

LIBERTY SECURE TRAVEL

i) Conditions precedent to the contract

Liberty General Insurance Limited (“the Company, We, Our, or Us”), having received a Proposal from the Proposer, along with declaration(s), reports and such other documents as may be required, upon receipt of such proposal and upon occurrence of the Insured event(s) agree to pay the compensation having become payable under Part 2 of this Policy, i.e. that the Sum Insured/ appropriate benefit (s), subject however to the terms, conditions, provisos, exclusions contained herein or endorsed or otherwise expressed herein.

Part I: Definitions

The following words and terms shall have the meaning as described herein, wherever they appear in this Policy. The references to singular or masculine will include references to plural and female wherever the context permits and vice versa.

1. **“Accident or Accidental”** - An Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **“Adventure sport”** - An extreme sport (also called free sport, action sport, and adventure sport) is a popular term for certain activities perceived as having a high level of inherent danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, skydiving, parachuting, scuba diving, riding or driving in races or rallies, mountain climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity, river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal areas.
3. **“Age”**—means completed age on last birthday as per English calendar.
4. **“Act of terrorism”**- means the calculated use of violence (or the threat of violence) against civilians, harmful to human life, tangible or intangible property or infrastructure in order to attain goals that are political, economical, religious or racial interests; this is done through intimidation or coercion or instilling fear. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of Terrorism.
5. **“Any One illness”** – Any One Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

6. **“Burglary”**—means the act of entry into or exit from a premise unlawfully, forcibly and violently with the intention of committing an act of crime.
7. **“Cashless facility”** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization approved
8. **“Checked-In Baggage”** - Means the baggage entrusted by the Insured and accepted by a Common Carrier for transportation for which a baggage receipt is issued to the Insured by the Common Carrier. This shall exclude all the items that are carried/ transported under a contract of affreightment.
9. **“Chronic condition”** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires Your rehabilitation or for You to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.
10. **“Claims Administrator/Third Party Administrator (TPA)/Service Provider”** - means an organization or institution that is licensed by the IRDAI and engaged for a fee or remuneration to provide claims facilitation services to the Insured/Insured person and the Company and that We appoint from time to time as specified in the Policy Schedule.
11. **“Common Carrier”**- means any civilian land or water conveyance or Scheduled Aircraft, in each case operated under a valid license issued by relevant authority for the transportation of passengers for hire.
12. **“Condition Precedent”** - Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
13. **“Congenital Anomaly”** - 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.
14. **“Contents”** - refers to the contents of the home including but not limited to furniture, clothing and appliances. It would include the following not used for Business or Business Purposes, so long as

they are owned by Insured and/or Family of Insured and/or for which the Insured and/or Family of the Insured are legally responsible for:

- i. Household goods, such as furniture, fixtures, fittings, home appliances, interior decorations and items of like nature.
- ii. Personal effects such as clothes and other articles of personal nature likely to be worn, used or carried but excluding Motor Vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind.

15. **“Co-payment”** - is a cost-sharing requirement under a health insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

16. **“Day Care Center”** - A day care center means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-

- a. has qualified nursing staff under its employment;
- b. has qualified Medical Practitioner (s) in charge;
- c. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- d. Maintains daily records of patients and will make these accessible to the Insurance Company’s authorized personnel.

17. **“Day Care Treatment”** - Day care treatment refers to medical treatment, and/or surgical procedure which is:

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

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

18. **“Deductible”**- 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. Deductible will be applicable for each event claimed by the Insured.

19. **“Declaration”**—means explicitly written or verbal statement/ information provided by the Insured during the course of Insurance, which forms the basis of this contract.

20. **“Dependent Child”** -A dependent child refers to a child up to 18 years (natural or legally adopted), who is financially dependent on the Primary Insured or Proposer and does not have his / her independent sources of income and is studying.
21. **“Disclosure to information norm”** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
22. **“Doctor/Physician/Medical practitioner”**- A 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 his license, somebody who is not related to Insured either by sharing the residence of Insured or is a family member of the Insured. It would also include specialist Surgeon and Anesthetist.
23. **“Emergency Care”** - 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.
24. **“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
25. **“Group”**-A group should consist of persons who assemble together with a commonality of purpose or engaging in a common activity like employees of a Company. Non-employer-employee groups like employee welfare associations, holders of credit cards issued by specific Company, customers of a particular business where insurance is offered as an add on benefit, borrowers of bank, professional associations or societies may also be treated as a group provided the president/ secretary/ manager/ group organizer in his capacity as organizer of the group has an authority from majority of the members of the group to arrange insurance on their behalf or is doing so as a part of a necessary security for other matters such as bank on the life of borrowers.
26. **“Hazardous Activity”**- participating in any sports or activity which could pose an increased risk or danger to You, and may require You to take additional precautions to avoid injury or claim.
27. **“Hijack”** - means the unlawful seizure or exercise of control of any Carrier by force or violence or threat of force or violence or an act, including but not limited to the use of force or violence or the threat thereof, committed for any reason (including political, religious or ideological) by any person

or group of persons, whether acting alone or on behalf of or in connection with any organization or government.

28. **“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;,

- has qualified nursing staff under its employment round the clock;
- has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified Medical Practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- Maintains daily records of patients and make these accessible to the Insurance Company's authorized personnel.

29. **“Hospitalisation”** - Means admission in a Hospital for a minimum period of 24 consecutive ‘In-patient Care’ hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

30. **“ICU (Intensive Care Unit) 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 intensivist charges

31. **“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.
 3. it requires Your 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.

32. **“Immediate family member”** – means Insured’s spouse, children, parents, siblings, children in law, parents in law, siblings in law, grandchildren, grandparents, legal guardian who reside in India
33. **“Inclement weather”** – means any catastrophic weather conditions which affect the Scheduled arrivals or departures of the common carriers and does not include normal, seasonal climatic/weather changes.
34. **“Injury”** - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
35. **“Inpatient Care”** -Inpatient care means treatment for which the Insured person has to stay in a hospital for more than 24 hours for a covered event.
36. **“Insured/ You/ Your/ Yourself”** - means a Group Policyholder on whose name the Policy is issued.
37. **“Insured Person/s”** - means the person/s named in Certificate of Insurance issued by the Company either directly or through Group Policyholder, for whom the insurance is proposed and appropriate premium is paid.
38. **“Insured Journey”** - means a Single Trip, Onward Trip and Multi-Trip undertaken during the Policy Period to a destination within India by a common carrier/owned vehicle/private vehicle.
39. **“Intensive Care Unit”**-Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
40. **“Jewellery”** - means personal ornaments including but not limited to necklaces, rings, or bracelets typically made from or containing precious stones, gold, silver, platinum or other precious metals.
41. **“Limb”** - means the hand above the wrist joint or foot above the ankle joint.
42. **“Limit of Indemnity”** - means the amount stated in the Schedule against each relevant Section, which shall be Our maximum liability under this Policy (regardless of number of Claims made) for any one claim and in the aggregate for all claims under such Section subject to deductible specified in the Policy Schedule.

43. **“Medical Advise”** - Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
44. **“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.
45. **“Medically Necessary Treatment”** -Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - is required for the medical management of the illness or injury suffered by the Insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a Medical Practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
46. **“Network Provider”** - 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 either on payment or by a Cashless Facility.
47. **“Nominee”** means the person named in the Proposal or Schedule to whom the benefits under the Policy is nominated by the Insured Person.
48. **“Non- Network Provider”**- Non-Network Provider means any hospital, day care Centre or other provider that is not part of the network.
49. **“Notification of Claim”** - Notification of claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
50. **“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.
51. **“Passenger”** -means a fare paying traveller on a public or private conveyance other than the driver, cleaner, pilot, crew or on duty employee of the service provider.
52. **“Permanent Partial Disability”** - means an accidental Injury caused by accident, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured person and which falls into one of the categories listed in the Table of Benefits.

53. **“Permanent Total Disablement”** - means Doctor certified total, continuous and permanent physical or functional loss of body parts as a result of accidental bodily injury.
54. **“Policy”**– means this document of Policy describing the terms and conditions of this contract of insurance including the Company’s covering letter to the Insured if any, the Schedule attached to and forming part of this Policy, the Insured’s Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance.
55. **“Policy Period”** - means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.
56. **“Portable electronic equipment”** means any self-contained, easily carried, battery-operated electronic equipment for personal use for communicating, viewing, listening, recording, playing video games, computing, or global positioning. It included a cellular or satellite telephone, paging device, personal global positioning system unit, portable computer, audio listening or recording device, digital camera, portable video game system, telephone answering machine, docking or charging station for a portable electronic device, and similar devices. It also included accessories for and services related to the use of such devices.
57. **“Pre-existing condition”** - Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice/treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
58. **“Proposal and Declaration Form”** - means any initial or subsequent declaration made by the Insured/ Insured Person/s and is deemed to be attached and forming part of this Policy.
59. **“Professional Sports”** means a sport, which remunerates a player in excess of 50% of his or her annual income as a means of their livelihood.
60. **“Qualified Nurse”** - 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.
61. **“Renewal”** - means the term on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
62. **“Reasonable and Customary Charges”** – 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 .

63. **“Room rent”** -Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses
64. **“Strike”** - means a stoppage of work(a) Announced, organized and sanctioned by a labor union; and (b) Which interferes with the normal departure and arrival of a Common/Private Carrier. Included in the definition of Strike are work slowdowns, lockouts and sickouts.
65. **“Subrogation”** - 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.
66. **“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 center by a medical practitioner.
67. **“Table of Benefits”** means the Table of Benefits specified under Accident Benefits section of this Policy.
68. **“Theft”**–means an act in which Insured’s property is stolen or taken away by unlawful or felonious means with intent to deprive the Insured of his property.
69. **“Trip”** - shall mean a ‘Single Trip’ or Onward Trip’ or ‘Multi Trip’ as specifically mentioned in the Schedule to the Policy undertaken by the Insured Person (s) within the Policy Period.
 - i. Single Trip: shall mean and include a Trip undertaken by the Insured Person (s) from the Place of Residence or Place of Origin on or after the Policy start date & time and return to the Place of Residence in the City of Residence on or before the Policy end date & time.
 - ii. Onward Trip: shall mean and include a Trip undertaken by the Insured Person (s) from the Place of Residence or Place of Origin on or after the Policy start date & time and the date & time of reaching to the Place of Destination or arrival of the common carrier at destination, as specifically mentioned in the Policy Schedule, on or before the Policy end date & time.
 - iii. Multi Trip shall mean and include one or more Single Trips during the Period of Insurance up to maximum no. of days per Single Trip as specified in the Policy Schedule.

The Trip shall be deemed to be completed on the Date of Expiry of Insurance as specified in Part I of the Schedule, provided further that for a Multi Trip Policy, the Multi Trip shall be deemed to be completed on the completion of the last Single Trip undertaken as part of the Multi Trip or expiry of cover whichever is earlier.

70. **“Trip Duration”**- means the time period commencing from the date & time when the Insured Person (s) travels out of the Place of Residence or Place of Origin and ending on the date & time of return to the City of Residence and/or Place of Origin and includes both days for a ‘Single Trip’ & in case of ‘Onward Trip’ ending at the Place of Destination or arrival of the common carrier at destination, as specifically mentioned in the Policy Schedule.

71. **“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.

72. **“Valuables”** - means photographic, audio, video, computer, computer peripherals, kindle, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewelry, furs and any articles made of precious stones and metals, money, manuscripts, stamps, collection of stamps, bonds, ATM cards, credit cards, cheques, securities, medals, i-pods, mini disc players, MP3 players, tapes, films, cassettes, cartridges, headphones.

73. **“War”** – means Open and declared conflict between the armed forces of two or more states or nations to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

74. **“We, Us, Our, Company”** – means Liberty General Insurance Limited.

ii) Conditions applicable during the contract

Part II: Scope of Cover

Section 1- Emergency Inpatient Hospitalization

The Company will indemnify the Insured Person (s) up to the Sum Insured specified in the Policy Schedule for reasonable and customary medical expenses incurred by the Insured Person (s) towards hospitalization on account of illness or accidental injury or Any One Illness occurring during the Trip, subject to the Deductible or Co-payment as shown in Your Policy Schedule applicable to each claim separately under this Section

The medical expenses shall include and be limited to the following services:

- I. Room, Boarding expenses
- II. Intensive Care Unit bed charges

Associated medical expenses as specified below:

- i. Doctor’s fees
- ii. Nursing Expenses
- iii. Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy

- iv. Prescribed Drugs and medicines consumed on the premises
- v. Investigation Services such as Laboratory, X-Ray, Diagnostic tests
- vi. Dressing, Ordinary splints and plaster casts
- vii. Cost of Prosthetic and other devices that are used intra operatively during a Surgical Procedure, if recommended by the attending Medical Practitioner

If the Insured Person is admitted in a room where the Room Rent incurred or the Room Category is different than the one specified in the Policy Certificate, then the Insured shall bear the rateable proportion of the total associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent actually incurred and the room rent limit or the Room Rent of the entitled room category to the room rent actually incurred.

