

Group Travel Insurance Policy

Policy Wordings

Section A. Preamble

This Policy is a contract of insurance between You and Us which is subject to the receipt of premium as specified in the Policy Schedule in full in respect of the Insured Persons and the terms, conditions and exclusions of this Policy.

The group administrator's/Master Policyholder's role is that of only a facilitator in offering a group cover and facilitating insurance services including claims from a central point.

This Policy is valid for the period as specified in the Policy Schedule or the Certificate of Insurance.

The terms listed in Section B (Definitions) and which have been used elsewhere in the Policy in Initial Capital letters shall have the meaning set out against them in Section B, wherever they appear in the Policy.

Section B. Definitions

I. Standard Definitions

1. **Accident:** An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Cashless Facility:** Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
3. **Condition Precedent:** Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
4. **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
5. **Co-Payment:** It means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
6. **Day Care Centre:** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
 - i) has qualified nursing staff under its employment;
 - ii) has qualified medical practitioner/s in charge;
 - iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
7. **Day Care Treatment:** Day care treatment means medical treatment, and/or *surgical procedure* which is:
 - a. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - b. which would have otherwise required hospitalization of more than 24 hours.

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

- 8. Deductible:** Deductible means the Rupee amount or number of hours/day specified in the Policy or in the Certificate of Insurance for which the Insurer will not be liable, and which will apply before the Benefits under this policy are payable.
- 9. Dental Treatment:** Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 10. 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.
- 11. 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.
- 12. 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Policy Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- 13. Hospitalization:** Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 14. 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:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check- ups, and /or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur
- 15. Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 16. 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.
- 17. Medical Advice:** Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 18. 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.

- 19. New Born Baby:** Newborn baby means baby born during the Policy Period and is aged upto 90 days.
- 20. Notification of a claim:** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 21. 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.
- 22. Post-Hospitalization Medical Expenses:** Post hospitalization medical expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
 - a. Such medical expenses are for the same condition for which the insured person's hospitalization was required, and
 - b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 23. Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 24. Surgery or Surgical Procedure:** Surgery or Surgical Procedure means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.
- 25. 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.

II. Specific Definitions

- 1. Adventure Sports:** Adventure Sports means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes racing and competitions, stunt activities of any kind, adventure racing, base jumping, blathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighbing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting, wrestling and activities of similar nature.
- 2. Age or Aged:** Age or Aged means completed years as at the Commencement Date.
- 3. Ambulance:** Ambulance means a road vehicle operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of a person requiring medical attention.
- 4. Assistance Service Provider:** Assistance Service Provider means the service provider specified in the Certificate of Insurance, appointed by Us from time to time.
- 5. Benefit:** Benefit means a base benefit available to the Insured Person. The Certificate of Insurance will specify the benefits which are applicable to the Insured Person under the Policy.
- 6. Cover Option:** Cover Option means an additional benefit available under the applicable Benefit which applies to the Insured Person. The Certificate of Insurance will specify the Cover Options which are applicable to the Insured Person under the Policy.
- 7. Catastrophe:** Catastrophe is an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption in travel schedules.
- 8. Certificate of Insurance:** Certificate of Insurance means the certificate issued to the Insured Person confirming the Insured Person's cover under the Policy.
- 9. Checked-In Baggage:** Checked-In Baggage means the baggage entrusted by the Insured Person

and accepted by a Common Carrier for transportation for which a baggage receipt is issued to the Insured Person by the Common Carrier, excluding all items that are carried/ transported under a Contract of Affreightment.

10. **City of Residence:** City of Residence means the city, town or village in India in which the Insured Person or Insured Person's Immediate Relative is currently residing.
11. **Commencement Date:** Commencement Date means the start date of the Policy as specified in the Policy Schedule.
12. **Common Carrier:** Common Carrier means any public civilian road, rail or water conveyance or scheduled public aircraft, which is operating under a valid license from the relevant authority for the transportation of fare paying passengers under a valid ticket. If the Certificate of Insurance specifies that Personal Vehicles will also be covered, then for the purposes of that Insured Person only, Common Carrier will also include automobiles owned or used by the Insured Person.
13. **Common Death or Disability Sum Insured** means the amount specified in the Policy Schedule / Certificate of Insurance cumulatively against Benefit 1.1 (Accidental Death Benefit), Benefit 1.2 (Permanent and Total Disability), Benefit 1.3 (Permanent Partial Disability) and Benefit 1.4 (Temporary Total Disability) that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person under such Benefits during the Coverage Period.
14. **Country of Residence:** Country of Residence means the country in which the Insured Person is currently residing as specified in the Insured Person's correspondence address in the Certificate of Insurance.
15. **Coverage Period:** Coverage Period means the period specified in the Certificate of Insurance which commences on the coverage commencement date specified in the Certificate of Insurance and ends on the coverage expiry date specified in the Certificate of Insurance.
16. **Crisis Consultant:** The Crisis Consultant is the organization identified in the Certificate of Insurance, or any alternative organization which We/Our Assistance Service Provider and You agree in writing to act in place of or in addition to such organization, whether in respect of the Policy in its entirety or in respect of a particular claim.
17. **Defence Costs:** Defence Costs are reasonable costs necessarily incurred in defending the Insured Person against any civil proceeding initiated against him/her during the Travel Period.
18. **Educational Institution:** Educational Institution means any registered and accredited educational institution which is duly licensed to provide educational services by trained or qualified teacher and where the Insured Person is registered as a full-time student.
19. **EMI(s) or EMI Amount(s):** EMI(s) or EMI Amount(s) means and includes the amount of monthly payment required to repay the Principal Outstanding Amount and any applicable interest by the Insured Person, as set forth in the amortization chart referred to in the relevant Loan agreement (or any amendments thereto) between the bank/financial institution and the Insured Person as on the date of any occurrence or event which gives rise to a claim under this Policy.
20. **Event:** Event means any official sporting occasion, music concert, exhibition, educational / cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction where admission is only by way of tickets sold in advance.
21. **Expected Days of Visa Arrival:** Expected Days of Visa Arrival means the expected number of days given by the Authority by which the visa is expected after completing all the documentation process.
22. **Geographical Scope:** Geographical Scope means the countries or geographical boundaries in which the coverage of the Insured Person under the Certificate of Insurance is valid. The Certificate of Insurance will specify whether the Geographical Scope for the Insured Person is Overseas, or Domestic, or Overseas + Domestic.
23. **Hazardous Activities:** Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro- lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting,

