of the airline.
- d. Cancellation arising out of operational issues, including crew or staff scheduling problems.
- e. Cancellation caused by a Major Travel Event, Civil Unrest, Riot or Commotion at the port of departure or port of destination.
- f. Cancellation or rescheduling of the flight at the instance of the airline, causing cancellation of the scheduled departure.

Terms and conditions applicable to cover Flight Cancellation:

Upon the occurrence of any contingency covered under this Section resulting in cancellation of the Insured Person's flight:

1. immediate notice shall be provided to the Company or Assistance Service Provider.
2. Confirmation of cancellation from the airline detailing the circumstances of cancellation.

Exclusions applicable to cover- Flight Cancellation

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

1. Any causes of cancellation that were reasonably known to the Insured Person / Policyholder prior to the flight booking date, or prior to the date of payment of premium, whichever is later.
2. If the flight was cancelled 12 hours or more prior to the scheduled departure time.
3. Cancellation arising out of contingencies other than those specifically named under this Cover.
4. Cancellation directly caused due to the Insured Person or any accompanying person failing to check in as required by the airline.
5. Cancellation due to strike or industrial action publicly known or anticipated at the time the trip was booked.
6. Cancellation due to permanent withdrawal of airline services which was publicly announced beforehand.
7. Cancellation due to changes in laws, regulations or directives that were publicly announced at the time of booking
8. Cancellation arising from Major Travel Event, Civil Unrest, Riot or Commotion, Strike, or adverse weather, or mechanical/structural defects of the airline if publicly known at the time of booking of the trip or purchase of this insurance.

Claims Procedure applicable to cover- Flight Cancellation

Refer to "Claims Procedure – General" section.

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Documents required in support of the claim:

1. Confirmation of cancellation from the airline detailing the circumstances of cancellation.
 - a. The Insured may obtain this from the airline;
 - b. Or the Company may use cancellation records from independent external agencies for determining admissibility.
2. Details / supporting documents indicating amount refunded by the airline, if any.
3. Airline correspondence related to the cancellation.
4. Any other supporting document as may be appropriately applicable for claims under this Section.

COVER 23 : MISSED CONNECTING FLIGHT

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 Flight 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 caused by reasons beyond the control of the Insured, provided that, no claim shall be payable hereunder in case 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 Flight due to Inclement weather at the port of origin or the port of destination
- b. Delay of Flight due to sudden strike or any other action of the employees of the Flight which disrupts services
- c. Delay of the Flight caused by equipment failure or clearances of the Flight.
- d. Delay of the Flight caused by operational problems like crew or staff scheduling issues etc.
- e. Delay of the Flight 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 connecting flight at the instance of earlier flight 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 Flight
Additional cost of transportation to proceed with the journey originally scheduled to have been covered by the Missed Connecting Flight 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 Connecting Flight. 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 Connecting Flight/ and the amount obtained towards refund of the Missed Connecting Flight/
2. 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 Flight Provided also that the Company shall be liable under this Cover only in event of Missed Connecting Flight caused

solely by the delay of the flight in which the Insured is travelling immediately prior to the Missed Connecting Flight
The Company's overall liability for claims of all occurrences of Missed Connecting Flight 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 FLIGHT

1. The Insured shall endeavor to take all timely steps to ensure avoidance of missing connecting flight even in case of delays of the arrival of the earlier connecting flight
2. In case of missing the connecting flight, when Insured shall look for alternative flights for prosecuting the scheduled journey, he / she shall ensure minimum additional cost in selecting the alternative flight
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 Flight operator 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 or any other agency concerned in connection with delay of the flight/ that led to the situation of missing connecting flight

EXCLUSIONS APPLICABLE TO COVER - MISSED

CONNECTING FLIGHT

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 and the scheduled departure of the next flight (Missed connecting Flight) 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 and travel.
3. If the missing of the connecting flight 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 connecting flight that might lead to missing of connecting flights
 - c. Any circumstances other than those directly attributable to the delay of the earlier flight 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 FLIGHT

In the event of occurrence of an event, that may give rise to a claim, he / she shall report to the Company/Assistance Service

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Provider such delay furnishing the details of the connecting flights, the scheduled arrival to the place of delay, actual time of arrival and consequently the period of delay as soon as possible.

Documents required in support of the claim:

1. The confirmation of the flight operator of the delayed flight 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 Connecting Flight along with a confirmation of cancellation / no-show of the same.
3. Confirmation from the operator of the Missed Connecting Flight that the fare for the part of the Trip covered by the Missed Connecting Flight 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 for the part of the Trip covered by the Missed Connecting Flight 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 Flight operator for the Missed Connecting Flight being refunded / returned to the Insured, subsequent to any payment under this section, the Insured shall return the amount so refunded in full.

COVER 24 : 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'.
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 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 required 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 25 : 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

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IRDA Reg. No. 115

Mailing Address:

601 / 602, 6th Floor, Interface
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Mumbai - 400 064.

UIN: ICITIOP27060V032627

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg, Off
Veer Savarkar Road, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai - 400 025.

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Toll free No. : 1800 2666

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Website : www.icicilombard.com

E-mail : customersupport@icicilombard.com

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 required 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 26 : 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;

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3. Personal contingencies like Emergency Hospitalisation treatment necessitated to the Insured or Insured's Travelling 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 accommodation 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 required in support of the claim:

Duly completed claims form to be supported by:

Receipt for the amount paid to the hotel or guest house or any other accommodation provider

Details of the cause of delay in case of major travel events

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

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

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

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

COVER 27: PISTE CLOSURE

In case of adverse and unpredicted weather due to complete lack of snow or avalanche which lead to closure of Ski lifts and Ski schools and hence mandated the Insured to stay in the Hotel for complete day, 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 stay in the Hotel.

CLAIMS PROCEDURE APPLICABLE TO COVER – PISTE CLOSURE

Documents required in support of the claim:

1. Confirmation from the Ski lift operator confirming Piste closure
2. Local news, weather report, associated news references in support of the claim

COVER 28 : AUTOMATIC EXTENSION OF PERIOD OF INSURANCE

The Company shall grant the automatic extension of the period of insurance for a period of 7 or 15 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

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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 required 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

And any other document as may be appropriately applicable for the claims preferred under any applicable section due to extension of the policy

COVER 29 : POLITICAL RISK AND CATASTROPHE 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 required 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.

SECTION 5: CRUISE COVERS

COVER 30 : 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 required 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

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- c. Confirmed cruise ticket along with the confirmation of you boarding the cruise vessel

COVER 31: CRUISE INTERRUPTION

We will reimburse You the expenses incurred towards any alternate travel bookings, due to any unexpected Injury or Illness to You while on a cruise which is part of the Insured Journey, resulting in Your Hospitalization on foreign dry land.

Terms and Conditions Precedent specific to this Cover:

- Claim is admissible only if a claim under Cover1: Hospitalization Expenses due to Injury and/or Illness has been accepted by Us
- Such Hospitalization should not be due to any Pre-existing Condition.
- You have allowed sufficient time for the scheduled Common Carrier or any vehicle in which Insured were travelling to arrive at the next nearest port of departure of the cruise on time.
- Expenses incurred towards any alternate travel bookings should be done to reach the next closest port where the vessel shall dock so that Insured can join back the same cruise

CLAIMS PROCEDURE APPLICABLE TO COVER – CRUISE INTERRUPTION

Documents required in support of the claim:

- Copy of original cruise itinerary and date of booking;
- Copy of medical records/discharge summary, in case of Hospitalization / treating doctor's report and prescription, if applicable;
- Copy of diagnostic reports/pathological/ radiological reports, if any; and
- Copy of the travelling expenses incurred towards any alternate travel bookings in reaching the next closest port where the vessel shall dock so that the Insured Person can join back the same cruise

COVER 32: MEDICAL COVER 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

Section A - Medical cover on a cruise - Hospitalization expense

If an Insured Person contracts an Illness or suffers an injury due to an accident, that occurs whilst the Insured is on a cruise 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

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.

Payment under this cover would be subject to the following:

- 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.

- The Insured Person is admitted to the hospital or undergoes Day Care Treatment within 7 days of occurrence of the Accident/Injury
- 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
- The Deductible/Co-pay amount as mentioned against this Cover, in Part I of the Policy Schedule, shall be applicable
- The treatment for Illness shall commence immediately after diagnosis of Illness during the Period of Insurance.

The Company shall reimburse the following inpatient medical expenses for Insured:

- Accommodation, boarding and nursing expenses;
 - 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);
 - Physician, surgeon, anesthetist fees;
- 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.

Section B - Medical cover on a cruise - Daily allowance

In the event of Hospitalization of the Insured due to an Illness contracted or due to an accidental injury whilst on a cruise 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/ in Part I of the Policy Schedule.

Section C - Medical cover on a cruise – 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 cruise 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.