Section 2- Emergency Accidental Hospitalization

The Company will indemnify the Insured Person (s) up to the Sum Insured specified in the Policy Schedule for reasonable and customary medical expenses incurred by the Insured Person (s) towards hospitalization on account of accidental injury occurring during the Trip, subject to the Deductible or Co-payment as shown in Your Policy Schedule applicable to each claim separately under this Section in respect of the following:

The medical expenses shall include and be limited to the following services:

- I. Room, Boarding expenses
- II. Intensive Care Unit bed charges

Associated medical expenses as specified below:

- i. Doctor's fees
- ii. Nursing Expenses
- iii. Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy
- iv. Prescribed Drugs and medicines consumed on the premises
- v. Investigation Services such as Laboratory, X-Ray, Diagnostic tests
- vi. Dressing, Ordinary splints and plaster casts
- vii. Cost of Prosthetic and other devices that are used intra operatively during a Surgical Procedure, if recommended by the attending Medical Practitioner

If the Insured Person is admitted in a room where the Room Rent incurred or the Room Category is different than the one specified in the Policy Certificate, then the Insured shall bear the rateable proportion of the total associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent actually incurred and the room rent limit or the Room Rent of the entitled room category to the room rent actually incurred.

Section 3- Outpatient Treatment for Injury

The Company will indemnify the Insured up to the Sum Insured for Outpatient Treatment expenses reasonably incurred by the Insured Person (s) on account of accidental injury occurring during the Trip, subject to deductible as specified in the Policy Schedule applicable to each claim separately under this Section.

Section 4- Ambulance Cover

The Company will indemnify the Insured up to the Sum Insured specified in the Policy Schedule for Ambulance charges incurred by the Insured Person (s) towards transportation to the nearest Hospital on account of illness or accidental injury, subject to deductible as specified in the Policy Schedule applicable to each claim separately under this Section and subject to a valid claim admissible under Section 1: Emergency Inpatient Hospitalization or Section 2: Emergency Accidental Hospitalization as mentioned in your Schedule to the Policy.

Section 5- Emergency Medical Evacuation

The Company will indemnify Reasonable and customary expenses upto the Sum Insured specified in the Policy Schedule, incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following Accidental Bodily Injury and/or Illness occurring during the Insured Trip subject to a valid claim admissible under Section 1: Inpatient Hospitalization or Section 2: Inpatient Accidental Hospitalization as mentioned in your Schedule to the Policy.

The service will be provided utilizing the means best suited to do so, based on the medical evaluation of the seriousness of Your condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by Us/the Service Provider. The Company's liability to make payment hereunder shall be limited to a period of 60 days from and including the date upon which the aforesaid Accidental Bodily Injury occurred or first manifested itself, and up to Medical Expenses at the reasonable and customary Level.

Section 6- Transportation of the Mortal Remains

Transportation of Mortal Remains to the place of residence of the Insured in case of death of the Insured Person due to accident or illness during the Trip, payable up to the limit specified in the Policy or the equivalent amount for burial or cremation of the Insured (whichever is lower) at the location where death has occurred. The expenses should be pre accepted and approved by the Company or the Service Provider prior to preparing the remains for transportation to the city of residence (as declared in the Proposal form) or local burial/cremation subject to a valid claim admissible under Section 1: Inpatient Hospitalization or Section 2: Inpatient Accidental Hospitalization as selected & mentioned in Your Policy Schedule.

Section 7- Accidental Death

The Company agrees to pay the Sum Insured specified in the Policy Schedule under this Section to the Nominee or legal representative, if during the Trip an Insured Person (s) sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss.

If applicable and if payment has been made under the Permanent Total / Partial Disablement Section, any amounts paid under that Section would be deducted from payment of a claim under this Section of the Policy.

This is a Base cover of the Policy and need to be selected while opting for this Policy.

Specific Extension

Disappearance- In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant during the Trip, it shall be deemed after twelve (12) months from the date of loss, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit considered under disappearance, it is discovered that the Insured Person is still alive; all payments shall be reimbursed in full to the Company.

Section 8- Permanent Total Disablement

The Company agrees to pay to the Insured the Compensation stated in the specific Table of Benefits below, if during the Trip an Insured sustains Bodily Injury which directly and independently of all other causes results in disablement within twelve (12) months of the Date of Loss.

Specific Condition

- 1) The insurance shall terminate for an Insured under this Section upon payment of a benefit equal to the Total Sum Insured.
- 2) The total amount payable in respect of more than one disablement due to the same Accident is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the Total Sum Insured.
- 3) If an Insured dies as the result of the Bodily Injury any amount claimed and paid to an Insured under the Permanent Disablement Section will be deducted from any payment under the Accidental Death and/or Permanent Partial Disablement Section.
- 4) Claim under Section ‘Death’ or ‘Permeant Total Disability’ or ‘Adventure Sport- Accident Cover’ if applicable and eligible, will be paid upto the maximum Sum Insured on higher side of any one Section

Section 9- Permanent Partial Disablement

The Company agrees to pay to the Insured the Compensation stated in the specific Table of Benefits below, if during the Trip an Insured sustains Bodily Injury which directly and independently of all other causes results in Permanent partial disablement within twelve (12) months of the Date of Loss.

Specific Condition

- 1) The insurance shall terminate for an Insured under this Section upon payment of a benefit equal to the Total Sum Insured.
- 2) The total amount payable in respect of more than one disablement due to the same Accident is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the Total Sum Insured.
- 3) If an Insured dies as the result of the Bodily Injury any amount claimed and paid to an Insured under the Permanent Disablement Section will be deducted from any payment under the Accidental Death and/or Permanent Total Disablement Section.

Table of benefits Applicable under Death, Permanent Total disablement & Permanent Partial disablement:-

| Type of Disablement | Compensation in % of Total Sum Insured available under specific benefit |
|---|---|
| Permanent Total Loss or dismemberment of two limbs | 100 |
| Permanent Total Loss of Sight of Both Eyes | 100 |
| Permanent Total Loss of Sight of One Eye and one limb | 100 |
| Permanent Total Loss of Hearing of Both ears | 100 |
| Quadriplegia | 100 |
| Death | 100 |
| Loss of each arm at the shoulder joint | 70 |
| Loss of each leg above center of the femur | 70 |
| Loss of each arm to a point above elbow joint | 65 |
| Loss of each leg up to a point below the femur | 65 |
| Loss of each arm below elbow joint | 60 |
| Loss of each hand at the wrist | 55 |
| Loss of each leg to a point below the knee | 50 |
| Permanent Total Loss of one eye/one limb | 50 |
| Loss of each eye | 50 |
| Paraplegia/Hemiplegia | 50 |
| Loss of each leg up to the center of tibia | 45 |
| Loss of each foot at the ankle. | 40 |
| Loss of Hearing in each ear | 30 |

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| Permanent Total Loss of foot at ankle/arm at wrist | 25 |
| Loss of each thumb | 20 |
| Loss of each index finger | 10 |
| Loss of Sense of smell | 10 |
| Permanent Total Loss of any of the fingers or toes | 5 |
| Loss of each other finger | 5 |
| Loss of each big toe | 5 |
| Loss of Sense of taste | 5 |
| Loss of each other toe | 2 |

Section 10- Accidental Death (Common Carrier)

The Company agrees to pay the Sum Insured specified in the Policy Schedule under this Section to Insured's beneficiary or legal representative, if during the Trip an Insured Person sustains Bodily Injury while travelling in common carrier like bus, tram, rail or aircraft which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss.

If applicable and if payment has been made under the Permanent Total Disablement (Common Carrier) Section, any amounts paid under that Section would be deducted from payment of a claim under this Section of the Policy.

Specific Extension

Disappearance- In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant during the Trip, it shall be deemed after twelve (12) months from the date of loss, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit considered under disappearance, it is discovered that the Insured Person is still alive; all payments shall be reimbursed in full to the Company.

Section 11- Permanent Total Disablement (Common Carrier)

The Company agrees to pay to the Insured the Compensation stated in the specific Table of Benefits below, if during the Trip an Insured sustains Bodily Injury while travelling in common carrier like bus, tram, rail or aircraft which directly and independently of all other causes results in disablement within twelve (12) months of the Date of Loss.

Specific Condition

- 1) The insurance shall terminate for an Insured under this Section upon payment of a benefit equal to the Total Sum Insured.

- 2) The total amount payable in respect of more than one disablement due to the same Accident is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the Total Sum Insured.
- 3) If an Insured dies as the result of the Bodily Injury any amount claimed and paid to an Insured under the Permanent Disablement (Common Carrier) Section will be deducted from any payment under the Accidental Death (Common Carrier) Section.

Table for benefits under Death and Permanent Total disablement (Common Carrier):-

| Type of Disablement | Compensation in % of Total Sum Insured available under this benefit |
|---|---|
| Permanent Total Loss or dismemberment of two limbs | 100 |
| Permanent Total Loss of Sight of Both Eyes | 100 |
| Permanent Total Loss of Sight of One Eye and one limb | 100 |
| Permanent Total Loss of Hearing of Both ears | 100 |
| Permanent Total Loss of one eye/one limb | 50 |
| Permanent Total Loss of foot at ankle/arm at wrist | 25 |
| Permanent Total Loss of any of the fingers or toes | 5 |
| Quadriplegia | 100 |
| Paraplegia/Hemiplegia | 50 |
| Death | 100 |

Exclusions applicable to Section 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11

The Company shall be under no liability to make payment in respect of:

- 1) Any medical condition or complication arising from condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received before the commencement of the Policy Period, or condition that had manifested itself in such a manner that would have caused a reasonably prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines), or injury, illness, sickness, disease, or other physical, medical, mental, or nervous conditions, known disorder or ailment that, with reasonable medical certainty, existed at the time of application for the insurance herein.
- 2) In case of any routine health checkup/ investigations without any objective existence of impairment of normal health.
- 3) For any medical expenses beyond the Policy period specified in the Schedule.
- 4) Medical treatment if the same is the sole reason or one of the reasons for travel.
- 5) In respect of claims arising out of or attributable to travel undertaken against medical advice, or if the Insured is under treatment for illness declared in medical report or medical certificate provided by the Insured with the proposal form.
- 6) Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or Illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired

Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection, venereal disease, alcoholism, drunkenness or abuse of drugs.

- 7) Participation of the Insured as driver/co-driver or rider/pillion rider in races and rallies. Losses on account of Accidental injuries arising out of driving vehicle without having valid driving License and/or not following all safety norms of the jurisdiction (e.g. Wearing helmet whilst driving, driving within specified speed limits etc.).
- 8) If the Insured is exposed to any hazardous occupation like but not limited to working with fireworks, trainer or instructor for trekking, mountaineering, scuba diving, winter sports, etc. (except in life saving attempt), any criminal or illegal act, serving in any branch of the Military or Armed Forces of any country, whether in peace or War. In case of such service in Military or Armed Force, We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip.
- 9) Claims arising out of any participation of the Insured unless under supervision of a trained professional in winter sports, mountaineering (where ropes or guides are customarily used), bungee jumping, rafting, underwater diving, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting or equestrian, skin diving or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), professional sports or any other hazardous or potentially dangerous sport.
- 10) For any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power, terrorism.
- 11) For elective cosmetic/plastic surgery except as a result of accidental bodily injury during the Policy period.
- 12) For Dental care except as a result of accidental bodily injury to the sound natural teeth, during the Policy Period.
- 13) Any claims arising directly or indirectly out of external congenital anomalies.
- 14) Any claims arising directly or indirectly out of internal congenital anomalies for a waiting period of one year from the date of commencement of the first Policy.
- 15) Pregnancy resulting in childbirth, or complication arising out of any of the foregoing, expenses related to treatment of infertility or birth control measures except ectopic pregnancy and miscarriage or abortion where the proximate cause is an Accident happening during the Trip.
- 16) Routine pre-natal care, childbirth, care of newborns, post-natal care, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
- 17) Treatment of all forms of cancer/neoplasm.
- 18) Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
- 19) Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium convalescence home or similar institution.
- 20) Expenses towards immunizations and treatment towards obesity, its causes and complications.
- 21) Experimental, unproven or non-standard treatment.
- 22) Medicines, investigations and treatment not supported by prescription by the physician.
- 23) Treatment by any other system other than modern medicine (also known as Allopathy).

- 24) The cost of spectacles, contact lenses, and hearing aids, crutches, artificial dentures, crowns and all other external appliances and/or devices whether for diagnosis or treatment.
- 25) All those exclusions listed under General Exclusions.

Section 12- Trip Delay

The Company is liable to pay the amount specified in the Policy Schedule if the Insured journey in an aircraft as a fare paying passenger on which he is booked to travel at any place forming part of the Trip, is delayed than the original Scheduled time beyond the no. of hours as specified in Your Policy Schedule, the Company will reimburse the expenses incurred towards the meals and accommodation, which was not offered by the carrier up to Sum Insured for Trip delay. The Insured person must provide the written confirmation towards the duration and cause of delay from the carrier authority.

The section covers the inadvertent delay due to inclement weather, strike of employees or technical/equipment failure of aircraft booked for Your travel.

Exclusions applicable to Section 12:

- 1) The Insured or accompanying passenger(s) has not checked in as per airlines requirement.
- 2) Anything listed in General Exclusions

Section 13- Trip Cancellation

The Company will pay up to the amount specified in the Schedule as compensation towards expenses for travel tickets, hotel booking, planned events including excursions which are unrecoverable from any other sources, if the Insured's Trip needs to be cancelled prior to commencement from his place of residence or Place of origin on account of:

1. Death or Critical illness diagnosis of the Insured Person or immediate family members.
2. Serious damage to Insured Person's residence declared in the Policy from catastrophic conditions like floods, fire, earthquake and riots.
3. Hospitalization of Insured Person ,Insured Person's legal spouse or child who were booked to travel with Insured Person and were Insured with Us, for at least 3 days due to sudden illness or injury in Your city of residence.
4. Compulsory quarantine or prevention of travel by Government.