power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and other activities of similar kind.

24. **Immediate Relative:** Immediate Relative means the Insured Person's spouse, children, siblings, parents or in-laws.
25. **Insured Person:** Insured Person means the person named in the Certificate of Insurance who is covered under this Policy.
26. **Life Threatening Medical Condition:** Life Threatening Medical Condition means medical condition suffered by the Insured Person which has the following characteristics:
 - a. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or
 - b. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or
 - c. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ failures and requires interpretation of multiple physiological parameters and application of advanced technology; or
 - d. Critical care being provided in critical care area such as coronary care unit, Intensive Care Unit, respiratory care unit, or the emergency department;

And certified by the attending Medical Practitioner as a Life Threatening Medical Condition.

27. **Loan:** Loan means the sum of money lent at an interest or otherwise to the Insured Person by any bank/financial institution as identified by the Loan Account Number specified in the Certificate of Insurance or certified in writing and provided to Us by the bank/financial institution.
28. **Loss of Independent Living:** Loss of Independent Living means inability to perform one or more of the following activities of daily living:
 - a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
 - b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
 - d. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - e. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available;
 - f. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

29. **Medically Necessary Treatment:** Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
 - a. is required for the medical management of the illness or injury suffered by the insured;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a medical practitioner;
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
30. **Medical Practitioner:** Medical Practitioner means a person who holds a valid registration from the medical council of any State and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes a physician and / or surgeon.

31. **Money:** Money means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveller's cheques, postal orders and current postage stamps not forming part of a collection.
32. **Nominee:** Nominee means the person named in the Certificate of Insurance to receive the benefits

due under the Policy on the death of the Insured Person.

33. **Non-Allopathic Treatment:** Non-Allopathic Treatment refers to forms of treatments other than treatment "Allopathy" or "modern medicine" and includes AYUSH Treatment given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems, in the Indian context.
34. **Policy:** Policy means the statements in the proposal form/personal statement, these terms and conditions, the Cover Options (if any), endorsements (if any), annexures to the Policy, the Policy Schedule (as amended from time to time), and the Certificates of Insurance issued to the Insured Persons.
35. **Policy Period:** Policy Period means the period between the Commencement Date and the expiry date of the Policy as specified in the Policy Schedule.
36. **Policy Schedule:** Policy Schedule means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period, special conditions, and the limits to which Benefits under the Policy are subject to, and as may be amended from time by way of endorsements made to or on it, and where more than one, then the latest in time.
37. **Portability:** Portability means the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for Pre-Existing conditions and time bound exclusions, from one insurer to another insurer.
38. **Pre-existing Disease:** Pre-existing disease means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
39. **Qualified Nurse** means a person who holds a valid registration of nursing in the country of treatment, or from the Nursing Council of India or the Nursing Council of any state in India.
40. **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.
41. **Single Trip Cover:** Single Trip Cover means a Certificate of Insurance under which there cannot be more than one Travel Period during the Policy Period. The Certificate of Insurance will specify if Single Trip Cover applies to the Insured Person.
42. **Sum Insured:** Sum Insured means the amount specified in the Certificate of Insurance against an Benefit, Cover Option or set of Benefits respectively that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person under that Benefit(s)/Cover Option during the Coverage Period.

If the Policy is issued on a corporate floater basis, a Corporate Floater Sum Insured of the amount specified in the Certificate of Insurance will be available to each Insured Person covered under corporate floater during the Coverage Period, once the Sum Insured available against the respective Benefit(s)/Cover Option is exhausted for such respective Insured Person, per the terms and conditions of the Policy.