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CLAIMS PROCEDURE APPLICABLE TO COVER – MEDICAL

COVER ON A CRUISE

Documents required 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.;
 - iii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;
 - iv. 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. And any other document as may be appropriately applicable for the claims preferred under these sections of the Policy.
6. For medical evacuation claims documents shall be 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.
7. Claim documents to be submitted in support of claims under 'Daily Allowance in case of Hospitalization shall be - Discharge summary, Claim form and Cancelled cheque (or any such document mentioning account details)

EXTENSION 32 a.: CRUISE COVER - UNUSED EXCURSIONS

We will pay up to the Sum Insured amount for the cost of non-refundable amount of pre-booked Excursions, which you were unable to use as a result of being hospitalized due to an accident or illness which is covered under Cover 32: Medical cover on a cruise

CLAIMS PROCEDURE APPLICABLE TO COVER – CRUISE COVER AND EXTENSIONS THEREIN

Documents required in support of the claim:

1. Same as the documents needed for applicable section of Cover – 'Hospitalization expenses for Illness and Injury', 'Daily Allowance in case of Hospitalization' and 'Medical Evacuation'
2. Proof of purchase of Cruise based excursions and non – refundable cancellation charges of the same.

SECTION 6 : OTHER COVERS

COVER 33 : 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 33.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 'Court Attendance Cover'..

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

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2. Liability to any person who is a member of Your family or employer or deemed by law to be your employee
3. Property belonging to You or in your care, custody or control excluding temporary holiday accommodation
4. Liability arising directly or indirectly from, in respect of, or due to Your wilful, malicious or unlawful acts
5. Liability arising directly or indirectly due to ownership and/ or usage of livestock (except domestic animals), firearms, motorized vehicles including aircraft and watercraft etc.
6. 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
7. Liability arising due to any criminal acts or legal costs resulting from any criminal proceedings
8. Participation in any adventure sports as mentioned in Annexure I like motor rallies, or car or motorcycle, boat or aerial racing etc.
9. Any Deductible amount as mentioned against this Cover in Part I of the Policy Schedule
10. Legal liability of the Insured in relation to any professional services rendered by the Insured.
11. 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.
12. Liability arising from the use of any aircrafts, water crafts and other vehicles.
13. Any liability, which is the subject matter of specific insurance elsewhere.
14. Liability arising through personnel engaged by the Insured for either business / personal purposes of any kind.
15. Liability resulting from transmission of an Illness or disease by the Insured.
16. Liability arising out of all personal injuries such as libel, slander, false arrest, wrongful eviction, wrongful detention, defamation, etc..
17. Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
18. Liability arising from the possession of animals, birds, reptiles, insects, etc. and their byproducts like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
19. Liability arising from insanity, the use of any alcohol/ drugs or drug addiction.
20. Liability arising from any supply of goods or services on the part of the Insured.
21. Bodily injury to any person eligible to receive any covers voluntarily provided or required to be provided by an insured person under worker's compensation law, non- occupational disablement law or occupational diseases law
22. 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 required 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 34 : CAR RENTAL COVER FOR DEDUCTIBLE

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 deductible up to the amount shown in Part I of the Policy Schedule against the cover of 'Car Rental cover For Deductible'.

Deductible, for the purpose of this cover, means the deductible / excess / deposit amount and not any other amount, by whatever name called, 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 the theft or any accidental damage to the rented vehicle made to the car rental company. However, the Deductible does not include the Rental Vehicle Insurance amount as defined under Cover 37: Car Rental Cover.

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

Extension 34 .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.

The extension shall trigger only if a claim under the cover 'Car Rental Cover' is triggered and is admissible and payable by us.

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COVER 35 : 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 up to the amount shown in Part I of the Policy Schedule against the cover of 'Car rental cover'.

Rental Vehicle Insurance 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. However, the Rental Vehicle Insurance does not include the Deductible amount as defined under Cover 36: Car Rental Cover for Deductible.

EXCLUSIONS APPLICABLE TO COVER – CAR RENTAL COVER FOR DEDUCTIBLE, 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:

- 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.
- Any claim in case you are operating the rental vehicle in violation of terms of rental agreement with the rental vehicle service provider
- Any claim arising out of violation of law, rules or regulations of the country
- Any loss or damage arising from wear and tear, gradual deterioration, latent damage or defect
- Any claim arising out of insured being under influence of alcohol or drug abuse.

CLAIMS PROCEDURE APPLICABLE TO COVER – CAR RENTAL COVER FOR DEDUCTIBLE, CAR RENTAL COVER & EXTENSIONS THEREIN

Refer to 'Claims Procedure – General' section

Documents required in support of the claim:

- Police First Incidence Report (FIR), in case of any road traffic accident or third-party involvement or theft
- Rental agreement/declaration proving hire of vehicle from authorized auto rental company
- Confirmation from rental company on charges pressed in event of collision
- Photographs of the damage to the rental vehicle (and images of the vehicle before the incident if available)
- The accident report from the car rental company or agency
- 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 36 : 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 6 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 6 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:

- The Company shall not be liable for any claim under this Policy if the Insured shall be involved as either principal or accessory or 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 37 : FINANCIAL EMERGENCY CASH ALLOWANCE

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, travelers' cheque, debit/credit card, forex card) whilst on an Insured Trip, the Company shall provide an amount up to 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.

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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.

EXCLUSIONS APPLICABLE TO COVER – FINANCIAL

EMERGENCY CASH 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. 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

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 required 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 38 : FIRE AND ALLIED PERILS - HOME

BUILDING

AND 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 trip, 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 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

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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 organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or 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
- 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:

- The normal cracking, settlement or bedding down of new structures
- The settlement or movement of made up ground
- Coastal or river erosion
- Defective design or workmanship or use of defective materials
- 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

- Repairs or alterations to the buildings or premises.
- Repairs, Removal or Extension of the Sprinkler Installation.
- 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 AND 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:-

- 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.
- 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 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.

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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

6. On the happening of loss or damage to any of the property

Insured by this policy, the Company may

- Enter and take and keep possession of the building or premises where the loss or damage has happened.
- 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.
- Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same.
- Sell any such property or dispose of the same for account of whom it may concern.

The powers conferred by this condition shall be exercisable by the Company at any time until notice in writing is given by the Insured that he makes no claim under the policy, or if any claim is made, until such claim is finally determined or withdrawn, and the Company shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this policy in answer to any claim.

If the Insured or any person on his behalf shall not comply with the requirements of the Company or shall hinder or obstruct the Company, in the exercise of its powers hereunder, all benefits under this policy shall be forfeited.

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

- 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.
- 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.

- 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.
- 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 rateable proportion of such loss or damage.
- 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.
- 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.

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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 AND 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)
 - a. 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
 - b. 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
 - c. 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 AND 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 police 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.

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Documents required 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 39 : 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 trip due to

- 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 (ii) 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.
3. 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.
4. 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.
5. In the case of a family, the Company's liability will be limited to the member in whose name the FIR has been registered, and only that member will be eligible to make a claim.

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 APPLICABLE 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 required 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 40: PET CARE AND VETERINARY HOSPITALIZATION

SECTION A - Pet Care and Veterinary Hospitalization - Pet not travelling with Insured

Under this cover we will pay for expenses incurred towards medical care and treatment, if while you were on a trip abroad, your pet had to be hospitalized in a veterinary hospital for a minimum period of 12 Hours for an injury, whilst your pet was under the care of a friend, relative, family member or any other care-giver specifically assigned to take care of your pet while you are away.

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SECTION B – Pet Care and Veterinary Hospitalization - Pet travelling with Insured

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

- a. Reimbursement of 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 AND VETERINARY HOSPITALIZATION:

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

- a. Cover for an illness or injury which was either pre-existing or the onset of which was before you left for the trip.
- b. Cover for an endangered, wild or any other animal which you cannot lawfully keep as your pet.
- c. 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;

CLAIMS PROCEDURE APPLICABLE TO COVER - PET CARE AND VETERINARY HOSPITALIZATION:

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 required in support of the claim:

1. Medical record, prescription from the veterinary doctor, discharge summary and other details of hospitalization, including period of treatment, details of treatment and final diagnosis.
2. Invoices (itemized) and money receipts in original for the amount claimed.
3. A declaration from the person, who was taking care of your pet during your trip abroad, detailing the event.
4. Any other documents as required while processing the claim.
5. Proof that the pet was travelling along with the Insured on the Insured Trip

COVER 41 : OUT OF POCKET EXPENSES FOR PET CARE

DUE TO TRIP DELAY

Under this cover we will pay for expenses incurred towards food and care-giving to your pet, while you were on a trip abroad and when the return to your city of residence is delayed beyond the minimum deductible hours (as mentioned in your certificate of insurance against this cover) over your scheduled return time.

TERMS & CONDITIONS APPLICABLE TO COVER - OUT OF POCKET EXPENSES FOR PET CARE DUE TO TRIP DELAY

- a. For the purpose of payment under this cover, delay will mean the time difference between the scheduled & actual arrival time of the common carrier in which you will be traveling to your city of residence.
- b. Pay out under this cover will be in addition to any amount paid under cover, 'Common carrier/public carrier delay'.