Multi – Trip: The Company shall indemnify maximum of three events for Multi Trip during the Policy Period.

Exclusions applicable to Section 13:

- 1) The earlier bookings (which were booked prior to travel from Insured's place of residence) are not cancelled and rescheduled by You within 48 hours of the occurrence of the event.

- 2) Any claim incurred on account of any foreseeable reason by You, prior to Policy inception with a high degree of probability.
- 3) Insured Person or immediate family member had received advice, medication or treatment for any serious or terminal, chronic or recurring illness, injury or disease in the last 12 months, or were aware of the need for in-patient treatment for any diagnosed or undiagnosed condition, resulting into Trip cancellation, unless the condition was disclosed to and accepted by us.
- 4) Anything listed in General Exclusions.

Section 14- Trip Cancellation extension

The Company will reimburse You the cost of ticket booked to travel by a Common Carrier for the Trip, up to the limit specified in the Policy Schedule and deductible as applicable, which are unrecoverable from any other sources, if Your Trip needs to be cancelled prior to commencement from Your place of residence or place of origin or the no. of days as specified in Your Policy schedule from the departure date and time of the common carrier.

OR

If scheduled Common Carrier on which Insured was booked to travel is cancelled by the carrier authorities before one week of the scheduled date & Time of departure, and if the Insured has opted for refund of the ticket cost due to the time gap between alternate Common Carrier offered by the carrier Company and originally booked Common Carrier is of more than 2 hours, then We will pay difference in ticket cost booked by the Insured from other Carrier.

Special Condition

- i. Our payment will be reduced by any sum for which the Common Carrier is liable to make payment
- ii. The city of destination on ticket booked from other carrier should be same as originally booked travel ticket which was cancelled.

Section 15- Loss of Checked-in Baggage

The Company herewith agree to reimburse You the expenses incurred towards the total loss of checked in baggage, subject to limit specified in the Policy Schedule, in case if Your checked in baggage is lost by the common carrier at the destination outside Insured's place of residence. The benefit will be extended towards the Trip specified in the travel ticket from his port of departure to port of destination till the first port of return to his place of residence including the halts and via destinations.

The Insured must be ticketed passenger and must provide written communication from the common carrier towards the loss of baggage.

If applicable and if payment has been made under the Baggage Delay Section resulting into Loss of Checked-in-Baggage, the Company will reimburse You up to the amounts specified under each Section separately without deducting the amount paid towards Baggage Delay claim under this Section of the Policy.

Special Condition

- i. In case of one bag is checked in and are lost or more than one bag is checked in and are lost, then the maximum limit of Indemnity per bag would be restricted to 100% or 50% respectively and per item will be limited to 10% of the applicable sum Insured or actuals whichever is less, after deduction of refund or compensation provided by the common carrier.
- ii. Items having value of more than INR 2000 will have to be supported by the bill/ receipts or documentation confirming the ownership of the Insured.
- iii. All claims will be subject to board approved underwriting policy of the Company assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
- iv. Insured provides the written proofs towards the loss of baggage to the Insurer/Claims Administrator.
- v. The Company's liability arises only on acceptance of the liability by the Airlines/ common carrier in the form of compensation (if available).
- vi. In the event that the Company makes any payment or reimbursement under this benefit, it is a condition of such payment that any recovery from any Common carrier by the Insured, or on behalf of the Insured, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.

Exclusions applicable to Section 15-

- 1) Valuables, money, securities and tickets/passes or any other item not declared to or agreed upon by the Company.
- 2) Any partial loss of items contained in the checked-in baggage.
- 3) The same baggage being Insured under any other insurance will be considered for ratable proportion of the cover.
- 4) Loss due to confiscation or detention by order of any government or Public Authority.
- 5) Self-carried baggage
- 6) Anything listed in General Exclusions.

Section 16– Delay of Checked in Baggage

The Company herewith agrees to reimburse up to the amount specified in the Policy Schedule towards the actual expenses incurred by the Insured Person in purchasing essential personal items of medication, toiletries or clothing, subject to deductible and limit specified in the Policy Schedule, if the delivery of an Insured Person's accompanying checked-in baggage is delayed for more than the duration as specified in the Policy Schedule, by a Carrier on which the Insured Person is travelling as a fare paying passenger.

Special Condition

- i. The Insured Person gives Us written proof of delay from the Carrier.
- ii. Our liability will be limited to the travel destinations within India specified in the Insured Person's original travel ticket, including all halts and destinations specified therein.
- iii. Our payment will be reduced by any sum for which the Carrier is liable to make payment.

Exclusions applicable to Section 16-

We will not make any payment for any delay directly or indirectly caused by, arising from or in any way attributable to:

- 1) Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.
- 2) Any delay of checked-in baggage on the return to the Insured Person's usual place of residence.
- 3) Any delay due to a strike or industrial action existing or announced before the start of the journey.
- 4) Anything listed in General Exclusions

Section 17- Home Contents (Fire and Allied Perils)

The Company herewith agrees to indemnify Insured up to the Sum Insured specified in the Policy Schedule for any loss or damage to the contents at Insured residence (as declared in the proposal form) caused by any of the perils specified hereunder during his Trip, subject to Policy terms and conditions.

- 1) Fire, excluding destruction or damage caused to the property Insured by:
 - Its own fermentation, natural heating or spontaneous combustion.
 - Its undergoing any heating or drying process.
 - Burning of property Insured by order of any Public Authority.
- 2) Lightning.
- 3) Explosion/implosion, excluding loss, destruction of or damage:
 - 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,
 - caused by centrifugal forces.
- 4) Aircraft Damage: Loss, Destruction or damage caused by Aircraft, other aerial or space devices and articles dropped there from 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:
 - total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.
 - Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
 - Permanent or temporary dispossession of any building or plant or unit or machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention of access to the same.

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.

- 6) Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation: Loss destruction or damage directly caused by storm, cyclone, typhoon, tempest, hurricane, flood or inundation excluding those resulting from 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 or 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.
- 13) Earthquake (Fire and Shock): Loss or Damage (including loss or Damage by fire) to any of the property Insured by this Policy occasioned by or through or in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or Landslide/ Rockslide resulting therefrom.

Onus of Proof

In the event of any claim made by You, for loss or Damage under this Policy You must (If so required by Us) prove to Our satisfaction that the loss or Damage was occasioned by or through or in consequence of earthquake.

General Conditions Applicable to Section 17-

1. This Policy shall be voidable in the event of mis-representation, mis-description or non-disclosure of any material particular.
2. All insurance 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 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 from the date of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.

3. Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the Insured, before the occurrence of any loss or Damage, obtains the sanction of the Company signified by endorsement upon the Policy by or on behalf of the Company :
 - a) If the trade or manufacture carried on be altered or if the nature of the occupation of or other circumstances affecting the building Insured or containing the Insured property be changed in such a way as to increase the risk of loss or Damage by Insured perils.
 - b) If the interest in the property passes from You 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, You 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 be in writing allow in that behalf, deliver to the Company.
 - a) A claim in writing for the loss or Damage containing as particular an account as may be reasonably practicable of all the several articles or items or property Damaged or destroyed, and of the amount of the loss or Damage thereto respectively, having regard to their value at the time of the loss or Damage not including profit of any kind.
 - b) Particulars of all other insurances, if any You shall also at all times at Your own expense produce, procure and give to Us all such further particulars, plans, specification books, vouchers, invoices, duplicates or copies thereof, documents, investigation reports(internal/external) proofs and information with respect to the claim and the origin and cause of the fire and the circumstances under which the loss or Damage occurred, and any matter touching the liability or the amount of Our liability as may be reasonably required by or on Our behalf 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 Conditions have been complied with.

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

6. On the happening of loss or Damage to any of the property Insured by this Policy, We 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 deliver to it any property 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 Us at any time until notice in writing is given by You that no claim are made under the Policy, or if any claim is made, until such claim is finally determined or withdrawn, and We 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 You or any person on Your behalf shall not comply with Our requirements or shall hinder or obstruct Us, in the exercise of its powers hereunder, all benefits under this Policy shall be forfeited.

You shall not in any case be entitled to abandon any property to Us whether taken possession of by Us 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 You or any one acting on Your behalf to obtain any benefit under the Policy or if the loss or Damage be occasioned by the willful act, or with Your connivance, all benefits under this Policy shall be forfeited.
- If We at Our 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, We shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall We be bound to expand 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 not more than the sum Insured by the Company thereon. If We so elect to reinstate or replace any property You shall at Your own expense furnish Us with such plans, specifications, measurements, quantities and such other particulars as 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 Us with a view to reinstatement or replacement shall be deemed an election by us to reinstate or replace.

If in any case We 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, We shall, in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.

9. If the property hereby Insured shall at the breaking out of any fire or at the commencement of any destruction of or Damage to the property by any other peril hereby Insured against be collectively of greater value than the Sum Insured thereon, then You shall be considered as being Your own insurer for the difference and shall bear a ratable proportions of the loss accordingly. Even item, if more than one, of the Policy shall be separately subject to this condition.
10. If at the time of any loss or Damage happening to any property hereby Insured there be any other subsisting insurance or insurances, whether effected by You or by any other person or persons covering the same property, We shall not be liable to pay or contribute more than its rateable proportions of such loss or Damage.
11. You shall at Our expense 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 We 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 Your indemnification by Us.
12. If any disputes 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 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 We have disputed or not accepted liability under or in respect of this Policy.
It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or Damage shall be first obtained.
13. Every notice and other communication to Us required by these conditions must be written or printed.

Exclusions applicable to Section 17-

This section of the Policy does not indemnify You, for

1. Loss, destruction or Damage caused by war, invasion, act of foreign enemy hostilities or war like operations(whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.

2. Loss, destruction or Damage directly or indirectly caused to the property Insured by Ionizing radiations or contaminations by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
3. Loss, destruction or Damage caused to the Insured property by Pollution or contamination excluding
 - a) Pollution or contamination which itself results from a peril hereby Insured against.
 - b) Any peril hereby Insured against which itself results from Pollution or contamination
4. Loss, destruction or Damage to bullion or unset precious stones, curios or works of art for an amount exceeding Rs.10,000/- , 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.
5. Loss, destruction or Damage to any articles of consumable nature and motor vehicles.
6. Loss, destruction or Damage to any electrical and/or electronic machine, apparatus, fixture or fitting (excluding fans and electrical wiring in dwellings) arising from or occasioned by over- turning, excessive pressure, short circuiting, arcing, self-heating, or leakage of electricity, from whatever cause (lighting included).
7. Expenses necessarily incurred on (i) Architects, Surveyors and Consulting Engineer's Fees and(ii) Debris removal necessarily incurred 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.
8. Loss by theft during or after occurrence of any Insured peril except as provided under Riot, Strike and Malicious Damage cover.

Terrorism Damage Exclusion Warranty

This Policy excludes loss, Damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this exclusion warranty, an act of terrorism means an act or series of acts, 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), or unlawful associations, recognized under Unlawful Activities(Prevention Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any Government and/or to put the public or any section of the public in fear for such purposes.

This exclusion also includes loss, Damage, cost or expense 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 the above.

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 You.

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

BASIS OF INDEMNITY

The indemnity in respect of Contents shall be on the basis as opted by You and shown in the Schedule.

In the event of Property insured being Damaged by any of the specified perils, We shall pay for the amount of Damage or loss or at Our option replace or repair the Damaged property. If at the time of loss, the Property hereby insured is found to be collectively of greater value than the Sum Insured thereon, then You shall be considered as being Your own insurer for the difference and shall bear a ratable proportion of the loss accordingly.

Section 18- Home Burglary (Contents)

The Company herewith agrees to compensate the Insured for any loss or damage to the contents caused by any burglary/theft at his residence (as declared in the proposal form) during his Trip, subject to Deductible and the sum specified in the Policy Schedule.

Special Conditions

- i. **Articles in Pairs or Sets:** Where any item insured hereunder consists of articles in pair or set, Our liability in respect thereof shall not exceed the value of any particular part or parts which may be lost or Damaged without reference to any special value which such article or articles may have as part of such pair or set not more than a proportionate part of the insured value of the pair or set.
- ii. The Company's liability shall be subject to a deductible as specified in the Policy Schedule against this section.

Exclusions applicable to Section 18-

This section of the Policy does not indemnify You,

- 1) If the Loss or Damage is caused by Burglary and/or theft and where any member of Your family member/domestic staff is concerned as principal or accessory.
- 2) For any Loss or Damage to Motor Vehicles, Pedal Cycles, Money, Jewellery and Valuables, work or art, paintings, curios, manuscripts, stamps, collection of stamps, bonds, cheques, securities, medals, documents, portable electronic equipment, livestock, credit and debit cards(unless previously specifically declared to and accepted by Us).
- 3) For any Loss or Damage of an item perishable and/or consumable in nature.

- 4) For any Loss or Damage caused by use of the key to the Insured Home or any duplicate thereof belonging to the Insured, unless such key has been obtained from You, by assault or violence or any threat thereof.
- 5) For any 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) For any Loss or Damage to any part of the property or item occupied illegally in any manner.
- 7) Anything listed in General Exclusions.

Basis of Indemnity

In the event of Property insured being Damaged by any of the specified perils, We shall pay for the amount of Damage or loss or at Our option replace or repair the Damaged property. If at the time of loss, the Property hereby insured is found to be collectively of greater value than the Sum Insured thereon, then You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the loss accordingly.