43. **Travel Period:** Travel Period means a period of time within the Coverage Period commencing from when (i) the Insured Person crosses the international border of the Country of Residence to leave that country on a Common Carrier if the Geographical Scope specified in the Certificate of Insurance is Overseas OR (ii) the Insured Person departs from the City of Residence to leave that city on a on a Common Carrier if the Geographical Scope specified in the Certificate of Insurance is Domestic; OR (iii) the Insured Person departs from the City of Residence on a Common Carrier and immediately thereafter as part of the same trip crosses the international border of the Country of Residence to leave that country on a Common Carrier if the Geographical Scope specified in the Certificate of Insurance is Overseas + Domestic,

AND expires automatically on the earliest of the following:

(a) The Insured Person crosses the international border to return to the Country of Residence on a Common Carrier if the Geographical Scope specified in the Certificate of Insurance is Overseas OR returns to the City of Residence on a Common Carrier if the Geographical Scope specified in the Certificate of Insurance is Domestic OR returns to the City of Residence on a Common Carrier immediately after crossing the international border of the Country of Residence on a Common Carrier as part of the same trip if the Geographical Scope specified in the Certificate of Insurance is Overseas + Domestic; OR

- (b) the coverage expiry date specified in the Certificate of Insurance; OR
(c) the expiry of the maximum period of time per trip specified in the Certificate of Insurance.
44. **Valuables:** Valuables means and includes photographic, audio, video, computer and any other electronic and electrical equipment, cellular phones, data, business goods, telecommunications and electrical equipment, motor vehicles and any accessories, telescopes, lenses, binoculars, antiques, art, watches, jewellery and gems, furs and articles made of precious stones and metals.
45. **Waiting Period:** Waiting Period means a time-bound exclusion period related to condition(s) specified in the Policy Schedule/Certificate of Insurance which shall be served before a claim related to such condition becomes admissible. No Waiting Periods shall be applicable in case of subsequent Renewals, subject to no break-in Policy.
46. **We/Our/Us:** We/Our/Us means Acko General Insurance Limited.
47. **You/Your:** You/Your means the employer or legally constituted entity named in the Policy Schedule who has concluded this Policy with Us.

Section C Benefits

The Policy Schedule or the Certificate of Insurance will specify which Benefits and available Cover Options under the Benefits are in force for the Insured Persons under the Policy.

Claims made in respect of an Insured Person for any of the Benefits and Cover options applicable to the Insured Person shall be subject to the applicable sub-limits/ Co-Payment /Deductibles/other conditions specified for the Benefits, applicable Waiting Periods (if any), as specified in Policy Schedule / Certificate of Insurance and the terms, conditions and exclusions of this Policy.

The claims related to Hospitalization will be payable only if the Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.

We will indemnify only those costs and expenses whether medical or non-medical related, that are Reasonable and Customary Charges.

All claims must be made in accordance with the procedure set out in Section F (Claims Procedure and Requirements).

I. Benefits

1. Accidental Death Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 1. (Accidental Death Benefit), Benefit 2 (Permanent Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured, then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

On the acceptance of a claim under this Benefit and payment being made under any applicable Cover Options, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

2. Permanent Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured:

Acko General Insurance Limited

3rd Floor, F-wing, Lotus Corporate Park, Goregaon East, Mumbai, Maharashtra 400063
IRDAI Reg No: 157 | CIN: U66000MH2016PLC287385 | UIN: ACKTGBP21525V022021
www.acko.com | Toll free: 1800 266 2256 | Mail: hello@acko.com

Nature of Permanent Total Disability
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit:

- Limb** means a hand at or above the wrist or a foot above the ankle;
- Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

This Benefit will be payable provided that:

- Except in cases of physical separation, the Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement;
- If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured specified against this Benefit in the Policy Schedule / Certificate of Insurance.
- If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.
- If We have admitted a claim for Permanent Total Disability in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies;
- On the acceptance of a claim under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person after the payment of any other applicable Benefits and Cover Options.

3. Permanent Partial Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, we will indemnify the percentage of the amount specified in the table below:

Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%

Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%

vi.	Total and irrecoverable loss of hearing in both ears	50%
vii.	Total and irrecoverable loss of hearing in one ear	15%
viii.	Total and irrecoverable loss of speech	50%
ix.	Loss of four fingers and thumb of one hand	40%
x.	Loss of four fingers	35%
xi.	Loss of thumb- both phalanges	25%
xii.	Loss of thumb- one phalanx	10%
xiii.	Loss of index finger-three phalanges	10%
xiv.	Loss of index finger-two phalanges	8%
xv.	Loss of index finger-one phalanx	4%
xvi.	Loss of middle/ring/little finger-three phalanges	6%
xvii.	Loss of middle/ring/little finger-two phalanges	4%
xviii.	Loss of middle/ring/little finger-one phalanx	2%

This Benefit will be payable provided that:

- Except in cases of physical separation, the Permanent Partial Disability continues for a period of at least 180 days from the commencement of the Permanent Partial Disability and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement;
- If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disability specified in the table above, then the independent medical advisors will determine the degree and percentage of such disability;
- We will not make any payment under this Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;
- If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.
- On the acceptance of a claim under this Benefit, the Insured Person's insurance cover under this Policy shall continue, subject to the availability of the Sum Insured and the Common Death or Disability Sum Insured.