EXCLUSIONS APPLICABLE TO COVER - OUT OF POCKET EXPENSES FOR PET CARE DUE TO TRIP DELAY

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

- a. Cover for an endangered, wild or any other animal which you cannot lawfully keep as your pet.
- b. Cover for any delay that you could have foreseen or avoided.
- c. Any delayed departure caused by strike or industrial action known to exist or was anticipated at the time the trip was booked.
- d. Any consequential losses.

CLAIMS PROCEDURE APPLICABLE TO COVER - OUT OF POCKET EXPENSES FOR PET CARE DUE TO TRIP DELAY

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 required in support of the claim:

1. Original bills and receipts towards reasonable additional expenses incurred by your pet during the period of delay.
2. Letter from the airline clearly stating the period of delay along with compensation offered.
3. Any other documents that may be required while processing the claim.

COVER 42: TRAVEL LOAN SECURE - SI IN INR

This Section provides indemnity to the Insured Person in case the Insured Person has borrowed, for the purpose of this Trip, from an NBFC/Bank or any other entity authorized by relevant authorities in India. Indemnity will be provided for the following perils: Personal Accident Death, Permanent Total Disablement and permanent partial disability of the Insured Person within 180 days from the date of such bodily injury and such bodily injury is the sole and direct cause of his death or permanent total disablement. Proceeds will be paid to the lending entity provided that the Insured Person has assigned benefits under this section of the policy in favor of the entity.

Indemnity is provided to the extent of principal outstanding amount at the time of loss or Sum Insured as specified under this section in the Policy certificate whichever is lower. The Insurer's liability to make payment is only in excess of the Deductible as specified in policy certificate.

TERMS & CONDITIONS APPLICABLE TO COVER – TRAVEL LOAN SECURE - SI IN INR

This section does not cover the loan taken from any individual / firm / non-financial institution (including his/her own firm / company) other than Commercial Bank /licensed financial institutions.

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EXCLUSIONS APPLICABLE TO COVER - TRAVEL LOAN SECURE - SI IN INR

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

No claim under this section would be paid if the death is due to or caused by

1. Directly or indirectly caused by contributed to related to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof,
2. Due to participation in winter sports, skydiving, parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot holing, hunting or equestrian activities, skiing, diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sports.

CLAIMS PROCEDURE APPLICABLE TO COVER - TRAVEL LOAN SECURE - SI IN INR

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 required in support of the claim:

1. Discharge summary.
2. Death certificate mentioning the cause of death (in case of death)
3. Original treating doctor certificate describing disablement Disability Certificate issued by Civil Surgeon or equivalent as
4. Authorized by State Government, medical reports, case histories, investigation reports, treatment papers as applicable.
5. Original photograph of the injured reflecting the disablement.
6. Loan statement details from the bank with EMI paid statement.
7. Copy of cancel cheque in name of insured or nominee as the case may be.

COVER 43 : LANGUAGE INTERPRETER

This would cover you for expenses incurred to hire an interpreter to facilitate communication between you and the treating doctor, when you are hospitalized while on a trip and there is no common language that you could speak to communicate with the treating doctor. Please note that we will only pay under this cover when we have already paid a claim under cover, 'Emergency Hospitalization Expenses for Injury & Illness'.

CLAIMS PROCEDURE APPLICABLE TO COVER – LANGUAGE INTERPRETER

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.

COVER 44 : 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 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 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 Hospitalization, 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. 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 Hospitalization 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. The Company shall not be liable for any payment under this cover if the Hospitalization 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 required 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 Hospitalization
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 Hospitalization

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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 45: 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 pay a fixed amount as specified in Part 1 of the Policy Schedule 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 – HOLE IN ONE

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 46: REIMBURSEMENT OF GREEN FEES

The Company will reimburse the Insured for Green fees to any one of the Insured's golf club should the Insured suffer any accident or illness resulting in Emergency Hospitalization, whilst on a trip during the period of insurance causing the Insured to remain unable to play golf, we shall pay to the Insured the official cancellation charges/ non – refundable amount of fees upon cancellation.

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.

CLAIMS PROCEDURE APPLICABLE TO COVER – REIMBURSEMENT OF SUBSCRIPTIONS AND PRE-PAID FEES/GREEN FEES

Documents required in support of the claim:

1. Confirmation from the Golf course/club stating that the Insured remain unable to play golf
2. Bills / receipts / invoice of the Green fees.
3. Medical reports and discharge summary issued by the Hospital furnishing the name of the insured, period of treatment.
4. And any other document as may be appropriately applicable for the claims preferred under these sections of the Policy.

COVER 47 : UPGRADATION TO BUSINESS CLASS

The company will reimburse, up to the amount specified against this Benefit in the Policy Schedule, the reasonable

expenses incurred in respect of the Insured Person's up- gradation to a business class air ticket by the most direct route from the place of hospitalization of the Insured Person to the Country of Residence, provided that :

- (i) The claim is admissible under Hospitalization Expenses for Illness and Injury
- (ii) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days; and
- (iii) If the Insured Person's air ticket can be up-graded from economy class to business class, the Company's maximum liability under this benefit shall be limited to the difference in cost between the economy class air ticket and business class air ticket; and
- (iv) If the Insured Person's economy class air ticket cannot be up-graded, then the Company's maximum liability under this benefit shall be limited to the cost of cancellation and the difference between the reasonable cost of the new business class ticket and the refund amount received on the economy class ticket cancelled.

CLAIMS PROCEDURE APPLICABLE TO COVER – UPGRADATION TO BUSINESS CLASS

Documents required support of the claim:

1. A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.
2. Discharge summary of the Hospital furnishing details including the data of admission and date of discharge.
3. Copy of the economy class air ticket issued by the Common carrier indicating the cost of the ticket and receipt for the refund of the fare of the Common Carrier and the cancellation charges retained.
4. Boarding pass and copy of business class ticket confirming the return journey and the cost of ticket.

COVER 48: QUARANTINE COVER

We will pay You the accommodation costs up to the Sum Insured as mentioned in the Part I of the Policy Schedule in the event where Insured is diagnosed with and are required to Quarantine Yourself during the Policy Period whilst on Insured Journey, due to the same Illness which has been

Declared as a pandemic by the appropriate government authority or the World Health Organization

TERMS AND CONDITIONS PRECEDENT SPECIFIC TO QUARANTINE COVER:

- a. For the purpose of this Policy, such Quarantine, on the advice of a Medical Practitioner or appropriate Government authorities, should be done either at the place of accommodation which the Insured Person had booked before the commencement of the Trip or any accommodation specifically declared as a Quarantine facility or in a government authorized Quarantine center.
- b. In case of Quarantine in any other location other than the locations mentioned in a) above, Our liability shall be restricted to % of the Sum Insured mentioned in the Policy Schedule.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this Policy, this Section shall not cover: -

- a. Any loss arising in India.

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CLAIMS PROCEDURE APPLICABLE TO COVER – QUARANTINE COVER:

Documents required in support of the claim:

1. Proof that this Illness has been declared as a pandemic as at a Phase 4 or higher level by the World Health Organization;
2. Proof that the Insured Person was required to be quarantined with doctor's prescription; and
3. Copy of diagnostic reports/pathological/ radiological reports of the Insured Person

COVER 49: 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 required in support of the claim:

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

COVER 50: 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

Documents required in support of the claim:

- i. Proof of kidnap along with police FIR
- ii. Confirmation of duration for which the insured is Kidnapped

PART II: DOMESTIC TRAVEL INSURANCE

MULTI TRIP DOMESTIC

The Company shall provide coverage for domestic trips within India for policy duration as defined in Policy Schedule.

For the purpose of domestic travel, common carrier includes-

“Flight” means a scheduled commercial passenger flight operated by an airline holding a valid Air Operator Certificate and operating with a valid Airworthiness Certificate issued by the relevant aviation authority.”

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Mumbai - 400 064.

UIN: ICITIOP27060V032627

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg, Off
Veer Savarkar Road, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai - 400 025.

TripSecure+

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E-mail :
customersupport@icicilombard.com

Flights which shall not be considered as valid for domestic travel include but not limited to Private aircraft, chartered flights ,Helicopters, unscheduled air transport services, Aircraft without a valid Air Operator Certificate, Aircraft operating without a valid Airworthiness Certificate, Flights piloted by individuals without a valid commercial pilot license, Joy rides, aerial tours, adventure flying.

“Train” means a public passenger-carrying rail service operated by Indian Railways running on fixed tracks as a licensed common carrier including Metro train, monorail, rapid metro systems used for domestic trips.Trains which shall not be considered as valid for domestic travel include but not limited to tram, Heritage/tourist toy trains not operating as regular Indian Railways passenger services, Private charter trains / corporate-chartered coaches, Theme park / amusement park trains.