Section 19- Adventure Sports: Accident Cover

In the event You have opted for this cover, the Company is liable to pay up to the amount specified in the Policy Schedule subject to deductible and Policy terms and conditions, on account of Insured's participation in any of the adventure sports carried out in accordance with the guidelines, codes of good practice and recommendations for safe practices as laid down by a governing body or authority during the Trip and this is the sole and direct cause of Death or Permanent Total Disability.

Special Conditions

- 1) General Exclusions related to ' Adventure Sports' stands deleted
- 2) Claim under Section ' Death' or ' Permeant Total Disability' or this Section if applicable and eligible, will be paid upto the Sum Insured on higher side (of any one Section)

Section 20- Adventure Sports: Hospitalization Cover

In the event You have opted for this cover, the Company is liable to pay up to the amount specified in the Policy Schedule subject to deductible and Policy terms and conditions, towards reasonable & customary medical expenses incurred due to Hospitalization of the Insured Person arising due to accidental bodily injury on account of Insured's participation in any of the adventure sports carried out in accordance with the guidelines, codes of good practice and recommendations for safe practices as laid down by a governing body or authority during the Trip

Special Conditions

- 1) General Exclusions related to ' Adventure Sports' stands deleted

Section 21- Trip Curtailment

The Company will pay up to the amount specified in the Policy Schedule as compensation towards the expenses incurred for travel tickets or hotel booking, if the Insured's Trip is cut short or Insured needs to return to his city of residence or Place of origin on account of following reasons:

1. Death or Critical illness diagnosis of the Insured or immediate family members.
2. Serious damage to Insured's residence declared in the Policy from catastrophic conditions like floods, fire, earthquake and riots.
3. Hospitalization of Insured, Insured's spouse or child for at least 3 days due to sudden illness or injury.
4. Inclement weather conditions.

Exclusions applicable to Section 21-

- 1) The earlier (those bookings of return journey, which were booked prior to travel from city of residence) bookings are not cancelled and rescheduled by You within 48 hours of the occurrence of the event.
- 2) Any claim incurred on account of any foreseeable reason by You, prior to Policy inception with a high degree of probability.
- 3) Anything listed in General Exclusions.

Section 22- Emergency Family Visit

The Company will pay up to the amount specified in the Policy Schedule towards the cost of return trip by economy class of transportation of one immediate family member, by the most direct route via a Common Carrier, subject to Policy terms and conditions. The benefit is available in the event of emergency hospitalization of the Insured necessitated for more than 5 days, on account of accidental injury or illness and his/her medical condition forbids repatriation and he/she was travelling alone or with child/children below 16 years of age.

Special Conditions

- 1) Valid claim should be admissible under Section 1: Inpatient Hospitalization or Section 2: Inpatient Accidental Hospitalization.
- 2) Attending physician should approves the requirement of his/her immediate family member in India to attend him in the hospital.

Section 23- Emergency Family Accommodation

The Company will pay up to the amount specified in the Policy Schedule towards the cost of accommodation (boarding and lodging) of one Immediate Family Member subject to Policy terms and conditions in event of emergency hospitalization of the Insured person necessitated for more than 5 days,

on account of accidental injury or illness and his/her medical condition forbids repatriation and he/she was travelling alone or with child/children below 16 years of age.

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

Special Conditions

- 1) Valid claim should be admissible under Section I: Inpatient Hospitalization or Section II: Inpatient Accidental Hospitalization.
- 2) Attending physician should approves the requirement of his/her immediate family member in India to attend him in the hospital.

Section 24– Personal Liability

The Company will indemnify the Insured reasonable and customary expenses up to Sum Insured specified in the Policy Schedule under this Section subject to deductible applicable to each claim separately, in respect of any legal liability arising out of accidental bodily injury or accidental property damage caused by the Insured in his private capacity to a third party occurring during the Trip.

Special Conditions

A) The liability of the Company to indemnify the Insured under this section will be restricted to the compensation determined by the court of law or otherwise agreed and approved in advance by the Company. If the legal action is initiated against the Insured within India, the Company's liability would be subject to:

- a) Written intimation provided to the Company immediately on occurrence of legal liability, at the address specified in the Schedule, and
- b) Not incurring any defense costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent of the Company, which shall be entitled (but in no case obligated) at any time to take over and conduct in the name of the Insured the defense and/or settlement of any action or claim and shall be entitled at all times to receive the Insured's cooperation and assistance and to appoint lawyers on the Insured's behalf. Any and all costs and expenses incurred by the Company or the lawyers appointed by the Company shall be a first charge on the Sum Assured hereunder.

The Company will not settle any claim without written consent from the Insured, however if the Insured disagrees on available settlement recommended by the Company, then the Company's liability will be limited to the amount for which the claim could have been settled.

Compulsory Excess:

All policies will have a compulsory excess of INR 1000 for each and every claim. The Insured Person/s shall bear this Compulsory Excess which is applicable to both property damage claims and death/bodily injury claims inclusive of defence costs arising out of any one accident.

Exclusions applicable to Section 24-

The Company will not be liable to make payments for the claims arising out of or traceable to:

- 1) Insured's liability to any employee/employer (under contract for services)
- 2) Third party property damage or bodily injury to Insured's family, co-worker or travelling companion.
- 3) Professional liability arising out of Insured's profession/activities.
- 4) Livestock belonging to Insured or is in custody of Insured.
- 5) The ownership, possession or use of vehicles, aircrafts or watercrafts, rented to or by You.
- 6) Any dangerous or hazardous activity, use of firearms, willful, criminal or unlawful act, terrorism.
- 7) Mental illness, Alcoholism, drug addiction or drugs (expect medically prescribed medicines)
- 8) Any supply of goods or services.
- 9) Any form of ownership or occupation of land or buildings, rental or holding any part of premises on rental basis.
- 10) Liability under any agreement or contract.
- 11) Sexual molestation, corporal punishment, or physical or mental abuse
- 12) Transmission of any communicable disease by You
- 13) Property damage to property rented to, occupied, or used by or in the care of You.
- 14) Anything listed in General Exclusions.

Section 25– Hospital Daily Cash - Accident

The Company will pay the Insured up to the amount specified in the Schedule for each continuous and completed 24 hour inpatient hospitalization of the Insured Person subject to the liability being accepted under Emergency Accidental Hospitalization (Section 2). The liability under this Section would commence after the hospitalization of more than 24 hours maximum up to 7 days.

Exclusions applicable to Section 25: Same as Section 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11

Section 26- Missed Connection

The Company will pay up to the amount specified in the Schedule towards missed connection, if the flight/common carrier booked by the Insured to travel from the city of residence is delayed beyond the specific duration as mentioned in the Policy Schedule than the original Scheduled time, for arrival at the destination of the connecting flight, resulting in missing of the connecting flight/ common carrier, subject to Policy terms and conditions. The claim has to be payable under Section - Trip Delay for the liability being payable under this section.

Section 27 - Missed Departure

The Company will pay up to the amount specified in the Policy Schedule towards the cost of Your common carrier actual ticket, if You cannot reach the original departure point of Your booked journey, on account of the following reasons:

1. Public transport services fail or
2. The vehicle in which You are travelling is involved in an accident, on the way to catch the common carrier which results in outpatient/inpatient hospitalization.
3. Inclement weather conditions.

Special Conditions

- i. The missed departure has to be certified by the concerned Schedule airlines/Scheduled Railways/Scheduled Road Transport
- ii. Benefits for missed departure will be in excess of any amount paid or payable by the Common Carrier, if any.
- iii. Benefits for missed departure will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.

Section 28– Loss of Tickets

The Company will pay up to the amount specified in the Policy Schedule towards the reasonable cost of Your economy class actual ticket (common carrier) which is unrecoverable from any other sources, wherein the ticket is lost by You and You are unable to continue Your planned travel.

Insured has to provide the duly attested copy of first information report towards the loss of ticket to the Insurer/Claims Administrator.

The maximum payable amount will be actual cost of economy class ticket less the amount payable/reimbursed by the common carrier (if any), subject to deductible mentioned in the Policy Schedule. Benefits under this Section will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.

Section 29- Emergency Catastrophe Evacuation

The Company will pay up to the amount specified in the Policy Schedule towards the immediate evacuation of the Insured due to emergency catastrophic condition, to avoid any kind of personal injury or illness to him/her. The Company shall pay for the cost of Insured's return to city of residence or nearest safe location for economy class ticket

In case if the return journey is not possible, then the Company shall pay reasonable expenses towards accommodation as specified in the Policy Schedule.

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

Exclusions applicable to Section 29-

- 1) Insured violating the laws or regulations of the region from which he is to be evacuated.
- 2) Failure to produce or maintain permits or other documentation, wherever applicable
- 3) Failure to honor any contractual obligation or bond or to obey any conditions in a license.
- 4) Insured being a resident of the city from which he is to be evacuated.
- 5) Circumstances that resulted in the Insured's evacuation being in existence prior to the Insured entering the city/region or their occurrence being foreseeable to a reasonable person before the Insured entered the city/region.

Section 30 – Bounced Hotel/Common Carrier Booking

In the event of bouncing due to overbooking of hotel reservation, the Company herewith agrees to reimburse to the extent of 80% of expenses incurred towards reasonable cost of transportation expenses to the alternative hotel in same location and difference in cost of lodging in similar rated Hotel after deduction of refund or compensation provided by the hotel.

Similarly, in the event of bouncing due to overbooking of common carrier tickets, and the Insured has opted ticket refund as time gap between alternate Common Carrier offered and originally booked Common Carrier is of more than 2 hours, then the Company herewith agrees to reimburse difference in cost of ticket booked from alternate common carrier after deduction of refund or compensation provided by the common carrier.

The Company's liability under this Benefit shall not exceed the Sum Insured as specified against this Benefit in the Policy Schedule which are not recoverable from any other sources or benefits of the Policy.

Special Conditions

- 1) The cover shall be applicable only towards the confirmed bookings.
- 2) The Insured should provide the written documentation towards the booking.
- 3) The booking under waiting list will not be considered for compensation.

Section 31- Substitute Staff to Complete Your Business

In the event You have opted for the plan with this cover, the Company will pay the amount specified in the Policy Schedule towards the reasonable travel expenses for a substitute person during the Policy Period to complete the original business purposes of the journey on the Insured's behalf if:

- a) The Insured person suffers an injury resulting to emergency hospitalization which prevents him/her from completing the business purposes of the journey; or
- b) The Insured person is hospitalized due to illness and required to return to place of origin or home town on advice of the registered medical practitioner; and
- c) The claim is admissible under Section 1 or 2 or 5 (Emergency Inpatient Hospitalization or Emergency Accidental Hospitalization or Emergency Medical Evacuation)

Exclusions applicable to Section 31-

- 1) All exclusions under Section 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11.
- 2) Anything listed in General Exclusions

Section 32- Hijack Allowance

The Company is liable to pay the Insured the amount specified against this section, if the common carrier in which Insured is travelling is hijacked during the Trip, within the Policy Period specified in the Policy Schedule.

Exclusions applicable to Section 32-

The Company will not be liable for payment of any claim arising out of, traceable to attributable to and in respect of:

- 1) The Insured is suspected to be either principal or accessory in the hijacking.
- 2) Anything listed in General Exclusions

Section 33- Loss of Credit Card/Debit Card

The Company will reimburse the Insured, the amount specified in the Schedule if the Insured loses the Credit card/Debit Card during the Trip. The expenses incurred by the Insured for obtaining a duplicate or fresh Credit card/Debit Card would be reimbursed. The cover shall not be applicable to the purchases made or monetary losses incurred due to misuse of the card after loss.

Exclusions applicable to Section 33-

- 1) Any loss not reported to the local police and written copy of the same not obtained within 24 hours of the occurrence of the event.
- 2) Loss on account of confiscation or detention by customs, police or public authorities.
- 3) Theft of the credit card/debit card unless reported to the police within 24 hours and the copy of the complaint submitted to Us.

- 4) Loss or theft from private vehicle hired for travelling or private place of accommodation unless the same was kept in locked hotel room or apartment and was stolen with violent and forcible entry.
- 5) Loss due to unattendance and ignorance in safeguarding the credit card/debit card.
- 6) Anything listed in General Exclusions

Section 34- Emergency Assistance Services

The below services would be provided by Us through our appointed Service provider, with prior intimation and acceptance by the Company and can be availed anytime during the Policy period and there are no restrictions on the number of times the facility can be utilized.

1. Medical Assistance

- i. **Medical Consultation, Evaluation and Referral-** In case of any emergency situation, We/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals. The Company will only arrange for the medical consultant, the consultant fee will be borne by the Policyholder.
- ii. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / Employer.
- iii. **Emergency Medical Evacuation or Repatriation-** If the Insured / Insured Person/s becomes ill or injured in an area where appropriate care is not available, the Company via Service Provider will intervene and use available transportation equipment by means of air, road or rail transportation and personnel necessary to evacuate the Individual safely to the nearest facility for medical care or repatriate to the home town. Such emergency medical evacuation or repatriation would be done either by ground or air solely as per the board approved underwriting policy of the Company .
- iv. **Assistance in Repatriation of Mortal Remains-** The Company via Service Provider will assist in making all necessary arrangement for the return of mortal remains of the Insured person to the home town in case of a death during the Insured journey.
- v. **Telephone Medical Assistance:** The Company will provide access to 24X7 alarm centre where the Insured Person can get basic medical assistance in case of medical emergency.