4. Temporary Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance for the duration that the Temporary Total Disability continues.

This Benefit will be payable provided that:

- This Benefit shall be paid only if the Temporary Total Disability continues for a period of at least the minimum number of days specified in the Policy Schedule / Certificate of Insurance from the date of commencement of Temporary Total Disability.
- This Benefit shall not be paid in excess of the Insured Person's base income at the time of injury excluding overtime, bonuses, tips, commissions, or any other compensation for the period specified in the Policy Schedule / Certificate of Insurance;
- This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for each Coverage Period.

- d. We will not make any payment under this Benefit if We have already paid or accepted any claims under this Benefit in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than the Sum Insured specified against this Benefit in the Policy Schedule / Certificate of Insurance.
- e. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

5. Medical Expense Reimbursement

If an Insured Person requires Hospitalization or undergoes Day Care Treatment due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will reimburse the costs incurred on Medical Expenses, including the Post-Hospitalization Medical Expenses incurred for up to 90 days following the Insured Person's discharge from Hospital.

This Benefit will be payable provided that the Insured Person is admitted to Hospital during the Travel Period and, in case of Injury, within 7 days of the occurrence of the Accident.

6. Day Care Treatment Cover

We will indemnify the Medical Expenses incurred towards the Day Care Treatment or Surgery undertaken that requires less than 24 hours Hospitalization due to advancement in technology and which is undertaken by an Insured Person in a Hospital / Nursing Home / Day Care Centre for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance. Any treatment in Out-Patient department is not covered under this Benefit.

7. Hospital Fixed Allowance

If an Insured Person requires Hospitalization due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, for at least the minimum number of consecutive days specified in the Policy Schedule / Certificate of Insurance, then We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. The Insured Person is admitted to Hospital during the Travel Period and, in case of Injury, within 7 days of the occurrence of the Accident;
- b. We shall not accept more than one claim under this Benefit under all Travel Periods in respect of the Insured Person following from the same Accident.

8. Hospital Daily Allowance

If an Insured Person requires Hospitalization due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will pay the daily

allowance amount specified in the Policy Schedule / Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation.

This Benefit will be payable provided that:

- a. Our liability to make any payment under this Benefit shall commence only after a continuous and completed minimum number of days of Hospitalization of the Insured Person as specified in the Certificate of Insurance for each claim.
- b. Our liability to make any payment under this Benefit shall be in excess of the Deductible of the number of days specified in the Certificate of Insurance for each claim.
- c. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for each Coverage Period.
- d. Only one daily allowance amount is payable for each day of Hospitalization, regardless of number of the Illnesses contracted/Injuries sustained.

9. Compassionate Visit

If an Insured Person requires Hospitalization due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will pay the amount incurred for direct route return (two way) economy class tickets or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance for an Immediate Relative of the Insured Person, to travel from the City of Residence to the place of Hospitalization of the Insured Person.

This Benefit will be payable provided that:

- a) Our liability to make any payment under this Benefit shall commence only after a continuous and completed minimum number of days of Hospitalization of the Insured Person as specified in the Policy Schedule / Certificate of Insurance for each claim;
- b) The Insured Person is Hospitalized at a distance of at least 100 kilometres from his/her City of Residence;
- c) No Day Care Treatment will be covered under this Benefit.
- d) We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident;
- e) The Immediate Relative of the Insured Person's return to the City of Residence shall commence not later than the date of the Insured Person's return.

10. Compassionate Visit Stay

If an Insured Person requires Hospitalization due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will pay accommodation expenses or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance for an Immediate Relative of the Insured Person to stay at the place of Hospitalization of the Insured Person during the Travel Period.

This Benefit will be payable provided that:

- a. Our liability to make any payment under this Benefit shall commence only after a continuous and completed minimum number of days of Hospitalization of the Insured Person as specified in the Policy Schedule / Certificate of Insurance for each claim;
- b. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule / Certificate of Insurance for each claim;

- c. No Day Care Treatment will be covered under this Benefit.
- d. We shall not be liable to pay any amount under this Benefit after the Insured Person's discharge from Hospital;
- e. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

11. Emergency Visit

If an Insured Person needs to travel to the City residence of an Immediate Relative due to death or emergency Hospitalisation of such Immediate Relative, during the Coverage Period, We will pay the amount incurred for direct route return (two way) economy class tickets or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance towards the travel expenses.

This Benefit will be payable provided that:

- a. In the event of an emergency Hospitalisation of Immediate Relative, Our liability to make any payment under this Benefit shall commence only after a continuous and completed minimum number of days of Hospitalization of the Insured Person's Immediate Relative as specified in the Policy Schedule / Certificate of Insurance for each claim;
- b. No travel expenses incurred due to an Immediate Relative undergoing Day Care Treatment will be covered under this Benefit.
- c. We shall not accept more than one claim under this Benefit in respect of the Insured Person's Immediate Relative following from the same Accident.