“Cab” means a licensed motor vehicle operated as a commercial passenger transport service, including taxis, radio cabs, app-based ride-hailing vehicles (such as Ola/Uber) or other legally permitted public hire vehicles, driven by a duly licensed driver and operating under valid commercial permits.”

Cabs which shall not be considered as valid for domestic travel include but not limited to Private cars used for personal lifts, Self-drive rentals (Zoomcar, Revv, etc.),Vehicles without a valid commercial permit, Unlicensed local taxis / shared jeeps not registered as commercial transport, Auto-rickshaws, cycle-rickshaws, e-rickshaws, unless specifically included, Private chauffeur-driven vehicles not registered as taxis.

“Bus” means a public or private passenger-carrying motor vehicle operating on a defined route as a licensed common carrier, run by a government transport corporation or an authorized private operator, holding valid permits under applicable motor vehicle laws.”

Buses which shall not be considered as valid for domestic travel include but not limited to Corporate/office buses, School/college buses, Private chartered buses for weddings, events, groups, Sightseeing/tourist buses not operating as public passenger carriers, Staff transportation vehicles, Luxury coaches hired privately for groups.

“Water Transport” means any licensed passenger-carrying vessel operating as a common carrier, including ferries, boats or ships authorized by the relevant maritime or inland waterways authority for commercial passenger transport.” Water transport which shall not be considered as valid for domestic travel include but not limited to Private boats, speedboats, yachts, Unlicensed or unregistered ferries/boats, Adventure watercraft (jet ski, banana boat, parasailing boat, rafting raft etc), Private Leisure cruises, houseboats, unless operating as licensed passenger carriers, Personal watercraft rentals, Non-commercial tourist boats without official permits.

The onus of establishing the concerned mode of transport lies with the insured member. The insurer may ask for documents relevant with the trip/journey to establish the domestic travel details for coverage under this section.

The Company shall compensate the Insured as per details of covers hereunder in case of accidental 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.Accidental 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.

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:

i) 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.

(ii) 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 referenced Table 1 below, then the percentage as specified hereunder of the Sum Insured as

stated in Part I of the Policy Schedule shall be payable as per:

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TABLE 1- Refer to Table 1 from Section 2, Cover 7, Point 3

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 the referenced Table-1 above 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.

If more than one loss (out of- Accidental Death, Permanent Total Disability, Permanent Partial Disability) results from any one Accident, only one amount, the largest, will be paid.

Under this Policy, either Cover 1: Personal Accident or Cover 2: En-Route Personal Accident may be opted as mentioned in Part I of the Policy Schedule.

The Company's maximum liability in respect of any one Accident or all Accidents during the Period of Insurance shall not exceed the Sum Insured specified in the Policy Schedule.

Exclusions Applicable to Domestic Personal Accident cover

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 Cover 1 Domestic Personal Accident cover, 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 outside the geographical scope of the Policy.
4. 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;
5. Medical or surgical treatment except as may be necessary solely as a result of Injury;
6. If the insured has committed breach of law.
7. Any event arising out of adventure sports defined in the policy wording.

Claims Procedure Applicable To Domestic Personal Accident Cover Documents required 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.

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

Cover 2: En-Route Personal Accident Cover – Common Carrier

The Company shall compensate the Insured as per the Table of Benefits mentioned in the Policy schedule, in the event the Insured sustains death or total or partial permanent disability arising out of and consequent upon an Injury sustained in an Accident encountered whilst travelling via a common carrier

Coverage can be opted for any specific mode of transport such as All modes / Flight / Others (Train, Cabs & Bus, Water transport). Modes of transport to be considered as defined in the definitions section in Part II - Domestic travel Insurance. Only the specific mode of travel opted by the Insured and reflected in Part I of the Policy Schedule will be eligible for coverage.

If the insured has opted only flight as the mode of transport then the company will provide coverage prior to 6 hours before scheduled departure and 6 hours after scheduled arrival of flight as well.

Except for flight, all other modes of transport, the coverage will be accepted from boarding the common carrier and will terminate on de-boarding of common carrier.

Under this Policy, either Cover 1: Personal Accident or Cover 2: En-Route Personal Accident may be opted as reflected in Part I of the Policy Schedule.

The Company's maximum liability in respect of any one Accident or series of Accidents during the Period of Insurance shall not exceed the Sum Insured specified in the Policy Schedule.

Exclusions Applicable to En-Route Personal Accident cover-Common Carrier

In addition to the General Exclusions listed in the 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 Policy schedule in respect of any one Accident or series of Accidents arising out of one event, if the overall liability exceeds the Sum Insured mentioned against this cover in Part I of the Policy Schedule.
2. Amounts related to medical expenses.
3. Compensation in case the Insured encounters an Accident outside the geographical scope of the policy.
4. Payment of compensation in respect of death or disability:
 - i. arising from intentional self-injury, suicide, or attempted suicide;
 - ii. arising from or resulting directly or indirectly from any illness;
 - iii. arising from or resulting directly or indirectly from any Illness whilst the Insured is under the influence of intoxicating liquor or drugs.
5. Medical or surgical treatment except as may be necessary solely as a result of Injury;
6. If the insured has committed breach of law.
7. Any event arising out of adventure sports defined in the policy wording.

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Claims Procedure Applicable To En-Route Personal Accident- Common Carrier Documents required in support of the claim:

1. Medical reports giving the details of the Accident, nature of Injury and extent of disability.
2. In case of death of the Insured, the death certificate issued by the attending Medical Practitioner.
3. Post-mortem certificate, wherever conducted, if required by the Assistance Service Provider / Company.
4. Police Report / FIR / Panchnama.
5. Medical Practitioner's certificate in case of Injury (for Permanent Partial Disablement / Permanent Total Disablement) stating the reasons and extent of Injury / Disablement.
6. Any other document as may be appropriately applicable for processing the claim under this section.
7. Proof of travel for the specific mode opted (e.g., ticket, boarding pass, booking confirmation, PNR, cab receipt, or reservation document), wherever applicable.

Cover 3: Accidental Hospitalization Expenses

The Company shall compensate the Insured for the reimbursement of expenses incurred in case of Hospitalization due to an Accidental Injury encountered at any time whilst on a Trip during the Policy Period. The Company's maximum liability in respect of this Cover during the Period of Insurance shall not exceed the Sum Insured specified in the Policy Schedule. Under this Policy, either Cover 3: Accidental Hospitalisation Expenses or Cover 4: En-Route Accidental Hospitalisation Expenses may be opted as mentioned in Part I of the Policy Schedule.

The Company shall reimburse the following inpatient medical expenses for Insured:

1. Accommodation, boarding and nursing expenses;
2. Diagnostic, test and / or examination charges, ambulance Charges
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.

Claims Procedure Applicable To Hospitalization Expenses Documents required 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.;
 - iii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;
 - iv. 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 Incident Report (FIR), in case of any road traffic accident or third-party involvement
4. Post-mortem report, if applicable

Cover 4: En-Route Accidental Hospitalization Expenses – Common Carrier

The Company shall compensate the Insured for the reimbursement of expenses incurred in case of Hospitalization due to an Accidental Injury encountered whilst travelling via a common carrier

Coverage can be opted for any specific mode of transport such as All modes / Flight / Others (Train, Cabs & Bus, Water transport). Mode of transport to be considered as defined in the definitions section in Part II - Domestic travel Insurance.

Only the specific mode of travel opted by the Insured and reflected in Part I of the Policy Schedule will be eligible for coverage.

Under this Policy, either Cover 3: Accidental Hospitalisation Expenses or Cover 4: En-Route Accidental Hospitalisation Expenses may be opted as reflected in Part I of the Policy Schedule.

If the insured has opted only flight as the mode of transport then the company will provide coverage prior to 6 hours before scheduled departure and 6 hours after scheduled arrival of flight as well.

Except for flight, all other modes of transport, the coverage will be accepted from boarding the common carrier and will terminate on de-boarding of common carrier.

The Company's maximum liability in respect of any one Accident or all Accidents during the Period of Insurance shall not exceed the Sum Insured specified in the Policy Schedule.

The Company shall reimburse the following inpatient medical expenses incurred for the Insured:

1. Accommodation, boarding and nursing expenses.
2. Diagnostic, test and/or examination charges, including ambulance charges.
3. Physician, surgeon, and anesthetist fees.
4. Cost of medicines provided by the Hospital or purchased from a registered pharmacy other than the Hospital, as prescribed in writing by the attending Medical Practitioner.

Claims Procedure Applicable to En-Route Hospitalization Expenses – Common Carrier - Documents required 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, receipts, and invoices for:
 - i. charges paid towards Hospital accommodation, nursing facilities, and other medical services rendered;
 - ii. fees paid to the Medical Practitioner, including special nursing charges (if any);
 - iii. charges incurred towards all diagnostic tests and examinations conducted in connection with the treatment;
 - iv. charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital, duly supported by prescriptions of the attending Medical Practitioner.