2. Trip Assistance

- i. **Delayed / Lost / Damaged Baggage Assistance:** The Company via Service Provider will assist the Insured Person for delayed/ lost/ damaged baggage while traveling by contacting the local authorities and agencies involved and providing directions for recovery. The assistance will be

provided for coordinating with common carriers to locate and recover the lost or stolen baggage, using available tracking systems and establishing, on the eligible person's behalf and as appropriate liaison with transportation carriers, airports, ports, hotels, and others.

- ii. **Lost / Expired Travel Documents / Tickets:** To assist the Insured Person by arranging for emergency tickets, replacements of tickets and arrangement of hotel accommodation when traveling outside the home town or usual Town of residence.
- iii. **Trip Rescheduling:** To assist the Insured Person in rescheduling the trip by cancelling and making travel and accommodation reservations as per the new schedule.
- iv. **Compassionate Visit:** When an Insured Person/s is/are hospitalized, the Company via Service Provider will assist by making travel reservation for a family member or a personal friend to travel to visit the Insured Person/s.
- v. **Assistance with Emergency Family Member Accommodation:** The Company will assist the Insured Person's family member by making accommodation booking to / in the place where the Insured Person is hospitalized.
- vi. **Assistance of Return of Travelling Companions and Children:** We will assist the Insured Person's travelling companion or children to return to their place or origin or home town by making travel reservation and other related arrangements when the Insured person is hospitalized and there is no one to take care of the travelling companions and children. We will arrange for escorts, if required, to accompany children during the travel.
- vii. **Emergency Travel Services:** We will assist the Insured person by making travel reservations and accommodation booking in times of emergencies like missed flight connection, cancellation of flights, bounced bookings.
- viii. **Hotel Accommodation Referral & Arrangement:** We will assist the Insured person by referring and making reservation of hotel accommodation across India.
- ix. **Assistance in Emergency Catastrophe Evacuation:** We will assist the Insured person by providing necessary information on the situation and available options of being transported to a nearby safe location or to return to home town. If required, we will also make necessary arrangements like making the booking flight / rail / road / taxi for transportation in case of emergency catastrophe condition.

3. Personal Assistance

- i. **Emergency Cash Advance:** If unexpected events result an Insured person needs for emergency cash, We will assist in obtaining the funds from an immediate family member and make it available at the location as requested by the Insured person, subject to maximum of Rs. 20000/-
- ii. **Lost Credit Card/Debit Card Assistance:** In the event of a lost Debit card or credit card, the Company will assist the Insured Person by providing directions on reporting the loss and requesting for replacement.
- iii. **Legal Referral & Assistance:** If You are arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to You, We will, if required, provide You with the name and address of an attorney who can represent You in any necessary legal matters.
- iv. **Car Rental and Sight-seeing Assistance:** We will assist You in obtaining a car on hire by referring and arranging for the same. We will also assist You by providing information on sight-seeing options and make reservations, wherever possible and requested.
- v. **Pet Boarding Assistance:** We will assist You by referring to Pet boarding agencies as per the options available locally and arrange for the same in case there is no one to take care of Your pet whilst You are on Your trip.

Disclaimer of Liability:

In all cases the medical professional or any attorney suggested by the Company shall act in a medical or legal capacity on behalf of You only. The Company assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. You shall not have any recourse to the Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

You are responsible for the cost of services arranged by the Company on behalf of You or a covered Immediate Family member. The Company will access this Policy and/or other insurance Policy benefits to which You may be entitled, and/or Your credit cards or other forms of financial guarantees provided by You, in order to facilitate payment for such services.

Part III: General Exclusions applicable to all the Sections

The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

1. Any consequential losses causing damage to any property arising directly or indirectly from:

- 1.1-Any radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component.
- 1.2-Contamination by radioactivity from any nuclear waste from combustion of nuclear fuel.
- 1.3-Any sickness or disease related to and arising out of existence, production, handling, manufacture, sale, distribution, deposit or use of asbestos or product thereof, e.g. Asbestosis.
2. Any loss or damage arising from Insured person committing any breach of law with criminal intent.
3. Insured travelling in India unless as a fare paying passenger.
4. Any and all consequential losses.
5. Insured's participation in any naval, military or air forces operations whether in the form of military exercises, war games or actual engagement with domestic or foreign enemies.
6. For any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power, terrorism.
7. Self-inflicted injury, willful or deliberate exposure to danger, suicide or attempt threat.
8. Insured being under the influence of alcohol, drugs or intoxicating substances during and Insured event.
9. Participation of the Insured in any sports events as a professional or for gain or rewards thereof unless covered and specified in your Policy Schedule.
10. Driving any vehicle without valid driving license and all precautionary measures following traffic rules and regulations.
11. Any pathological fractures.
12. Pregnancy except ectopic pregnancy resulting in childbirth or complication arising out of any of the foregoing and expenses related to treatment of infertility or birth control measures unless the medical assistance provided involves unforeseen emergency measures to save the Insured's or the child's life in event of acute complications, provided that the Insured has not completed the age of 38 years and 30th week of pregnancy.
13. Routine pre-natal care, childbirth, care of newborns, post-natal care, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
14. Any Pre-existing conditions and complications arising out of the same unless declared and agreed by the Company.
15. Any claim lodged being fraudulent in any respect or false declaration made or use of support documents or devices by You or anyone acting on Your behalf to obtain benefit out of the Policy by wrongful means or willful act.
16. Travel against medical advice, receiving or waiting to receive any medical treatment, received any terminal prognosis for medical condition.

Part IV: General Conditions Applicable to all Sections

A. Declaration

- i. The Company shall have no liability towards any claim arising under this Policy if You make any false/ incorrect declaration/information in the proposal form for insurance, which is material for accepting the risk and offering the cover under the Policy.
- ii. The Company further understands that You have read the Policy and Prospectus and have understood the implications of the contents prior to affixing Your signature on the Proposal Form.

B. Transfer of Interest

The insurance Policy forms a Contract between the Company and the Insured Person. The Person under the Policy is not eligible to transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person, Institution, Hospital, Company or Corporate without specific prior approval in writing from the authorized officer of the Company. However, if the Insured Person is permanently incapacitated or deceased, the legal heirs of the Insured may represent him in respect of Claim under the Policy.

C. Contribution

The Company shall be liable to settle the ratable proportion of the admissible amount towards the loss or damage in case You are covered under any other Policy covering the similar losses, at the time of loss during the Policy Period. The clause will be applicable for indemnity covers and not for benefit covers under the Policy.

D. Subrogation

The Insured and any claimant under this Policy, shall at the expense of the Company 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 any rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company 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 the Insured's indemnification by the Company. The clause will be applicable for indemnity covers and not for benefit covers under the Policy.

E. Arbitration

- i) Any dispute or difference arising towards the quantum to be paid under the Policy (liability being otherwise admitted) shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties, 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 the arbitrators comprising of two arbitrators, one 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 or any amendment or repealment thereto. The law of the arbitration will be the Indian law, and the seat of the arbitration and venue for all hearings shall be within India.

- ii) It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
- iii) 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 award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
- iv) If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

F. Age

The Age shall be computed as on the Policy start Date.

- i) Entry age of the Insured will be 18 years and exit age would be 80 years and that for dependent children will be 91 days to 18 years.
- ii) In Annual Multi Trip travel plans for frequent travelers, the entry age of the Insured will be 18 years and exit age would be 80 years.

G. Sub - standard Risk

Proposals where the Health status is adverse, as revealed in the proposal form or as evidenced in the pre policy check-up may be accepted as per the board approved underwriting policy of the Company with an increased risk rating which shall not exceed 100% of normal slab premium per diagnosis / medical condition and not over 200% of normal slab premium per person. Applicable for all subsequent renewal(s) involving age slab changes and increase in the Sum Insured.

In all such cases, we would send a communication letter to the Proposer and obtain his/her consent before acceptance of the Proposal.

H. Electronic Transaction

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and validates that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions affecting this Contract and shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Company may exchange, share or part with any information to or with other group companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use/application when done so after agreement with Insured.

I. Cancellation/Termination of the Policy

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

Cancellation by Insurer:

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact in the Proposal Form, statement, declaration, claim form and connected documents or any material information having been withheld or a Claim being fraudulent or any fraudulent means or devices being used by Insured to gain benefit under the Policy. In such event of policy cancellation no premium shall be refunded to the Insured.

The Company may, in the event of non-cooperation of the Insured/Insured person/s cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment due to the Insured/ Insured Person/s at his / their last known address in which case the Company shall be liable to repay a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to there being no claim made/ reported under the Policy.

Cancellation by Insured/Insured Person:

No cancellation of the policy by the insured will be allowed in case the insured has reported and received payment for a claim under any of the covers of this Policy prior to the date of notice of cancellation.

- i. This Policy may be cancelled by the Insured within 10 days from the policy period end date, by intimation in writing to the Company as long as the Insured is able to establish to the Company's satisfaction that the Insured Journey has not commenced. Upon cancellation, the Company shall be entitled to deduct 10% of the premium amount received as administration charges and refund the balance amount.
- ii. There will be no refund of premium if the cancellation is made after 10 days from the policy period end date and/or the Insured Journey has commenced and/or any claim reported and received payment for a claim under any of the covers of this Policy.
- iii. In the event You cancel the Annual Multi Trip Policy, the premium shall be computed in accordance with Our short rate table as mentioned below for the period the Policy has been in force, provided no claim has occurred and/or no Trip has happened up to the date of cancellation. In the event a claim has occurred and/or Trip has happened in such case there shall be no return of premium.

Short Rate Table

| Risk Period | % of Premium Refund |
|-----------------------------------|---------------------|
| Above 50% of Policy Period | 0 |
| Above 40% to 50% of Policy Period | 20 |
| Above 30% to 40% of Policy Period | 25 |
| Above 20% to 30% of Policy Period | 40 |
| Up to 20% of Policy Period | 50 |

J. Notifications & Declarations

The Insured needs to send any and all notices and declarations to the Company in writing only. Any and all notices and declarations for the attention of the Company shall be sent to the address specified in the Policy Schedule.

K. Fraud

If the Insured shall make any Claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all Claims or payments hereunder shall be forfeited.

L. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with the laws of India. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The terms of this Policy shall not be waived or changed except by endorsement issued by the Company.

M. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever any term and conditions and exclusions under this Policy or waive off any of its provisions.

iii) Conditions when a claim arises

N. Notification of Claims

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Insured/Insured Person(s) shall give immediate notice to the Us/ Claims Administrator by calling toll-free number or in writing to the address as shown in the Schedule with Particulars below:

- i. Policy Number/ Certificate No.
- ii. Name of the Insured / Insured Person availing treatment
- iii. Type of claim
- iv. Details of the disease/illness/injury
- v. Name and address of the Hospital
- vi. Any other relevant information

Intimation must be given atleast 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization for a claim to be notified under Section 1 and/or Section 2 of the Policy.

The Company's liability under this Policy will be subject to the following provisions, upon the happening of any event giving rise to or likely to give rise to a Claim under any Section of this Policy,

- i) An immediate notification is made to the Insurance Company/ Claims administrator in respect of any Claim under Medical expenses and emergency medical evacuation, by the Insured or, if deceased, his legal or other representative or immediate family member, and provided with the name of the treating Physician, the name and telephone number of the hospital at which treatment is being obtained, and the fact or matter giving rise to the need for medical treatment, all the original bills and receipts and any other documentation or information that might be required or requested by the Insurance Company / Claims Administrator for assessment of the claim.
- ii) The Insured need to fill in the claim form and forward the same to the Company/ Claims administrator along with all the bills, receipts and other supporting documentation or additional information requested by the Company/Claims administrator for assessment of the claim.
- iii) The Insured shall not admit any liability or make any offer or promise of payment without the prior intimation and written consent of the Company.

O. Assessment of Claim & Payment

- a. **For opting Cashless Facility:** (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital & for the claim under Section 1 and/or 2 of the Policy) - The Insured Person must call the helpline and furnish Certificate Number and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.
 - i. The company may provide Cashless facility for Hospitalisation expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorisation letter to the health care service provider.
 - ii. For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner.
 - iii. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorisation.
 - iv. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital.

v. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider.

b. **Reimbursement Claims** - Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on hospitalization /injury/ death, failing which admission of claim would be based on the merits of the case as per the board approved underwriting policy of the Company. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA within 15 days of discharge from the hospital the following:

- i. Claim form duly completed in all respects
- ii. Original Bills, Receipt and Discharge certificate / card from the Hospital.
- iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.
- iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
- v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
- vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis.
- vii. Medical Case History / Summary.
- viii. Original bills & receipts for claiming Ambulance Charges
- ix. Any additional documents or information, as may be deemed necessary by the Company or TPA.