12. Ambulance or Emergency Transportation

If an Insured Person suffers from Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period and that Injury or Illness solely and directly requires the Insured Person to be transported to a Hospital by an Ambulance or any public transport for the purpose of availing Emergency Care, then We shall pay the costs incurred towards such transportation or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that the transportation was availed during the Travel Period.

13. Evacuation (Medical & Catastrophe)

We will pay the costs incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule or Certificate of Insurance for the air or surface transportation of the Insured Person during the Travel Period, including costs incurred for medical care during such transportation, in any of the following circumstances:

- a. The Insured Person needs to be evacuated due to a Catastrophe which has occurred in the place where the Insured Person is located during the Travel Period;
- b. The Insured Person needs to be transferred from the place of contracting or sustaining such Illness or Injury to a Hospital for medical treatment during the Travel Period;
- c. The Insured Person needs to be transported from the Hospital where the Insured Person is being treated during the Travel Period to the nearest Hospital if such medical treatment cannot be provided at the Hospital where the Insured Person is situated.

This Benefit will be payable provided that:

- a. The treating Medical Practitioner certifies in writing that the transportation of the Insured Person was required for Medically Necessary Treatment to be rendered, wherever applicable;
- b. The Hospital to which the Insured Person is proposed to be transported is the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person;
- c. If the Insured Person is transported to a Hospital which is not the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person then Our liability under this Benefit shall be limited to the amount that would otherwise have been payable to transport the Insured Person to the nearest Hospital;
- d. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Illness or Injury.

14. Repatriation of Mortal Remains

We will pay the expenses incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death of the Insured Person during the Travel Period to the residence of the Insured Person in the City of Residence, in case of death due to Injury or Illness suffered or contracted during the Travel Period.

This Benefit will be payable provided that the death of the Insured Person occurred in a location that is not the City of Residence of the Insured Person.

15. Funeral Expense

We will pay the cost incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate towards expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person, in case of death of the Insured Person due to Injury or Illness during the Travel Period.

16. Mobility Cover

We will pay the expenses incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, on the purchase of support items including but not limited to crutches, artificial limbs, wheelchairs, tri-cycles intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth, imported medicines or any other item which in the opinion of the treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Travel Period.

This Benefit will be payable provided that:

- a. We have accepted a claim under the Benefit 2 (Permanent Total Disability) or Benefit 3 (Permanent Partial Disability) or Benefit 4 (Temporary Total Disability) in respect of that Insured Person;
- b. The amount payable under this Benefit will be in addition to the claim amount admissible under the Benefits specified in condition (a) above.

17. Child Education Cover

We will pay a lump-sum amount specified in the Policy Schedule / Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the Dependent Child is an Insured Person under this Policy.

For the purpose of this Benefit:

Dependent Child means a child of the Insured Person who is less than Age 25 and does not have any independent source of income.

This Benefit will be payable provided that:

- a. We have accepted a claim under the Benefit 1 (Accidental Death Benefit) or Benefit.2 (Permanent Total Disability) in respect of that Insured Person;
- b. The amount payable under this Benefit will be in addition to the amount payable under the Benefit 1 (Accidental Death Benefit) or any other applicable Cover Options;
- c. We shall not be liable to accept a claim under this Benefit in respect of more than 2 Dependent Children of the Insured Person.

18. Physiotherapy

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then We will pay the costs incurred on physiotherapy or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that the physiotherapy undertaken is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.

19. Disappearance Cover

If an Insured Person disappears during the Travel Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Travel Period, We will pay the amount specified in the Policy Schedule / Certificate of Insurance to the Nominee after the specific tenure as specified in the Policy Schedule.

This Benefit will be payable provided that the Insured Person's disappearance is certified in writing by the local police authorities at the place of disappearance.

In case, the Sum Insured of Disappearance Benefit is less than the Sum Insured of Accidental Death Benefit, the difference will be payable after the Insured Person is legally declared dead (declared death in absentia or legal presumption of death) as per applicable law in force at the time.

20. Hardship Allowance

If an Insured Person suffers an Injury during the Travel Period solely and directly due to any pilferage, theft, robbery, dacoity or any other Accident, which requires the Insured Person to undergo Medically Necessary Treatment, We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that the Insured Person provides Us with a copy of a police complaint reporting the incident.

We shall not be liable to reimburse any expenses for any loss of Valuables, Money, luggage, any kinds of securities or tickets.

21. Income Protection Cover

We will pay the daily allowance amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed day, on which the Insured Person is unable to carry out his/her regular employment, business or professional activity due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period.

This benefit will be payable provided that:

- a. Our liability to make any payment under this benefit shall commence only after a continuous and completed minimum number of days of inability of carrying out employment or business or professional activity as specified in the Certificate of Insurance, for each claim.
- b. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for each Coverage Period.
- c. We shall not be liable to make any payment under this benefit if the loss is explicitly paid/covered by the employer, contracted party or any other business partner for the Insured Person's inability to carry out his/her regular employment, business or professional activity due to such Illness or Injury.