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3. Police First Information Report (FIR), in case of any road traffic Accident or third-party involvement.
4. Post-mortem report, if applicable.
5. Proof of travel for the specific mode opted (e.g., ticket, boarding pass, booking confirmation, PNR, cab receipt, or reservation document), wherever applicable.

Cover 5: Domestic OPD Expenses

If an Insured Person suffers an Injury due to an Accident encountered at any time whilst on a Trip during the Policy Period, the Company shall indemnify the Insured for the Reasonable and Customary Charges incurred in availing Outpatient (OPD) treatment, subject to the Sum Insured mentioned against this extension in Part I of the Policy Schedule. This cover shall apply irrespective of the mode of travel used during the Trip.

The Company's maximum liability for this Cover shall not exceed the Sum Insured during the Period of Insurance. However, the Deductible/Co-pay amount mentioned under this extension as mentioned in Part I of the Policy Schedule shall be applicable.

Under this Policy, either Cover 5: OPD Expenses or Cover 6: En-Route OPD Expenses may be opted, as reflected in Part I of the Policy Schedule.

Claims Procedure Applicable To Domestic OPD Expenses Documents required 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.;
 - iii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;
 - iv. 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.

Cover 6: En-Route OPD Expenses - Common Carrier

If an Insured Person suffers an Injury due to an Accident encountered whilst travelling via a common carrier the Company shall indemnify the Insured for the Reasonable and Customary Charges incurred in availing Outpatient (OPD) treatment, subject to the Sum Insured mentioned against this extension in Part I of the Policy Schedule.

Coverage can be opted for any specific mode of transport such as All modes / Flight / Others (Train, Cabs & Bus, Water transport).

Mode of transport to be considered as defined in the definitions section in Part II - Domestic travel Insurance.

Only the specific mode of travel opted by the Insured and reflected in Part I of the Policy Schedule will be eligible for coverage.

If the insured has opted only flight as the mode of transport then the company will provide coverage prior to 6 hours before scheduled departure and 6 hours after scheduled arrival of flight as well.

Except for flight, all other modes of transport, the coverage will be accepted from boarding the common carrier and will terminate on de-boarding of common carrier.

The Deductible/Co-pay amount applicable to this extension, as specified in Part I of the Policy Schedule, shall apply.

Under this Policy, either Cover 5: OPD Expenses or Cover 6: En-Route OPD Expenses may be opted, as reflected in Part I of the Policy Schedule

The Company's maximum liability for this Cover shall not exceed the Sum Insured during the Period of Insurance

Exclusions Applicable to Cover 3, Cover 4, Cover 5 and Cover 6

In addition to the General exclusions, following cover-specific exclusions shall be applicable-

1. Any treatment of any disease, sickness or illness.
2. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. Routine physicals or other examinations where there are no objective indications of impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. Elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. Dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. Medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose;
7. Medical expenses incurred outside the Republic of India.
8. Any Out-patient treatment expenses, unless specifically opted for as an add on.
9. Cost related to Physiotherapy or Rehabilitation and/or the cost of prostheses/ prosthetics (artificial limbs) or any Services provided by chiro practitioner,
10. Any injury arising out of adventure sports or similar activities

Claims Procedure Applicable to En-Route OPD Expenses – Common Carrier - Documents required in support of the claim:

Medical reports and consultation notes issued by the treating Medical Practitioner or Hospital, furnishing the name of the Insured, the period of treatment, and details of the treatment rendered.

Original bills, receipts, and invoices for:

- i. charges paid towards OPD consultation, nursing services, and any other medical services rendered;
- ii. fees paid to the Medical Practitioner, including special nursing charges (if any);
- iii. charges incurred towards diagnostic tests and examinations conducted in connection with the treatment;
- iv. charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital, duly supported by prescriptions issued by the attending Medical Practitioner.
- v. Proof of travel for the specific mode opted (e.g., ticket, boarding pass, booking confirmation, PNR, cab receipt, or reservation document), wherever applicable.

Cover 7: Domestic Loss of Baggage & Personal effects

The Company shall reimburse the Insured, on actuals, up to the Sum Insured specified in Part I of the Policy Schedule, for loss sustained to the Insured's Baggage and Personal Effects due to theft, burglary, robbery, hold-up, or any similar event, including natural disasters and Terrorism, encountered at any time whilst on a Trip during the Policy Period, where such loss occurs due to circumstances beyond the Insured's control.

The Company's total liability for all such claims during the Period of Insurance shall not exceed the Sum Insured specified in Part I of the Policy Schedule.

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Terms And Conditions Applicable To Cover – Domestic Loss Of Baggage And Personal Effects

1. The insured must take all reasonable precautions for the safety and supervision of their Baggage and Personal effects.
2. The insured must report any Loss, theft, damage or deprivation of Baggage, 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. 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.

Exclusion under Domestic Loss of Baggage and Personal Effects:

1. Any Deductible amount as mentioned against this cover in the Policy Schedule
2. 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;
3. Any loss due to theft or burglary or mugging or robbery 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.
4. 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;
5. Loss/damage caused by:
 - i. activity of moth, vermin or rodents, wear and tear, atmospheric or climate conditions or gradual deterioration;
 - ii. any process of cleaning, restoring, repairing or alteration;
 - iii. Scratching or breaking of fragile or brittle articles, if as a result of negligence of the Policyholder and/ or the insured.

Documents required in support of the claim:

Duly completed claims form to be supported by:

1. Copies of the letter addressed to the police authorities with their acknowledgment/FIR;
2. Insurer may ask for relevant documents to establish ownership and cost of lost items.
3. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

Cover 8: Theft / Burglary of Home contents

The Company shall reimburse the Insured, up to the Sum Insured specified in the Policy Schedule, for the actual loss of and/or damage to the Contents of the Insured's residence located at the address mentioned in the Policy Schedule, caused by Theft or Burglary occurring during the Period of Coverage whilst the Insured is on a Trip during the Policy Period.

The Company's total liability for all such claims during the Policy Period shall not exceed the Sum Insured specified in the Policy Schedule.

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. 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.
6. Theft without actual forcible and violent entry and/or exit from the premises.
7. If home was NOT unoccupied at the time of burglary.

Documents required 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;

And any other document as may be appropriately applicable

for the claims preferred under this Cover of the Policy.

Cover 9. Missed Connection

The Company shall indemnify the Insured for Reasonable Additional Expenses necessarily incurred to proceed with the planned Trip, subject to the maximum Sum Insured specified in the Policy Schedule, if the Insured misses a scheduled connecting flight or train within India due to delay of the preceding scheduled train/flight, as described below.

A) The flight on which the Insured has booked to travel within India is delayed by more than 3 hours from its original scheduled arrival time at the destination of the connecting flight/train, resulting in the Insured missing the connecting flight/train.

B) The train on which the Insured has booked to travel within India is delayed by more than 5 hours from its original scheduled arrival time at the destination of the connecting flight/train, resulting in the Insured missing the connecting flight/train.

A missed connection under this Cover shall be admissible only when such delay of the scheduled flight or train is solely attributable to the following reasons:

1. Delay of a scheduled flight or train caused by Inclement Weather; or
2. Delay due to a Strike or job action by employees of the airline or railway operator scheduled to be used by the Insured during the Trip; or
3. Delay caused by Equipment Failure of a scheduled flight or train, including derailment in case of train travel; or
4. Delay caused when the scheduled flight or train is taken out of service due to technical reasons on the instructions of the civil aviation authority, railway authority or any similar competent authority; or
5. Delay of a scheduled flight or train caused by an Act of Terrorism.

For the purpose of this Cover, "train" shall mean only long distance super-fast express trains, where the insured member is having reserved ticket. The Company's total liability under this Cover across all admissible events during the Policy Period shall not exceed the Sum Insured specified in the Policy Schedule.

Exclusions Applicable To Cover - Missed Connection In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:

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ICICI Lombard House, 414, P Balu Marg, Off
Veer Savarkar Road, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai - 400 025.

TripSecure+

Toll free No.: 1800 2666

Alternate No.: 86552 22666 (Chargeable)

Website : www.icicilombard.com

E-mail :
customersupport@icicilombard.com

1. If the time gap between the scheduled arrival of the previous flight and the scheduled departure of the next flight (Missed) shall be less than 3 hours or as specified under deductible in Part I of the Policy Schedule. If the time gap between the scheduled arrival of the previous train and the scheduled departure of the connecting flight or train shall be less than 5 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 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/train that might lead to missing of connecting flights/trains.
 - c. Any circumstances other than those directly attributable to the delay of the earlier flight/trains beyond the control of the Insured.
 - d. Any advance intimation given before train departs from Origin Station to the Insured of a possible delay of the connecting train that might lead to missing of connecting flights/train.
 - e. Any advance intimation given to the Insured of a possible delay of the connecting flight that might lead to missing of connecting flight or train.