The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Sum Insured opted.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

c. Payment of Claim

- i. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of our liability to make payment.
- ii. No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal and/or legal heir can claim or sue us under this Policy
- iii. On receipt of all the documents as mentioned under Annexure ‘A’- Claim Documents Checklist as provided hereunder and on being satisfied with regards to admissibility of the claims as per Policy terms and conditions, We shall settle the claim within 30 days from the date of receipt of last necessary documents. In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. ‘bank rate’ means ‘Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due’
- iv. However, where the circumstances of a claim warrants an investigation in the Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary documents. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary documents. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above bank rate from the date of receipt of last necessary document to the date of payment of claim
- v. In the event that the Company decides to reject a claim made under this Policy, the Company shall do so within a period of 30 days of the investigation report or the additional investigation report, as the case may be, in accordance with the provisions of ‘Protection of Policyholders’ Interest Regulations, 2017’.
- vi. The Policy - excludes the Standard List of excluded items - attached in the Policy document.
- vii. All the claim payments with respect to the claims made by the Insured will be made in Indian Rupees only.
- viii. The following will apply specifically in respect of a Claim under Sections 1 and/or 2:

- a) The Company is not liable to make payment in respect of those charges approved by the Insurance Company/ Claims Administrator prior to being incurred.
- b) The Insured or legal heir in case of death of the Insured, shall furnish all certificates, Post mortem report, information, proofs or other evidence in support of the Claim.
- c) The Insured shall present himself for medical examination by a Medical Advisor as considered necessary by the Insurance Company / Claims Administrator at his expense and the Insured agrees that the Insurance Company / Claims Administrator may approach anyone who may have treated the Insured for information and/or documentation in respect of the Claim.
- d) The Insured or legal heir in case of death of the Insured, shall furnish the additional documents if required to assess the claim to the Company.

iv) Conditions for renewal of the contract

P. Renewability

Annual Multi-Trip Policy shall ordinarily be renewable upto age of 80 years except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured. Policy will automatically terminate at the end of the Policy Period. However Grace period of 30 days for renewing the Policy is provided under this Policy. Any claim/loss during the Grace period will not be covered.

We are under no obligation to give notice that it is due for Renewal or to renew it on the same terms whether as to premium or otherwise. All Renewal applications and requisite premium shall be given to us on or before the Policy Period end date and in any event before the expiry of the Grace Period.

The Insured/s must exercise the same duty to disclose to the Company before the Renewal of any variation, Alterations like increase/ decrease in Sum Insured or Change in Plan, addition/deletion of members, medical condition of such additional members basis which the renewal premium can stand revised.

The Insured shall give the Company written notice along with Renewal Application, of any material changes to the risk insured under the Policy. If no such written notice is received by us along with Renewal application it shall be deemed that there is no material change to the risk. No Renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

Any revision or modification in a Policy which is approved by the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect.

Any change in benefit or premium (other than due to change in Age) will be done with the approval of the IRDAI and will be intimated to You.

Q. Withdrawal of Product

In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of Insurance Regulatory & Development Authority (Health Insurance) Regulations 2016, have the

option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain renewal under similar product/s available with Us. The Company shall allow the continuity benefits in all such cases.

R. Due Observance

The due observance of and compliance with the terms, provisions, warranties and conditions 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 the Company's liability under this Policy.

S. Policy Extension applicable to Single Trip & Onward Trip

The Policy period can be from minimum 1 day to maximum 180 days which can be extended further for 180 days on payment of additional premium.

Travel Policy Extension beyond seven days can be granted on all travel plans up to the age of 80 years subject to following,

1. No claims being incurred under the original Policy.
2. Declaration from the Insured that the person is in good health and there are no claims reported/occurred during original Policy period.
3. Request should be received by the Company at least 7 days prior to expiry of the earlier Policy period in order to ensure that there is no break in insurance between the original Policy period and requested extension period.
4. Grace period of 7 days with exclusions for the break period will be acceptable and allowed. However all such proposals need to be referred to and approved by the Company as per the Underwriting Policy.

T. Benefit Schedule:

| Sections | Scope of Cover | Scope of Cover | Sum Insured-INR | Deductible-INR/hours per Claim |
|-----------|-------------------------------------|--|---|---------------------------------------|
| Section 1 | Emergency Inpatient Hospitalization | Covers medical expenses incurred towards hospitalization on account of illness or accidental injury occurring during the trip. | Max upto 2,000,000 in multiples of 10,000 | Nil or 1% of SI maximum upto INR 1000 |
| Section 2 | Emergency Accidental | Covers medical expenses incurred towards hospitalization on account of accidental injury | Max upto 2,000,000 in multiples of 10,000 | Nil or 1% of SI maximum upto INR |

| | | | | |
|-----------|--------------------------------------|---|---|--|
| | Hospitalization | occurring during the trip. | | 1000 as a Deductible |
| Section 3 | Outpatient Treatment for Injury | Covers medical expenses incurred towards outpatient treatment on account of accidental injury occurring during the trip. | Max upto 20,000 in multiples of 1,000 | Nil or 2.5% of SI maximum upto INR 500 |
| Section 4 | Ambulance Cover | Covers expenses incurred on an ambulance to transfer insured to the nearest hospital following accidental injury / illness. | Max upto 5,000 in multiples of 500 | Nil |
| Section 5 | Emergency Medical Evacuation | Covers emergency medical evacuation to another Hospital for advance treatment within India, arising out of accidental injury/illness occurring during the trip. | Max upto 500,000 in multiples of 1,000 | Nil |
| Section 6 | Transportation of Mortal Remains | Covers cost of transportation of mortal remains or equivalent amount for burial or cremation of the Insured at the location where death has occurred, in case of death on account of accidental injury/Illness during the trip. | Max upto 500,000 in multiples of 1,000 | Nil |
| Section 7 | Accidental Death* Mandatory Cover | Covers death due to an accident during the trip. Any claim paid under PTD/PPD would be deducted from payment of a claim under this section | Max upto 2,000,000 in multiples of 10,000 | Nil |
| Section 8 | Permanent Total Disablement | Covers Permanent Total Disability caused due to an accident during the trip. | Max upto 2,000,000 in multiples of 10,000 | Nil |
| Section 9 | Permanent Partial Disablement | Covers Permanent Partial Disability caused due to an accident during the trip. | Max upto 2,000,000 in multiples of 10,000 | Nil |

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| Section 10 | Accidental Death (Common Carrier) | Covers accidental death while travelling in a common carrier like bus, tram, rail or aircraft. The cover is provided in addition to the Accidental Death Cover. | Max upto 2,000,000 in multiples of 10,000 (Equivalent or Lower than Death or PTD SI) | Nil |
| Section 11 | Permanent Total Disablement (Common Carrier) | Covers Permanent Total Disability due to an accident while travelling in a common carrier like bus, tram, rail or aircraft. The cover is provided in addition to the Permanent total Disability Cover. | Max upto 2,000,000 in multiples of 10,000 (Equivalent or Lower than Death or PTD SI) | Nil |
| Section 12 | Trip Delay | Reimbursement of expenses incurred towards meals and accommodation, if the Insured journey in an aircraft is delayed than the original scheduled time beyond hours as specified in your Policy Schedule. | Max upto 20,000 in multiples of 1,000. Reimbursed on actuals or upto the max amount whichever is lower | Minimum 3 hours |
| Section 13 | Trip Cancellation | Compensate towards expenses for travel tickets, hotel booking and planned events including excursions, if the Insured's trip needs to be cancelled due to Death/Critical illness/Hospitalization due to an illness or injury of the Insured person/immediate family member, serious damage to Insured residence due to natural calamities or prevention of travel by government. | Max upto 100,000 in multiples of 500. Reimbursed on actuals or upto the max amount whichever is lower. | Nil or 1% of SI with INR 100 as minimum Deductible |
| Section 14 | Trip Cancellation Extension | Reimburse cost of common carrier ticket, if Insured trip needs to be cancelled prior to commencement of the Journey within specified no. of days | Max upto 100,000 in multiples of 500. Reimbursed on actuals or upto the max amount | Nil or 1% of SI Minimum Rs. 100 as a Deductible |

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| | | <p>prior to departure date and time. Or</p> <p>Reimburse difference in ticket cost booked by the Insured from other Carrier, If scheduled Common Carrier on which Insured was booked to travel is cancelled by the carrier authorities and was informed to Insured atleast 1 week before the scheduled date of departure with adjusted flight time difference of more than 2 hours.</p> | whichever is lower. | |
| Section 15 | Loss of Checked in Baggage | Covers expenses incurred towards the total loss of checked in baggage in case of Your travel by Air mode. | Max upto 50,000 in multiples of 1,000. Per Baggage 50% and per Item maximum 10% | Nil |
| Section 16 | Delay of Checked in Baggage | Covers expenses incurred towards purchasing essential personal items of medication, toiletries or clothing if the delivery of checked-in baggage is delayed by a Common Carrier beyond specified duration. | 2,000 after a delay of 8 hours on reimbursement basis followed by 400/per 3hrs max up to 1200. In case of more than once incident during the trip, the Company's overall liability shall be limited to loss suffered for two such incidents of delay of Checked-In Baggage. | 8 hours |
| Section 17 | Home Content (Fire & Allied Perils) | We will compensate the Insured in case of any damage to the content in Insured premises caused due to fire and allied perils during the trip. | Max upto 200,000 in multiples of 10,000 | Nil or 1% of SI maximum upto Rs. 1000 as a Deductible |
| Section 18 | Home Burglary | We will compensate the Insured in case of any burglary/theft at his residence during the trip. | Max upto 200,000 in multiples of 10,000 | 1 % of Claim amount with minimum of INR 250 as a Deductible |

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| Section 19 | Adventure Sports: Accident Cover | Covers death/Permanent Total Disability caused due to an accidental bodily injury on account of participation in any of adventure sports during the trip. | Max upto 200,000 in multiples of 10,000 | Nil or 1% of SI maximum upto Rs. 1000 as a Deductible |
| Section 20 | Adventure Sports: Hospitalization Cover | Covers medical expenses incurred by the Insured towards accidental bodily injury on account of Insured's participation in any of the adventure sports. | Max upto 200,000 in multiples of 10,000 | Nil or 1% of SI maximum upto Rs. 1000 as a Deductible |
| Section 21 | Trip Curtailment | Compensate towards the expenses incurred for travel tickets or hotel booking, if the Insured's Trip is cut short or he needs to return to his city of residence due to Death/Critical illness/Hospitalization of the Insured/immediate family member, serious damage to Insured residence due to natural calamities or Inclement weather condition. | Max upto 100,000 in multiples of 500. Reimbursed on actuals or upto the max amount whichever is lower. | Nil or 2% of SI Maximum upto Rs. 1000 as a Deductible |
| Section 22 | Emergency Family Visit | Covers cost of visit by one immediate family member, in the event of hospitalization of the Insured on account of accidental injury/illness. | Max upto 20,000 in multiples of 1,000 | Nil |
| Section 23 | Emergency Family Accommodation | Covers cost of accommodation of one immediate family member, in the event of hospitalization of the Insured on account of accidental injury/illness. | Max upto 20,000 in multiples of 1,000 | Nil |
| Section 24 | Personal Liability | Covers expenses in respect of any legal liability arising out of | Max upto 200,000 in multiples of 50,000. | INR 1000 |

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| | | accidental bodily injury or accidental property damage by the Insured. | Reimbursed on actuals or upto the max amount whichever is lower. | |
| Section 25 | Hospital Daily Cash – Accident | Pays daily cash allowance, if the Insured is hospitalized due to accidental injury. | 500/1000/1500/2000 per day/7 days | 24 hours |
| Section 26 | Missed Connection | Pays the amount towards missed connection, if the flight/common carrier booked by the Insured to travel from the city of residence is delayed beyond specific duration as mentioned in your Policy than the original scheduled time, for arrival at the destination of the connecting flight, resulting in missing of the connecting flight/ common carrier. | Max upto 20,000 in multiples of 1,000 Reimbursed on actuals or upto the max amount whichever is lower | Nil or 5% of SI with minimum INR 100 as a Deductible |
| Section 27 | Missed Departure | Pays the amount towards the cost of common carrier actual ticket, if Insured cannot reach the original departure point due to public transport services fail or vehicle in which Insured is travelling meets with an accident which results in outpatient/inpatient hospitalization. | Max upto 20,000 in multiples of 1,000 Reimbursed on actuals or upto the max amount whichever is lower | Nil or 5% of SI with minimum INR 100 as a Deductible |
| Section 28 | Loss of Tickets | Pays reasonable cost of economy class actual ticket (common carrier), wherein the ticket is lost by Insured and he is unable to continue his planned travel. | Max upto 20,000 in multiples of 1,000 Reimbursed on actuals or upto the max amount whichever is lower | Nil or 5% of SI minimum INR 100 as a Deductible |
| Section 29 | Emergency Catastrophe | Pays the amount towards the immediate evacuation of the Insured, to avoid any kind of | Max upto 50,000 in multiples of 1,000 | Nil |

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|------------|--|---|---------------------------------------|---|
| | Evacuation | personal injury or illness to him/her. | | |
| Section 30 | Bounced Hotel/Common Carrier Booking | Reimburse expenses for the loss incurred on account of bouncing due to overbooking of hotel reservation or common carrier tickets. | Max upto 25,000 in multiples of 1,000 | Nil or 5% of SI minimum INR 100 as a Deductible |
| Section 31 | Substitute Staff to Complete Your Business | Pays for reasonable travel expenses for a substitute person to complete the original business purposes of the journey on the insured's behalf, if the accidental injury/Illness prevents Insured from completing the business purposes of the journey or he is hospitalized or required to return to place of origin or home town on advice of the registered medical practitioner. | Max upto 25,000 in multiples of 5,000 | Nil |
| Section 32 | Hijack Allowance | Compensation payable on hijack of common carrier in which Insured is travelling. | Max upto 20,000 in multiples of 5,000 | Nil |
| Section 33 | Loss of Credit Card/Debit Card | Covers expenses incurred in obtaining duplicate or fresh Credit card/Debit Card, if Insured loses the Credit Card/Debit Card during the trip. | Max upto 5,000 in multiples of 200 | Nil |
| Section 34 | Emergency Assistance Services | 1. Medical Assistance <ul style="list-style-type: none"> i. Medical Consultation, Evaluation and Referral ii. Medical Monitoring and Case Management iii. Emergency Medical Evacuation iv. Assistance in Repatriation of Mortal Remains | | Nil |

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| | <p>v. Telephone Medical Assistance:</p> <p>2. Trip Assistance</p> <ul style="list-style-type: none"> i. Delayed / Lost / Damaged Baggage Assistance ii. Lost / Expired Travel Documents / Tickets iii. Trip Rescheduling iv. Compassionate Visit v. Assistance with Emergency Family Member Accommodation vi. Assistance of Return of Travelling Companions and Children vii. Emergency Travel Services viii. Hotel Accommodation Referral & Arrangement: ix. Assistance in Emergency Catastrophe Evacuation <p>3. Personal Assistance</p> <ul style="list-style-type: none"> i. Emergency Cash Advance ii. Lost Credit Card/Debit Card Assistance iii. Legal Referral & Assistance iv. Car Rental and Sight-seeing Assistance v. Pet Boarding Assistance | |
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U. Premium Discount:

Group Discount

| No. of Persons Insured under the Group Policy | Group Discounts % |
|---|-------------------|
| Up to 1000 persons | 0% |
| 1001 Persons - 2000 Persons | 2.50% |
| 2001 Persons - 5000 Persons | 5% |
| 5001 Persons – 10000 Persons | 7.50% |
| 10001 Persons - 25000 Persons | 10% |
| 25001 Persons - 50000 Persons | 12.5% |
| Above 50001 Persons | 15% |

Customer Care

24*7 Emergency Assistance:

We at Liberty General Insurance Limited assure to provide assistance to You round the clock. Hence request You to get in touch with our advisor on the mentioned toll free contact number or email ID for any queries, assistance, feedback or grievances. Your suggestions are most welcome to enhance the services.