22. Kidnap/Hijack Cover

If an Insured Person is subject to Kidnapping or Hijack during the Travel Period which continues in excess of the number of hours specified in the Policy Schedule / Certificate of Insurance, then We shall indemnify the Insured Person, nominee or any other legal heir or beneficiary for the following losses:

- a. Kidnap or Hijack payments made, insofar as the payment was coordinated with and approved by the Crisis Consultant appointed with Our prior written consent or any government appointed/approved consultant; and
- b. Any fees or expenses of engaging any third-party negotiator, consultant or and/or interpreter.

For the purpose of this Benefit:

- a. **Kidnap** shall mean any actual event of seizing or detaining an Insured Person by force or fraud for the purpose of demanding ransom;
- b. **Hijack** shall mean the attempted or actual illegal holding under duress of an Insured Person while traveling in a Common Carrier for the purpose of demanding ransom.

This Benefit will be payable provided that We and/or Our Crisis Consultant or government appointed/approved consultant are provided with complete details of all communication received in relation to the Kidnapping or Hijack.

We shall not be liable to reimburse any expenses under this Benefit for claims arising out of:

- a. Any loss of ransom amount, in transit due to damage, disappearance, confiscation or wrongful abstraction, while such amount is being conveyed to the person(s) who have demanded it;
- b. Any demand for ransom where the Insured Person or any Immediate Relative, colleague, employee or servant is an accomplice, whether acting alone or in collusion with others;
- c. Any voluntary disappearance of an Insured Person of his/her own free will;
- d. Any payment relating to such Kidnap or Hijack in a jurisdiction where local authorities have declared such payment illegal.

23. Convenient Travel Option

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to return to his/her City of Residence, then We will pay the amount incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, on tickets on a Common Carrier for the Insured Person's travel back to his/her City of Residence with addition or modification necessitated in the Common Carrier due to such Injury and provided to the Insured Person.

This Benefit will be payable provided that the Medical Practitioner treating the Insured Person certifies

in writing that the Insured Person is suffering from the Injury in respect of which the claim is being made;

24. OPD Treatment

If an Insured Person requires OPD Treatment for any of the treatments/tests/consultations specified in the Policy Schedule / Certificate of Insurance, due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will reimburse the costs incurred on Medical Expenses.

This Benefit will be payable provided that:

- a. The OPD Treatment undertaken is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- b. We will reimburse only those Medical Expenses that are in excess of the Deductible;
- c. We shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Illness relate to any Pre-Existing Disease.

25. Trip Delay

We will pay the amount specified in the Policy Schedule / Certificate of Insurance, if an Insured Person's journey on a Common Carrier is delayed beyond the number of hours specified in the Policy Schedule / Certificate of Insurance of its scheduled departure or scheduled arrival time, during the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the length of the delay unless this proof is available to Us directly from a reliable source in the public domain;
- b. The delay is in excess of the Deductible from the time of scheduled departure or scheduled arrival time of the Common Carrier;
- c. The delay is not due to the late arrival of the Insured Person;

26. Trip Cancellation & Interruption

We will pay the expenses incurred upto the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, if an Insured Person's journey is unavoidably cancelled (whether wholly or in part) during the Coverage Period due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for a minimum period of 24 Hours or the number of hours, as specified in the Policy Schedule / Certificate of Insurance;
- b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person, leading to emergency Hospitalisation for a minimum period of 24 Hours or the number of hours, as specified in the Policy Schedule / Certificate of Insurance;
- c. Any public event such as mass bandhs, or widespread strikes or terrorism which the Insured Person could not reasonably avoid or plan for ahead in time;
- d. On the occurrence of a Catastrophe during the Coverage Period.

This Benefit will be payable provided that:

- a. The event giving rise to a claim under this Benefit must be such as to reasonably cause a journey

to be cancelled or interrupted;

- b. This Benefit will include cover for any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured Person's booked and confirmed journey, as levied or charged by the Common Carrier, agent or any other provider of travel.

We shall not be liable to pay any expenses under this Benefit for any facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation or interruption of the journey.

27. Trip Curtailment

We will pay the cost of additional travel and accommodation expenses or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, incurred towards any unavoidable curtailment of the Insured Person's booked and confirmed journey due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for a minimum period of 24 Hours or the number of hours, as specified in the Policy Schedule / Certificate of Insurance;
- b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person travelling with the Insured/Insured Person, leading to emergency Hospitalisation a minimum period of 24 Hours or the number of hours, as specified in the Policy Schedule / Certificate of Insurance;
- c. Any public event such as mass bandhs, or widespread strikes which the Insured Person could not reasonably avoid or plan for ahead in time;
- d. On the occurrence of a Catastrophe during the Coverage Period.

This Benefit will be payable provided that:

- a. The event giving rise to a claim under this Benefit must be such as to reasonably cause a journey to be curtailed;
- b. This Benefit will include cover for any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured Person's booked and confirmed journey, as levied or charged by the Common Carrier;

We shall not be liable to pay any expenses under this Benefit for any facts or matters of which the Insured Person was aware or should have been aware might result in the curtailment of the journey.