Any circumstances other than those directly attributable to the delay of the earlier connecting train 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 Connection

Documents required in support of the claim:

1. The confirmation of the flight operator of the delayed flight as to the expected time of arrival and the actual time of arrival at the port of delay together with the reasons for delay. In case of delay of a train, written confirmation from the concerned railway authority specifying the expected time of arrival, actual time of arrival, and the reason for delay.
2. Unused ticket for the Missed Flight along with a confirmation of cancellation / no-show of the same.
3. Reserved tickets in the name of insured member relevant to the associated journey.
4. Confirmation from the operator of the Missed Flight that the fare for the part of the Trip covered by the Missed Flight is forfeited in full or in part together with the amount of forfeiture, in case of indemnity cover.
5. Original used ticket, boarding pass obtained afresh towards the alternative flight for the part of the Trip covered by the Missed Flight indicating the amount paid as fare.
6. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy Where applicable, the original ticket for the preceding train journey and proof of its actual arrival (such as arrival endorsement or railway authority certification).
 1. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

Cover 10: Domestic Trip Cancellation and Interruption

The Company shall indemnify the Insured for the financial loss incurred on cancellation and interruption of Flight trip arising out of:

- Earthquake.
- Storm, Flood, inundation, cyclone, tempest.
- Terrorism.
- provided that, the named perils herein above shall take place at and in the vicinity of any port involved in the Insured's Trip; and
- Personal contingencies like death or imminent death, or emergency Hospitalization treatment of minimum three days duration necessitated to the Insured or Insured's Immediate Family Member due to an unforeseen Illness or Injury.

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

- Official cancellation charges including those of travel, if Any.

The Company's total liability under this Cover across all admissible events during the Policy Period shall not exceed the Sum Insured specified in the Policy Schedule.

Exclusions Applicable To Cover –Domestic Trip Cancellation and Interruption

1. Cancellation of the Trip either wholly or in part done at the instance of the Common Carrier or by the Travel Agent.
2. Cancellations of the Trip either wholly or in part done at the instance of the air transport authority or the government.
3. Any event which could trigger 'Trip Cancellation' having occurred more than 15 days before the commencement of trip or issuance of policy
4. Any circumstances other than those, that are directly attributable to the perils as stated above.

Documents required in support of the claim:

1. In case of cancellation of the Trip of the Insured or any other intermediate place forming part of the Trip by the Common Carrier solely resulting from contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, duly completed claims form to be accompanied by:
 - a. Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation;
 - b. Original used air ticket indicating the cost 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;
2. In case the cancellation of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured arising out of the contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, the duly completed claims form to be accompanied by:
 - a. Medical evidence as may be required in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his/ her Immediate Family;
 - b. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained;

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Cover 11: Domestic Loss of Checked in Baggage

The Company shall indemnify the insured, maximum upto the amount as specified against this cover in Part I of the Policy Schedule against the loss incurred in case the Insured encounters permanently loss of checked in baggage whilst under the custody of common carrier (Flight) vis-a-vis baggage that were checked-in. The cover shall be applicable individually and independently in case of Trip involving multi destinations en-route. The Company's total liability under this Cover across all admissible events during the Policy Period shall not exceed the Sum Insured specified in the Policy Schedule.

Exclusions Applicable To Cover – Domestic 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 -Domestic 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 Insurer as provided in the 'Claims Procedure – General'.

Documents required 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.
3. Insurer may ask for relevant documents to establish ownership and cost of lost items.

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.

Cover 12: Domestic Delay Of Checked-In Baggage

Under this Cover, the Company shall pay to the Insured Person the amount specified against this Cover in Part I of the Policy Schedule as a fixed allowance if the Insured Person encounters a delay in the receipt of Checked-In Baggage for longer than the minimum period defined as the Deductible in Part I of the Policy Schedule, measured from the actual arrival time of the Domestic Flight on which such Checked-In Baggage was transported.

The delay may arise due to any reason at the instance of the airline or airport operator, including misdirection, misplacement, or operational backlog, provided the Checked-In Baggage is eventually delivered to the Insured Person.

In the case of a Trip involving multiple Domestic Flight segments, the Cover shall apply individually and independently to each segment. Where more than one instance of delay occurs during a Trip, the Company's overall liability shall be limited to one event of delay per Trip, or such higher number of events as may be specified in Part I of the Policy Schedule.

The Company's total liability under this Cover across all admissible events during the Policy Period shall not exceed the Sum Insured specified in the Policy Schedule.

The allowance under this Cover is payable per event, irrespective of the number of baggage pieces delayed under that event.

EXCLUSIONS APPLICABLE TO COVER – Domestic Delay of Checked-In Baggage

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

1. Delays arising from detention, confiscation or mandatory screening by the airline, airport security, customs, or government/administrative authorities, except where such action results solely from widespread social or operational disruptions beyond the Insured Person's control.
2. Any delay not exceeding the deductible time specified in Part I of the Policy Schedule.
3. Delay attributable to damage to Checked-In Baggage requiring special handling or inspection by the airline or airport authority.

CLAIMS PROCEDURE APPLICABLE TO COVER – Domestic Delay of Checked-In Baggage

The Insured Person shall immediately report the delay of Checked-In Baggage to the airline upon discovery and shall notify the Company or Assistance Service Provider in accordance with the "Claims Procedure – General".

Documents required in support of the claim include:

- Property Irregularity Report (PIR) issued by the airline, specifying the scheduled and actual baggage delivery times.
- Copies of all correspondence exchanged with the airline relating to the delay.
- Any additional document that the Company may reasonably require for verifying the delay and establishing entitlement.
- If compensation has been paid under this Cover and subsequent investigation determines that the Checked-In Baggage was ultimately lost by the airline, any amount paid under this Cover shall be deducted from the amount payable under the- Domestic Loss of Checked-In Baggage Cover.

Cover 13: Domestic Lounge Access Benefit on Flight Delay

Under this Cover, if the Scheduled Departure of a Domestic Flight on which the Insured Person is booked is delayed by more than, the time defined in part 1 of the policy schedule, we will arrange airport lounge access for the Insured Person through a IL Take Care App, at a participating lounge located at the airport from which the said Domestic Flight is scheduled to depart. The lounge access shall only be provided for food and beverages provided by the lounge operator and shall be subject to lounge operating hours, terminal access conditions, and availability at the time of redemption. This is a service benefit only and no monetary payment shall be made in lieu of, or in substitution of, the lounge access. The maximum number of lounge visits available to the Insured Person during the Period of Insurance shall be as specified in Part I of the Policy Schedule. For the complete list of airports where this service is available, along with list of services that can be availed can be referred on the website or IL Take Care app of the Company.

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same is confirmed through airline communication, airport authority data, DGCA-accepted data sources, or any third-party aviation data service recognized by the Company. The digital lounge access voucher must be presented along with a valid boarding pass at the time of redemption and shall be valid only for the Domestic Flight for which it is issued, only available for use by the insured person. The voucher shall be deemed utilized upon its first redemption.

The Insured Person may opt for either the Domestic Lounge Access Benefit or the Domestic Flight Delay – Fixed Benefit under this Policy. Only one of these Covers may be selected at any given time, as reflected in Part I of the Policy Schedule, and no benefit shall be payable under the other Cover once a selection has been made.

Payment under this Cover shall be subject to the following:

- i. The Insured Person must be a confirmed, ticketed passenger on the Domestic Flight that has incurred the eligible delay.
- ii. The Insured Person must have completed the required check-in or boarding formalities as applicable.
- iii. Lounge access shall not be available if denied by the lounge operator due to capacity constraints, closure, restrictions imposed by airport authorities, or non-compliance with lounge rules by the Insured Person.
- iv. Only one lounge access may be availed per qualifying delay event during the Policy Period, subject to the maximum number of lounge visits specified in part I of the Policy Schedule.
- v. The cover offers access to lounge along with complimentary services as per availability. Any additional expenses made in the lounge will be insured members liability and not be included in the access offered.
- vi. No alternative benefit, reimbursement, or cash shall be payable if lounge access is unavailable or if the Insured Person opts not to avail the service.

EXCLUSIONS APPLICABLE TO COVER – Domestic Lounge Access Benefit on Flight Delay

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

- i. Lounge access is not available if the flight delay does not cross the minimum time threshold specified in the Policy Schedule.
- ii. Lounge access cannot be provided if the lounge is closed, full, or unavailable due to airport or service-provider limitations.
- iii. No monetary payout is made if lounge access cannot be provided for any reason.
- iv. Lounge access will not be allowed if the customer has not completed airline check-in or boarding formalities for the delayed flight.
- v. Lounge access will not be provided if the flight delay cannot be validated through airline/airport/DGCA-approved data sources.
- vi. Lounge access is non-transferable and only for the insured person and only for the delayed flight.
- vii. The Company shall not be liable for any expenses incurred for guests accompanying the Insured Person, nor for any enhanced or premium lounge services or purchases made within the lounge.
- viii. Any fraudulent use, attempted misuse, or unauthorized use of the lounge access voucher.

vii.