Part V: Grievance Redressal Procedure

We are concerned about You and are committed to extend the best possible services. In case You are not satisfied with our services or resolutions, please follow the below steps for redressal.

Step 1

Call us on Toll free number: **1800-266-5844**

(8:00 AM to 8:00 PM, 7 days of the week)

or

Email us at: care@libertyinsurance.in

or

Write to us at:

Customer Service

Liberty General Insurance Ltd.

10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013

Step 2

If our response or resolution does not meet Your expectations, You can escalate at Manager@libertyinsurance.in

Step 3

If You are still not satisfied with the resolution provided, You can further escalate at ServiceHead@libertyinsurance.in

An acknowledgement will be sent on receipt of Your concern, We would then investigate the matter internally and respond with a suitable resolution. Please share Your contact details to enable us to get in touch with You.

In case You are not satisfied with the decision or resolution provided by the Company You may approach the Insurance Ombudsman for redressal. The details of Insurance Ombudsman offices are given below:

| Office of the Ombudsman and Contact Details | Areas of Jurisdiction |
|--|---|
| AHMEDABAD 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@ecoi.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in | Karnataka. |
| BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in | Madhya Pradesh Chattisgarh. |
| BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in | Orissa |

| Office of the Ombudsman and Contact Details | Areas of Jurisdiction |
|---|---|
| <p>CHANDIGARH</p> <p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p> | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh. |
| <p>CHENNAI</p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p> | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry). |
| <p>DELHI</p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p> | Delhi. |
| <p>GUWAHATI</p> <p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937</p> | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |

| Office of the Ombudsman and Contact Details | Areas of Jurisdiction |
|---|---|
| Email: bimalokpal.guwahati@ecoi.co.in | |
| HYDERABAD 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in | Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry. |
| JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in | Rajasthan. |
| ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in | Kerala, Lakshadweep, Mahe-a part of Pondicherry. |
| KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 | West Bengal, Sikkim, Andaman & Nicobar Islands. |

| Office of the Ombudsman and Contact Details | Areas of Jurisdiction |
|--|---|
| Email: bimalokpal.kolkata@ecoi.co.in | |
| LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in | Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gajipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. |
| NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in | State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, |

| Office of the Ombudsman and Contact Details | Areas of Jurisdiction |
|---|--|
| | Saharanpur. |
| PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in | Bihar, Jharkhand. |
| PUNE 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.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |

GOVERNING BODY OF INSURANCE COUNCIL

Shri P.N. Gandhi, Secretary General

Smt Moushumi Mukherji, Secretary

3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai – 400 054.

Tel: 022 – 26106889 / 671 / 980

Fax: 022 – 26106949

Email: inscoun@ecoi.co.in

For updated details of Insurance Ombudsman Offices You may visit Governing Body of Insurance Council (GBIC) website at <http://www.gbic.co.in/ombudsman.html> or our website at <https://www.libertyinsurance.in/customer-support/grievance-redressal>

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

Annexure A- Claim Documents Checklist

Following is the indicative document list for reimbursement claims:

Emergency Inpatient Hospitalization, Emergency Accidental Hospitalization, Ambulance Cover, Outpatient Treatment for Injury, Emergency Medical Evacuation, Hospital Daily Cash - Accident Only & Adventure Sports: Hospitalization Cover:

- Flight itinerary and Boarding pass and/or ticket details as applicable
- Duly filled and signed Claim Form.
- Policy Copy
- Photocopy of ID card / Photocopy of current year policy.
- Original Detailed Discharge Summary / Day care summary from the hospital. Original consolidated hospital bill with bill no and break up of each Item, duly signed by the insured.
- Original payment Receipt of the hospital bill with receipt number
- First Consultation letter and subsequent Prescriptions.
- Original bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
- Copy of Indoor cases papers and other medical records as applicable for claim
- Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- Original medicine bills and receipts with corresponding Prescriptions.
- Original invoice/bills for Implants (viz. Stent / PHS Mesh/ IOL etc.) with original payment receipts.
- Hospital Registration Number and PAN details from the Hospital
- Doctors registration Number and Qualification from the doctor
- Photo ID and Address proof of policy holder and patient
- Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- C-KYC form for claims above 1 lac

Accident Death, Accident Death (Common Carrier) & Adventure Sports: Accident Cover:

- Duly Completed Personal Accident Insurance Policy Claim Form signed by Nominee.
- Boarding pass and/or ticket towards the journey
- Copy of address proof (Ration card or electricity bill copy).
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).

- Attested copy of Viscera report if any (Only if Post Mortem is conducted).
- Claim form with NEFT details
- Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Original Policy copy

Permanent Total Disablement, Permanent Partial Disablement & Permanent Total Disablement (Common Carrier):

- Duly Completed Personal Accident Insurance Policy Claim Form signed by insured.
- Boarding pass and/or ticket towards the journey
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
- Attested copy of FIR.
- All X-Ray / Investigation reports and films supporting to disablement.
- Claim form with NEFT details
- Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Original Policy copy.

Transportation of Mortal Remains:

- Duly filled and signed Claim Form.
- Original Policy copy.
- Flight itinerary and Boarding pass and/or ticket details as applicable
- Copy of death certificate with date, time, place and cause of death.
- Post mortem report, if conducted.
- Documentary evidence towards expenses incurred on disposal of mortal remains.
- In case of transportation of mortal remains, receipt towards expenses incurred in preparation and packing of mortal remains of the deceased along with the transportation of the same to the city of residence.

Ambulance Cover

- Duly filled and signed Claim Form.
- Original Policy copy.
- Flight itinerary and Boarding pass and/or ticket details as applicable
- Original Bill with Original Payment Receipt.
- Treating Doctor's consultation prescription indicating Emergency Hospitalization.

Trip Delay

- Duly filled and signed Claim Form.

- Policy copy
- Cancelled cheque
- Invoices related to List of essential purchases made, such as meals, refreshments or other related expenses directly resulting from the flight delay.
- Confirmation letter from the airlines clearly stating the duration and the reason for flight delay (Mandatory)
- Copies of Boarding Pass, Ticket.
- Please Note: Claim payment can be made only against the receipts for expenses directly resulting from flight delay.

Trip Cancellation, Trip Cancellation Extension and Trip Curtailment:

- Duly filled and signed Claim Form.
- Policy copy
- Letter from insured mentioning the reason of trip cancellation with related proof
- Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation
- Copies of Travel ticket and boarding pass of flight or travel ticket in case of rail or any other common carrier boarded by Insured.
- Medical reports and doctor's certificate in case of medical reasons for Trip cancellation/Curtailment
- Copy of death certificate in case of death of the immediate family member.
- Proof of travel and accommodation expenses made in advance for the trip
- Copies of receipts of travel and accommodation and proof of refund received for travel and accommodation expenses.
- Certificate from service providers about deductions of travel and accommodation charges.
- Cancelled cheque

Loss of Checked In Baggage Loss:

- Duly filled and signed claim form
- Policy copy
- Copies of Travel ticket and/or boarding pass
- Claim form submitted to airlines, mentioning the details items lost/damaged, with their respective cost. (Mandatory)
- Flight itinerary
- Cancelled Cheque
- Original Property Irregularity Report (PIR) from airlines
- Baggage Loss/Damage Report OR letter from airlines OR any other document from airlines confirming the loss of items.
- Details of Compensation received from Airlines If Any.
- Original Bills/Receipts for the items lost.

Delay of Checked In Baggage:

- Duly filled and signed claim form
- Copies of travel tickets/boarding pass/baggage tags
- Correspondence copies with common carrier about the delay of Baggage certificate with delay and actual date and time of delivery of baggage.
- Original Property Irregularity Report (PIR) from airlines
- Details of Compensation received from Airlines If Any.
- Flight itinerary
- Policy copy
- Cancelled Cheque
- Original Bills/Receipts of medication, toiletries or clothing purchased

Home Content – Fire & Allied Perils:

- Duly filled and signed claim form
- Policy copy
- Copies of Travel ticket and/or boarding pass
- First Information Report
- Panchnama
- Investigation Report by the Police
- Fire Brigade Report
- Estimate and final bills of repairers
- Invoices of owned articles, if required by the Company
- Legal opinion wherever required
- Any other document as may be appropriately applicable for the claims

Home Burglary (Contents):

- Duly filled and signed claim form
- Policy copy
- Copies of Travel ticket and/ or boarding pass
- Proof of complaint to local police
- Inventory/list of items stolen/ damaged and their cost
- Details of householders Policy
- Report of the Surveyor
- Bills towards repair of damages (if applicable)
- Any other document as may be appropriately applicable for the claims

Emergency Family Visit & Accommodation:

- Duly filled and signed claim form
- Insured person/s Original Travel ticket and boarding pass

- Certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by a member of the Family or near relative during the entire period of Hospitalization.
- Policy copy
- Cancelled cheque
- Discharge summary
- Detail of expenses invoice
- Ticket used for the travel to and fro by the member of the Family or near relative.

Personal liability:

- Duly filled and signed claim form
- Policy copy
- Original Travel ticket and boarding pass
- Self-Declaration and statement of event in writing
- Statements of the witnesses
- Legal notice/summons or any other documents relevant to incident
- Any other document as may be appropriately applicable for the claims

Missed Connection:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copies of Travel ticket and boarding pass of flight Scheduled from the first port of arrival
- Copies of Travel ticket and boarding pass of New flight Scheduled from the first port of arrival
- Confirmation from the Common Carrier of the delayed flight
- Reasons for delay
- Unused ticket for the ongoing flight (Missed Flight) with an endorsement of the Common Carrier of cancellation of the same
- Original used ticket obtained afresh towards the alternative flight
- Certificate from the Common Carrier 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.

Missed Departure:

- Duly filled and signed claim form.
- Policy copy
- Cancelled cheque
- Original Travel ticket and boarding pass
- Missed departure certified by the concerned Schedule airlines/ Scheduled Railways / Scheduled Road Transport
- Proof of complaint to local police incase vehicle in which You are travelling is involved in an accident
- Proof of Public transport services failure

Loss of tickets:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copy of new Ticket
- Copy of previous Ticket (if available)
- Proof of complaint to local police
- Proof of complaint to common carrier and their response on the same.