28. Delay of Checked-in Baggage

We will pay the amount specified in the Policy Schedule / Certificate of Insurance, towards purchasing essential medication, toiletries or clothing if the delivery of the Insured Person's accompanying Checked-in Baggage is delayed for more than the number of hours specified in the Policy Schedule / Certificate of Insurance, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the length of the delay;
- b. The delay is in excess of the Deductible from the time of scheduled departure or scheduled arrival time of the Common Carrier.

We shall not be liable to pay any expenses under this Benefit for any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.

29. Loss of Checked-in Baggage

We will pay the actual loss or a fixed amount, as specified in the Policy Schedule/Certificate of Insurance incurred towards the permanent and total loss or destruction of the Insured Person's Checked-in Baggage, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

This Benefit will be payable provided that the Insured Person provides Us with written proof from the Common Carrier confirming the loss of Checked-in Baggage.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any loss or destruction which will be paid or refunded by the Common Carrier;
- b. Any loss of Valuables, Money, any kinds of securities or tickets;
- c. Any loss of Checked-in Baggage amounting to a partial loss or not amounting to a permanent and total loss, unless specified otherwise in the Certificate of Insurance;
- d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

30. Loss of Baggage and Personal Effects

We will pay the actual loss or a fixed amount, as specified in the Policy Schedule/Certificate of Insurance incurred in relation to the permanent and total loss of the Insured Person's luggage and personal possessions during the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof of ownership for any item lost which is valued at more than the amount specified in the Certificate of Insurance;
- b. The Insured Person provides Us with a certified copy of the police report filed.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any loss or destruction which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation;
- b. Any loss of Valuables, Money, any kinds of securities or tickets;
- c. Any loss of luggage and personal possessions amounting to a partial loss or not amounting to a permanent and total loss;
- d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

31. Loss of Passport

If the Insured Person loses his/her original passport during the Travel Period, We will pay the legal cost incurred by the Insured Person up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance towards obtaining a duplicate or new passport during the Travel Period.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.
- b. Loss which is not reported to the appropriate police authority after the discovery of the loss, and in respect of which an official report has not been obtained.
- c. Loss caused by the Insured's failure to take reasonable steps to guard against the loss of the passport.

32. Loss of Identification Documents

If the Insured Person loses his/her original identification documents during the Travel Period, We will pay the cost incurred by the Insured Person up to the Sum Insured or a fixed amount, as specified in the Policy Schedule/Certificate of Insurance towards obtaining a duplicate or new identification document.

This Benefit will be payable provided that the Insured Person provides Us with a certified copy of the police report filed.

33. Visa Rejection/Denial

If the Insured Person's application for a visa for a covered trip is rejected on arrival or before travel or Entry is denied by the issuing authorities or the visa arrival is delayed for more than the number of days specified in the Policy Schedule / Certificate of Insurance over the Expected Days of Visa Arrival then for the covered reasons as specified in the Certificate of Insurance, We will pay the following costs incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance :

- a. Visa fees or percentage of visa fees as specified in Certificate of Insurance.
- b. Any cancellation charges related to airlines or Common Carrier.
- c. Any cancellation charges or ticket price related to any booking for transport, accommodation or amusement which was booked in the visiting countries.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any improper documentation submitted by the Insured Person, as mentioned to be required in the visa application form.
- b. If the Insured person is engaged in any criminal activity or has a criminal history.
- c. Visa is rejected due to any non-furnishing documents, as may be specified in the Certificate of Insurance.

34. Personal Legal Liability

We will reimburse any actual legal liability, including Defence Costs, incurred by the Insured Person in his/her private capacity to pay damages to a third party arising out of the third party's death, Injury or property being damaged during the Travel Period.

This Benefit will be payable provided that:

- a. We are given written notice, as soon as practicable, but in any event within 7 days from the occurrence of the event that gives rise or may give rise to a claim under this Benefit;
- b. The Insured Person does not incur any Defence Costs or expenses, admit liability or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to such claim without Our prior written consent;
- c. The Insured Person is obligated to defend himself/herself in any ensuing civil proceedings. We shall

be entitled, but not obligated to, at any time to take over and conduct the defence and/or settlement of any action or claim in the name of the Insured Person and shall be entitled at all times to receive the Insured Person's cooperation and assistance;

- d. We shall not settle any claim without the express consent of the Insured Person, but if the Insured Person refuses an available settlement recommended by Us, then Our liability shall be restricted to the amount by which such claim could have been settled.

We shall not be liable to reimburse any expenses under this Benefit for claims arising out of:

- a. Any wilful, malicious, criminal or unlawful act, error, or omission;
- b. Any liability incurred towards a relative, a travelling companion or work colleague of the Insured Person;
- c. Participation in any Hazardous Activities;
- d. The Insured Person's business or occupation;
- e. Livestock belonging to the Insured Person, or in his/her care, custody or control.

35. Financial Emergency Cash

We will pay the actual loss incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance in relation to the permanent and total loss of the Insured Person's travel funds due to any pilferage, theft, loss, robbery or dacoity during the Travel Period.