CLAIMS PROCEDURE APPLICABLE TO COVER – Domestic Lounge Access Benefit

As this Cover provides a service benefit, no claim submission is ordinarily required.

However, the Company may request the following documents if verification is required:

Copy of the boarding pass and e-ticket.

Confirmation of flight delay as issued by the airline or as recorded through an approved flight-status source.

Any other document that may be required by the Company for establishing entitlement under this Cover.

Cover 14: Domestic Flight Delay – Fixed Benefit

Under this Cover, if the Scheduled Departure of a Domestic Flight on which the Insured Person is booked is delayed by more than the period defined in part I of the policy schedule, we will pay a fixed benefit amount as per Sum insured specified in Part I of the Policy Schedule. The fixed benefit shall be payable once per qualifying delay event during the Policy Period, or as specified in part I of the Policy Schedule. Delay event shall not be linked to the expenses incurred by the Insured Person. The Insured Person must hold a confirmed ticket for the Domestic Flight forming part of a Trip covered under this Policy. The fact of delay must be confirmed through airline communication, airport authority data, DGCA-accepted sources, or any third-party aviation data service recognized by the Company.

The Insured Person may opt for either the Domestic Lounge Access Benefit or the Domestic Flight Delay – Fixed Benefit under this Policy. Only one of these Covers may be selected at any given time, as reflected in Part I of the Policy Schedule, and no benefit shall be payable under the other Cover once a selection has been made.

Payment under this Cover would be subject to the following:

- i. The Insured Person must be a confirmed and ticketed passenger on the Domestic Flight that has incurred the eligible delay.
- ii. The Insured Person must have completed all applicable airline check-in and boarding requirements.
- iii. Only one fixed benefit amount shall be payable per qualifying delay event, irrespective of any further delay affecting the same Domestic Flight subject to maximum number of benefits specified in part I of the Policy Schedule.
- iv. Where multiple delays occur in relation to the same Domestic Flight, only one benefit shall be payable under this Cover.
- v. The Company shall not be liable for any loss, additional expenses, or consequential costs arising out of or relating to the delay of the Domestic Flight.
- vi. The total liability of the Company during the Period of Insurance shall be limited to the maximum number of delay events, if any, specified in Part I of the Policy Schedule.
- vii. No benefit shall be payable where the Insured Person voluntarily changes flights, is unable to board due to reasons attributable to the Insured Person.

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EXCLUSIONS APPLICABLE TO COVER – Domestic Flight Delay – Fixed Benefit

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 of less than period defined in part I of the policy schedule .
- ii. Any delay resulting from the Insured Person's late arrival at the airport, failure to check-in on time, failure to clear security, or breach of any airline requirement.
- iii. Any voluntary change of flight, self-initiated rebooking, or any alteration to travel plans made at the Insured Person's discretion.
- iv. Any rescheduling or cancellation by the airline that does not result in a delay exceeding the threshold specified under this Cover.
- v. Any fraudulent intention, tampering, misrepresentation, or misuse in relation to the delay claim.

CLAIMS PROCEDURE APPLICABLE TO COVER – Domestic Flight Delay – Fixed Benefit

1. Documents required in support of a claim may include:
2. Boarding pass and e-ticket of the Insured Person.
3. Confirmation of delay issued by the airline or recorded through any approved flight-status source.
4. Any other document as may be required by the Company for verifying the delay and establishing entitlement under this Cover.

Cover 15: Domestic Airline-Operated Cancellation Benefit

Under this Cover, if the Scheduled Departure of a Domestic Flight on which the Insured Person is booked is cancelled by the airline after ticketing, We shall pay a fixed benefit amount as specified in Part I of the Policy Schedule. The fixed benefit is event-based and shall not be linked to the expenses actually incurred by the Insured Person. The Insured Person must hold a confirmed, ticketed reservation for the Domestic Flight forming part of a Trip covered under this Policy.

The Company's total liability under this Cover during the Period of Insurance shall be restricted to the number of qualifying airline-declared cancellation events specified for this Cover in Part I of the Policy Schedule. Each eligible cancellation shall be treated as a separate event subject to this limit.

For the purpose of this Cover, an airline cancellation shall be considered valid only when the same is formally confirmed through:

- airline communication; or
- airport authority data; or
- DGCA-accepted data sources; or
- any third-party aviation-status service recognized by the Company.

Only one fixed benefit amount or as specified in the policy schedule shall be payable for each qualifying airline-declared cancellation event, regardless of whether multiple legs or downstream travel segments of the same itinerary are disrupted.

PAYMENT UNDER THIS COVER SHALL BE SUBJECT TO THE FOLLOWING CONDITIONS:

- i. The Insured Person must be a confirmed and ticketed passenger on the Domestic Flight that has been cancelled by the airline.
- ii. The Insured Person must have completed all required airline check-in or boarding formalities, if applicable, prior to the cancellation.
- iii. The cancellation must be declared by the airline and not merely a schedule modification or operational delay.
- iv. Only one fixed benefit amount shall be payable per qualifying cancellation event, irrespective of any additional disruption to the same flight.
- v. Where multiple cancellations occur on the same PNR or itinerary, each cancellation shall be treated as a separate event only if each affected flight was independently ticketed and separately cancelled by the airline.
- vi. The Company shall not be liable for any additional expenses, consequential loss, alternate travel costs, hotel charges, meals, rebooking costs, or loss of business arising out of the cancellation of the Domestic Flight.
- vii. No benefit is payable where the Insured Person voluntarily changes flights, opts for an alternate route by choice, or is declared a no-show by the airline.
- viii. The total liability of the Company under this Cover during the Period of Insurance shall be limited to the maximum number of cancellation events, if any, specified in Part I of the Policy Schedule.
- ix. The Insured Person must have a valid Trip record under the Policy at the time of cancellation, including detection/registration of the affected Domestic Flight in accordance with the Trip registration provisions of this Policy.

EXCLUSIONS APPLICABLE TO COVER – Domestic Airline-Operated Cancellation Benefit

In addition to the General Exclusions of this Policy, no payment shall be made under this Cover for:

- i. Any cancellation arising from the Insured Person's voluntary change of flight, optional rebooking, or discretionary modification of travel plans.
- ii. Any cancellation where the Insured Person does not have a confirmed replacement itinerary or fails to comply with airline requirements for revalidation or re-issuance of the ticket.
- iii. Any denial of boarding, overbooking, gate reassignment, operational delay or schedule modification that does not amount to an airline-declared cancellation.
- iv. Any refusal of travel or cancellation arising from documentation deficiencies, invalid ID proofs, expired travel credentials, or non-compliance with airport/security rules.
- v. Any cancellation where the cancellation is on the part of insured member and NOT from the airline end
- vi. Any fraudulent intention, attempted misuse, falsification of flight information, tampering of communication, or misrepresentation made to obtain benefit under this Cover.
- Vii. Any flight delay or rescheduling which is not complete cancellation.

CLAIMS PROCEDURE APPLICABLE TO COVER Domestic Airline-Operated Cancellation Benefit

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IRDA Reg. No. 115

Mailing Address:

601 / 602, 6th Floor, Interface
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As this Cover provides a fixed benefit, the Company may settle eligible cancellations without claim submission wherever automated verification is possible. However, the Company may require the following documents to verify entitlement:

1. Copy of the boarding pass (if issued) and e-ticket for the cancelled Domestic Flight.
2. Proof of airline-declared cancellation, including email/SMS/app notification from the airline or confirmation from an approved aviation-status source.
3. Proof of Trip registration or detection of the covered Domestic Flight under the Policy.
4. Any additional document that the Company may request for establishing eligibility or verifying the cancellation event.

Cover 16: Cancellation Assist – Meet & Greet Service

Under this Cover, if the Scheduled Departure of a Domestic Flight on which the Insured Person is booked is cancelled by the airline, and the Insured Person has a confirmed replacement departure from an eligible participating airport/terminal within 24 (twenty-four) hours, we will arrange Cancellation Assist – Meet & Greet Service for the Insured Person within the airport/terminal from which the replacement Domestic Flight is scheduled to depart. The service can be availed through IL Take Care App. The service shall include such assistance as is ordinarily provided by the designated airport representative, including meet-and-greet facilitation, terminal navigation support, check-in and/or baggage-drop assistance, and coordination of fast-track access where permitted by the airport operator. This is a service benefit only and no monetary payment shall be made in lieu of, or in substitution of, the Meet & Greet service.

Meet & Greet service is available only once per policy year to the Insured Person during the Period of Insurance. The Service is only available if the cancelled flight and replacement flight is at the same airport.