Emergency Catastrophe Evacuation:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copies of Travel ticket and /or boarding pass
- Documentary evidence towards the catastrophe occurred.
- Any other document as may be appropriately applicable for the claims

Bounced Hotel/Common Carrier Booking:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Proof against hotel/common carrier booking Details
- Letter from Hotel/common carrier mentioning reason for non-accommodation and compensation received if any
- Bills/invoices and receipt raised against the accommodation or transportation

Substitute Staff to Complete Your Business:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Original Travel ticket and boarding pass
- Copies of Medical records which prevents Insured from completing the business purposes of the journey.
- Any other document as may be appropriately applicable for the claims

Hijack Allowance:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copies of Travel ticket and boarding pass
- Correspondence copies with common carrier about the event

- Self-Declaration and statement of event in writing
- Statements of the witnesses
- Any other document as may be appropriately applicable for the claims

Loss of Credit Card/Debit Card:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copy of new debit card/credit card
- Copy of previous debit card/credit card (if available)
- Copy of return tickets
- Proof of complaint to local police
- Any other document as may be appropriately applicable for the claims

STANDARD LIST OF EXCLUDED ITEMS

| S.No | NAME OF THE NON MEDICAL ITEM | PAYABLE/NOT PAYABLE |
|--|---|--|
| TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS | | |
| 1 | ANNE FRENCH CHARGES | Not Payable |
| 2 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | Not Payable |
| 3 | BABY FOOD | Not Payable |
| 4 | BABY UTILITES CHARGES | Not Payable |
| 5 | BABY SET | Not Payable |
| 6 | BABY BOTTLES | Not Payable |
| 7 | BOTTLE | Not Payable |
| 8 | BRUSH | Not Payable |
| 9 | COSY TOWEL | Not Payable |
| 10 | HAND WASH | Not Payable |
| 11 | MOISTURISER PASTE BRUSH | Not Payable |
| 12 | POWDER | Not Payable |
| 13 | RAZOR | Payable |
| 14 | TOWEL | Not Payable |
| 15 | SHOE COVER | Not Payable |
| 16 | BEAUTY SERVICES | Not Payable |
| 17 | BELTS/ BRACES | Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine. |
| 18 | BUDS | Not Payable |

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| 19 | BARBER CHARGES | Not Payable |
| 20 | CAPS | Not Payable |
| 21 | COLD PACK/HOT PACK | Not Payable |
| 22 | CARRY BAGS | Not Payable |
| 23 | CRADLE CHARGES | Not Payable |
| 24 | COMB | Not Payable |
| 25 | DISPOSABLES RAZORS CHARGES (for site preparations) | Payable |
| 26 | EAU-DE-COLOGNE / ROOM FRESHNERS | Not Payable |
| 27 | EYE PAD | Not Payable |
| 28 | EYE SHEILD | Not Payable |
| 29 | EMAIL / INTERNET CHARGES | Not Payable |
| 30 | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) | Not Payable |
| 31 | FOOT COVER | Not Payable |
| 32 | GOWN | Not Payable |
| 33 | LEGGINGS | Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable. |
| 34 | LAUNDRY CHARGES | Not Payable |
| 35 | MINERAL WATER | Not Payable |
| 36 | OIL CHARGES | Not Payable |
| 37 | SANITARY PAD | Not Payable |
| 38 | SLIPPERS | Not Payable |
| 39 | TELEPHONE CHARGES | Not Payable |
| 40 | TISSUE PAPER | Not Payable |
| 41 | TOOTH PASTE | Not Payable |
| 42 | TOOTH BRUSH | Not Payable |
| 43 | GUEST SERVICES | Not Payable |
| 44 | BED PAN | Not Payable |
| 45 | BED UNDER PAD CHARGES | Not Payable |
| 46 | CAMERA COVER | Not Payable |
| 47 | CARE FREE | Not Payable |
| 48 | CLINIPLAST | Not Payable |
| 49 | CREPE BANDAGE | Not Payable |
| 50 | CURAPORE | Not Payable |
| 51 | DIAPER OF ANY TYPE | Not Payable |

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| 52 | DVD, CD CHARGES | Not Payable (However if CD is specifically sought by Insurer/TPA then payable) |
| 53 | EYELET COLLAR | Not Payable |
| 54 | FACE MASK | Not Payable |
| 55 | FLEXI MASK | Not Payable |
| 56 | GAUSE SOFT | Not Payable |
| 57 | GAUZE | Not Payable |
| 58 | HAND HOLDER | Not Payable |
| 59 | HANSAPLAST/ ADHESIVE BANDAGES | Not Payable |
| 60 | LACTOGEN/ INFANT FOOD | Not Payable |
| 61 | SLINGS | Reasonable costs for one sling in case of upper arm fractures may be considered ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES |
| ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES | | |
| 62 | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES | Exclusion in policy unless otherwise specified |
| 63 | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC., | Not Payable |
| 64 | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION | Not Payable |
| 65 | HORMONE REPLACEMENT THERAPY | Exclusion in policy unless otherwise specified |
| 66 | HOME VISIT CHARGES | Exclusion in policy unless otherwise specified |
| 67 | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE | Exclusion in policy unless otherwise specified |
| 68 | OBESITY (INCLUDING MORBID OBESITY) TREATMENT | Exclusion in policy unless otherwise specified |
| 69 | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS | Exclusion in policy unless otherwise specified |
| 70 | CORRECTIVE SURGERY FOR REFRACTIVE ERROR | Exclusion in policy unless otherwise specified |
| 71 | TREATMENT OF SEXUALLY TRANSMITTED DISEASES | Exclusion in policy unless otherwise specified |
| 72 | DONOR SCREENING CHARGES | Exclusion in policy unless otherwise specified |
| 73 | ADMISSION/REGISTRATION CHARGES | Exclusion in policy unless otherwise specified |
| 74 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE | Exclusion in policy unless otherwise specified |
| 75 | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED | Not Payable - Exclusion in policy unless otherwise specified |

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| 76 | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not payable as per HIV/AIDS exclusion |
| 77 | STEM CELL IMPLANTATION/ SURGERY | Not Payable except Bone Marrow Transplantation where covered by policy |
| | ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS | |
| 78 | WARD AND THEATRE BOOKING CHARGES | Payable under OT Charges, not payable separately |
| 79 | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS | Rental charged by the hospital payable. Purchase of Instruments not payable. |
| 80 | MICROSCOPE COVER | Payable under OT Charges, not separately |
| 81 | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER | Payable under OT Charges, not separately |
| 82 | SURGICAL DRILL | Payable under OT Charges, not separately |
| 83 | EYE KIT | Payable under OT Charges, not separately |
| 84 | EYE DRAPE | Payable under OT Charges, not separately |
| 85 | X-RAY FILM | Payable under Radiology Charges, not as consumable |
| 86 | SPUTUM CUP | Payable under Investigation Charges, not as consumable |
| 87 | BOYLES APPARATUS CHARGES | Part of OT Charges, not separately |
| 88 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood, not payable |
| 89 | SAVLON Not | Payable-Part of Dressing Charges |
| 90 | BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES | Not Payable - Part of Dressing charges |
| 91 | COTTON | Not Payable-Part of Dressing Charges |
| 92 | COTTON BANDAGE | Not Payable- Part of Dressing Charges |
| 93 | MICROPORE/ SURGICAL TAPE | Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges |
| 94 | BLADE | Not Payable |
| 95 | APRON | Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges |
| 96 | TORNIQUET | Not Payable (service is charged by hospitals, consumables cannot be separately charged) |

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| 97 | ORTHOBUNDLE, GYNAEC BUNDLE | Part of Dressing Charges |
| 98 | URINE CONTAINER | Not Payable |
| ELEMENTS OF ROOM CHARGE | | |
| 99 | LUXURY TAX | Actual tax levied by government is payable. Part of room charge for sub limits |
| 100 | HVAC | Part of room charge not payable separately |
| 101 | HOUSE KEEPING CHARGES | Part of room charge not payable separately |
| 102 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | Part of room charge not payable separately |
| 103 | TELEVISION & AIR CONDITIONER CHARGES | Payable under room charges not if separately levied |
| 104 | SURCHARGES | Part of Room Charge, Not payable separately |
| 105 | ATTENDANT CHARGES | Not Payable - Part of Room Charges |
| 106 | IM IV INJECTION CHARGES | Part of nursing charges, not payable |
| 107 | CLEAN SHEET | Part of Laundry/Housekeeping not payable separately |
| 108 | EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by hospital is payable |
| 109 | BLANKET/WARMER BLANKET | Not Payable- part of room charges |
| ADMINISTRATIVE OR NON-MEDICAL CHARGES | | |
| 110 | ADMISSION KIT | Not Payable |
| 111 | BIRTH CERTIFICATE | Not Payable |
| 112 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | Not Payable |
| 113 | CERTIFICATE CHARGES | Not Payable |
| 114 | COURIER CHARGES | Not Payable |
| 115 | CONVENYANCE CHARGES | Not Payable |
| 116 | DIABETIC CHART CHARGES | Not Payable |
| 117 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES | Not Payable |
| 118 | DISCHARGE PROCEDURE CHARGES | Not Payable |
| 119 | DAILY CHART CHARGES | Not Payable |
| 120 | ENTRANCE PASS / VISITORS PASS CHARGES | Not Payable |
| 121 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE | To be claimed by patient under Post Hosp where admissible |
| 122 | FILE OPENING CHARGES | Not Payable |
| 123 | INCIDENTAL EXPENSES / MISC. | Not Payable |

| CHARGES (NOT EXPLAINED) | | |
|--------------------------|--|---|
| 124 | MEDICAL CERTIFICATE | Not Payable |
| 125 | MAINTAINANCE CHARGES | Not Payable |
| 126 | MEDICAL RECORDS | Not Payable |
| 127 | PREPARATION CHARGES | Not Payable |
| 128 | PHOTOCOPIES CHARGES | Not Payable |
| 129 | PATIENT IDENTIFICATION BAND / NAME TAG | Not Payable |
| 130 | WASHING CHARGES | Not Payable |
| 131 | MEDICINE BOX | Not Payable |
| 132 | MORTUARY CHARGES | Payable upto 24 hrs, shifting charges not payable |
| 133 | MEDICO LEGAL CASE CHARGES (MLC CHARGES) | Not Payable |
| EXTERNAL DURABLE DEVICES | | |
| 134 | WALKING AIDS CHARGES | Not Payable |
| 135 | BIPAP MACHINE | Not Payable |
| 136 | COMMODE | Not Payable |
| 137 | CPAP/ CAPD EQUIPMENTS | Device not payable |
| 138 | INFUSION PUMP - COST | Device not payable |
| 139 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable |
| 140 | PULSEOXYMETER CHARGES | Device not payable |
| 141 | SPACER | Not Payable |
| 142 | SPIROMETRE | Device not payable |
| 143 | SPO2 PROBE | Not Payable |
| 144 | NEBULIZER KIT | Not Payable |
| 145 | STEAM INHALER | Not Payable |
| 146 | ARMSLING | Not Payable |
| 147 | THERMOMETER | Not Payable (paid by patient) |
| 148 | CERVICAL COLLAR | Not Payable |
| 149 | SPLINT | Not Payable |
| 150 | DIABETIC FOOT WEAR | Not Payable |
| 151 | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable |
| 152 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER | Not Payable |
| 153 | LUMBO SACRAL BELT | Essential and should be paid at least specifically for cases who have undergone |

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| | | surgery of lumbar spine. |
| 154 | NIMBUS BED OR WATER OR AIR BED CHARGES | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/day |
| 155 | AMBULANCE COLLAR | Not Payable |
| 156 | AMBULANCE EQUIPMENT | Not Payable |
| 157 | MICROSHEILD | Not Payable |
| 158 | ABDOMINAL BINDER | Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
| ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION | | |
| 159 | BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC | May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital |
| 160 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES | Post hospitalization nursing charges not Payable |
| 161 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES | Patient Diet provided by hospital is payable |
| 162 | ALEX SUGAR FREE | Payable -Sugar free variants of admissible medicines are not excluded |
| 163 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) | Payable when prescribed |
| 164 | DIGENE GEL/ ANTACID GEL | Payable when prescribed |
| 165 | ECG ELECTRODES | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable. |
| 166 | GLOVES | Sterilized Gloves payable / unsterilized gloves not payable |
| 167 | HIV KIT | Payable - payable Pre operative screening |
| 168 | LISTERINE/ ANTISEPTIC MOUTHWASH | Payable when prescribed |
| 169 | LOZENGES | Payable when prescribed |
| 170 | MOUTH PAINT | Payable when prescribed |
| 171 | NEBULISATION KIT | If used during hospitalization is payable reasonably |

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| 172 | NEOSPRIN | Payable when prescribed |
| 173 | NOVARAPID | Payable when prescribed |
| 174 | 17 VOLINI GEL/ ANALGESIC GEL | Payable when prescribed |
| 175 | ZYTEE GEL | Payable when prescribed |
| 176 | VACCINATION CHARGES | Routine Vaccination not Payable / Post Bite Vaccination Payable |
| PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE | | |
| 177 | AHD | Not Payable - Part of Hospital's internal Cost |
| 178 | ALCOHOL SWABES | Not Payable - Part of Hospital's internal Cost |
| 179 | SCRUB SOLUTION/STERILLIUM | Not Payable - Part of Hospital's internal Cost |
| OTHERS | | |
| 180 | VACCINE CHARGES FOR BABY | Not Payable |
| 181 | AESTHETIC TREATMENT / SURGERY | Not Payable |
| 182 | TPA CHARGES | Not Payable |
| 183 | VISCO BELT CHARGES | Not Payable |
| 184 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable |
| 185 | EXAMINATION GLOVES | Not Payable |
| 186 | KIDNEY TRAY | Not Payable |
| 187 | MASK | Not Payable |
| 188 | OUNCE GLASS | Not Payable |
| 189 | OUTSTATION CONSULTANT'S/ SURGEON'S FEES | Not payable, except for telemedicine consultations where covered by policy |
| 190 | OXYGEN MASK | Not Payable |
| 191 | PAPER GLOVES | Not Payable |
| 192 | PELVIC TRACTION BELT | Should be payable in case of PIVD requiring traction as this is generally not reused |
| 193 | REFERAL DOCTOR'S FEES | Not Payable |
| 194 | ACCU CHECK (Glucometry/ Strips) | Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable |
| 195 | PAN CAN | Not Payable |
| 196 | SOFNET | Not Payable |
| 197 | TROLLY COVER | Not Payable |
| 198 | UROMETER, URINE JUG | Not Payable |

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| 199 | AMBULANCE | Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable |
| 200 | TEGADERM / VASOFIX SAFETY | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs |
| 201 | URINE BAG | Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs |
| 202 | SOFTOVAC | Not Payable |
| 203 | STOCKINGS | Essential for case like CABG etc. where it should be paid. |