For the purpose of this Cover, the cancellation shall be considered only when the same is confirmed through airline communication, airport authority data, DGCA-accepted data sources, or any third-party aviation data service recognised by the Company. The Meet & Greet service shall be provided solely at eligible airports/terminals and shall be subject to airport operating hours, terminal access conditions, and service availability at the time of delivery. For the complete list of airports where this service is available, along with list of services that can be availed can be referred on the website or IL Take Care app of the Company.

Cover shall be subject to the following:

- i. The Insured Person must be a confirmed, ticketed passenger on the Domestic Flight that has incurred the eligible airline cancellation.
- ii. The Insured Person must have completed the required check-in or boarding formalities, if applicable, prior to the airline cancellation.
- iii. The Meet & Greet service shall not be available if denied by airport authorities, terminal operators, or security personnel due to capacity constraints, restricted-area regulations, closure, or non-compliance with airport rules by the Insured Person.
- iv. Only one Meet & Greet service may be availed per qualifying cancellation event during the Policy Period, subject to the maximum number of services specified in the Policy Schedule.
- v. The Company shall not be liable for any expenses incurred for guests accompanying the Insured Person, nor for any premium airport services, porter services, upgrades, paid fast-track benefits, refreshments, or purchases made within the airport.
- vi. No alternative benefit, reimbursement, or cash shall be payable if the Meet & Greet service is unavailable or if the Insured Person opts not to avail the service.
- viii. This Cover does not replace, enhance, or supplement any cancellation-related monetary benefit under the Policy, including

any fixed-benefit cancellation payout provided under any other Cover.

EXCLUSIONS APPLICABLE TO COVER – Cancellation Assist – Meet & Greet Service

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

- i. Any cancellation arising out of the Insured Person's voluntary change of flight, self-initiated modification, or optional rebooking.
- ii. Any cancellation where the Insured Person does not have a confirmed replacement departure within 24 (twenty-four) hours.
- iii. Any denial of access or service due to documentation issues, failure to comply with airport entry or security requirements, or invalid travel credentials.
- iv. Any event of denied boarding, overbooking, gate reassignment, or operational delay that does not constitute an airline-declared cancellation.
- v. Any refusal of service due to inappropriate conduct, disorderly behaviour, or breach of airport policies or regulations by the Insured Person.
- vi. Any fraudulent use, attempted misuse, or unauthorised request for the Meet & Greet service.

CLAIMS PROCEDURE APPLICABLE TO COVER – Cancellation Assist – Meet & Greet Service

As this Cover provides a service benefit, no claim submission is ordinarily required.

However, the Company may request the following documents if verification is required:

Copy of the boarding pass and e-ticket for the cancelled flight.

Confirmation of the airline-declared cancellation as issued by the airline or as recorded through an approved aviation-status source.

Proof of confirmed replacement departure within 24 hours of the cancelled flight.

Any other document that may be required by the Company for establishing entitlement under this Cover.

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

The Company shall not be 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.
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. Any claim arising out of participation in Hazardous/ Adventure Sports activities are excluded from the policy. This exclusion will apply to the following sections: HOSPITALIZATION EXPENSES FOR ILLNESS AND INJURY, PERSONAL ACCIDENT, however, this exclusion can be waived upon realization of additional premium and will be indicated in the Policy Certificate.
6. Of Involvement or participation of Insured directly or indirectly in murder, or criminal assault or the like;
7. Any claim arising out of anxiety, stress, , venereal disease and/or any mutant derivative or variations thereof howsoever caused.

8. 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 nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority;
9. 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.
10. 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.
11. 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 120 days from the date of commencement of cover notwithstanding the fact that the Period of Insurance exceeds 120 days.
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):

1. 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 182 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.
2. Premium charged at the time of extension will be the difference between the extended Trip Duration and initial Trip Duration
3. 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
4. Cancellation of the Policy – The insured may cancel the policy at any time during the term, by giving 7 days notice in writing. The Insurer shall
 - a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

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UIN: ICITIOP27060V032627

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg, Off
Veer Savarkar Road, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai - 400 025.

TripSecure+

Toll free No. : 1800 2666

Alternate No.: 86552 22666 (Chargeable)

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E-mail : customersupport@icicilombard.com

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

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

Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited by the Company in event of misrepresentation, established fraud, or non-disclosure of any material fact. Non-disclosure may affect the claim settlement.

5. 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.
6. If any inconsistency or inaccuracy is identified in the information provided at the time of sourcing, including any declaration or material facts required for underwriting, the Company may cancel the policy and deny claims arising under it.
- 7.
8. 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.
9. Policy is applicable for one way travel also, including immigration travel with the condition that the maximum duration of coverage will be 120 days.
10. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior.
11. Renewal of the policy
 - Renewal is only possible in case of Multi trip policies
 - a. Multi Trip Max for International
 - Renewal is subject to expiring terms and conditions
 - b. Multi Trip Total for International
 1. Renewal is subject to expiring terms and conditions
 2. Renewals will be also eligible for carry forward of total number of travel days left from the expiring policy
 - c. Annual Multi trip Domestic
 1. Renewal will be subject to expiring terms and conditions

We shall ordinarily renew the policy except on grounds of established fraud, or , misrepresentation or non-disclosure 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.

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. PAN Card and Aadhar Card Copy
 - d. Cover letter from the insured stating the exact reason and other pertinent details pertaining to loss.
 - e. *For all International trips, Boarding Pass, tickets, Copy of Passport, visa with entry and exit stamp shall be a mandatory claim document.*
 - f. *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.*

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 and 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

OR Login to the e-claim link as provided by the Company details of which will be mentioned in the policy document or updated on the Website

3. For Reimbursement Claims: 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) for faster processing of the claim. 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.
4. While simultaneously lodging a claim under the relevant Cover under this policy the Insured shall also take all steps

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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 and when available.

5. If at any time during the period of the Policy, or anytime thereafter the Insured shall commit any established fraud or it is established that any the Insured has resorted 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, to prove the authenticity of the loss and to assess the loss, may be asked for. The Company shall be liable to pay the claim to the extent which can be assessed on the basis of the documents provided. 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
 - d. 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.
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. 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.
 13. 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 settlement of reimbursement claims would be done by Us within 15 days from after the receipt of claim along with claim form and documents, as per policy terms and conditions. The role of the TPA (if any) would be limited to facilitate the flow of information between You and Us.

PART III OF THE POLICY 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, or established fraud or on non-disclosure in any material fact in the proposal form, personal statement, declaration and connected documents, or any material information having been

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withheld, or a claim being established as fraudulent or it is established that any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

2. Reasonable Care

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

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

4. Material change

The Insured shall immediately notify the Company by fax and in writing of any material change in the risk 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 or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.

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 otherwise 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

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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. 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.

15. 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.

16. Subrogation: The Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is or would become entitled upon by making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after the payment. The Insured Person shall not prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and the costs and expenses of effecting a recovery, where after the Company shall pay any balance remaining to the Insured Person

17. Fraudulent claims

If any claim in any respect is established fraudulent, or if any false statement, or declaration is made or used in support thereof, or if it is established that any fraudulent means or devices are used by the Insured or anyone acting on his/her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court

action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

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 referred 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. Possibility of Revision of Terms of the Policy Including the Premium Rates. The company may revise or modify the terms of the policy including the premium rates.

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 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

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

25. 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.

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

The 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 the Insured person is not satisfied with the redressal of grievance, insured person may contact the grievance officer at the details provided in the below link: <https://www.icicilombard.com/grievanceredressal.com>

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

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

The details of Insurance Ombudsman are available below:

CONTACT DETAILS	JURISDICTION
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	Gujarat, Dadra & Nagar Haveli, Daman and Diu
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	Karnataka.
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	Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
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	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir and Ladakh & Chandigarh.
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	Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
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	Delhi & following Districts of Haryana – Gurugram, Faridabad, Sonapat & Bahadurgarh

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601 / 602, 6th Floor, Interface Building No. 16, New Link Road, Malad (West), Mumbai - 400 064.

UIN: ICITIOP27060V032627

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg, Off Veer Savarkar Road, Nr Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025.

TripSecure+

Toll free No. : 1800 2666

Alternate No.: 86552 22666 (Chargeable)

Website : www.icicilombard.com

E-mail : customersupport@icicilombard.com

CONTACT DETAILS	JURISDICTION
ERNAKULAM 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	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
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	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
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	Rajasthan.
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	West Bengal, Sikkim Andaman and Nicobar Islands.

CONTACT DETAILS	JURISDICTION
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	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
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	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
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	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

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CONTACT DETAILS	JURISDICTION
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	Bihar and Jharkhand.
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 THANE Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasant Rao Naik Mahamarg, Thane (West) Thane - 400604 Email: bimalokpal.thane@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region). Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T

For updated list of Insurance Ombudsman details, kindly visit <https://www.coins.co.in/Ombudsman>.

Annexure-A

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

SR. 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

SR. No.	Item
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	TROLLEY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

SR. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EX-PENSES
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 EX-PLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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List III – Items that are to be subsumed into Procedure Charges

SR. 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

SR. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PUR- POSE
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

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