This Benefit will be payable provided that the Insured Person provides Us with a copy of a police complaint reporting the incident.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any loss which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation, wherever applicable;
- b. Any loss of Valuables, any kinds of securities or tickets;
- c. Any loss of travel funds contained in Checked-in Baggage.

36. Carrier Cancellation

We will pay the amount upto the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, if the Insured Person's booked and confirmed journey is cancelled, prior to the scheduled departure by the Common Carrier.

This Benefit will be payable provided that the Insured Person provides Us with a written proof from the Common Carrier of the cancellation of the journey unless this proof is available to Us directly from a reliable source in the public domain.

We shall not be liable to pay any expenses under this Benefit for any cancellation of the journey by the Insured Person.

37. Cancellation of Carrier by Insured Person

We will pay the cost of travel fares paid or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance for a booked and confirmed journey is cancelled by the Insured Person, due to any unavoidable reasons.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written confirmation from the Common Carrier of the cancelled booking unless this proof is available to Us directly from a reliable source in the public domain;
- b. We will pay only those expenses that are in excess of the Deductible.

We shall not be liable to pay any expenses under this Benefit for any cancellation of the travel bookings by the Common Carrier.

38. Travel Cancellation

We will pay the expenses incurred upto the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, due to cancellation of booked and confirmed tickets/booking by the Insured Person including but not limited to Common Carrier, hotel accommodation or any Event booking, which are specified in the Policy Schedule / Certificate of Insurance during the Travel Period.

This Benefit will be payable provided that

- a. The Insured Person provides Us with a written proof of the ticket booking confirmation, and cancellation details of such confirmed booking;
- b. We will pay only those expenses that are in excess of the Deductible.

39. Denied Boarding – Carrier

We will pay the difference amount in fare or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance if an Insured Person is denied boarding of the booked Common Carrier during the Travel Period and the Insured Person has booked a new ticket and travelled within the number of hours from the scheduled departure time of the original booking specified in the Policy Schedule/Certificate of Insurance.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the reasons for denial of boarding;
- b. The Insured Person posed no health, safety or security risk in boarding the Common Carrier;
- c. The Insured Person had a confirmed reservation, all requisite documentation required, and was in compliance with security and boarding protocols.

40. Missed Carrier

We will pay the cost of the booking on the Common Carrier or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, due to the Insured Person's failure to reach the original departure point of the booked journey caused by the delayed arrival of a public transport or any other Common Carrier that the Insured Person was travelling in as a passenger, or due to any Accident during the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the missed departure;
- b. We will pay only those expenses that are in excess of the Deductible;

We shall not be liable to pay any expenses for any loss which will be paid or refunded by any applicable Common Carrier.

41. Missed Event

We will pay irrecoverable costs of the Insured Person's Event tickets paid in advance or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, in case of the Insured Person's failure to reach the Event during the Travel Period, due to any unavoidable reasons beyond the control of the Insured Person.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof of the missed Event unless this proof is available to Us directly from a reliable source in the public domain;
- b. We will pay only those expenses that are in excess of the Deductible.

We shall not be liable to pay any expenses for:

- a. Cancellation of the Event by the organiser or any related party of the organiser.
- b. Any conditions as specified in Policy Schedule / Certificate of Insurance.

42. Missed Connection

We will pay the cost of additional travel and accommodation expenses incurred or a fixed amount, as specified in the Policy Schedule/Certificate of Insurance due to the Insured Person's failure to reach the original departure point of the booked and confirmed journey owing to a delay beyond the number of hours specified in the Policy Schedule / Certificate of Insurance in the arrival of the Common Carrier which was connecting to the booked journey onwards.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any loss which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation.
- b. Any such delay caused due to, arising out of or in consequence of any acts or omissions of the Insured Person.

43. Denied Hotel Accommodation

We will pay the cost of alternative accommodation required by the Insured Person or a fixed amount, as specified in the Policy Schedule or Certificate of Insurance due to any cancellation of the Insured Person's booked and confirmed accommodation by a hotel or any other provider of accommodation.

This Benefit will be payable provided that:

- a. We will pay only expenses for accommodation similar to the one cancelled by the hotel or other provider of accommodation;
- b. The Insured Person had a booked and confirmed reservation, all requisite documentation required, and was in compliance with security and other protocols;
- c. The Insured Person provides Us with a written proof of the cancellation from the hotel or any other provider of accommodation where the Insured Person had a booked and confirmed accommodation;
- d. We shall not accept more than one claim under this Benefit during the Coverage Period.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any cancellation caused directly or indirectly by government regulations or control;
- b. Any loss due to the Insured Person's failure to adhere to the rules and/or any internal policy of the hotel/any other provider of accommodation;
- c. Any loss which will be paid or refunded by hotel, agent or any other provider of accommodation.

44. Emergency Hotel Requirement

We will pay the costs towards the stay of the Insured Person in a hotel or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance due to the Insured Person or any Immediate Relative travelling with the Insured Person suffering Injury in an Accident or Illness or undergoing Hospitalization during the Travel Period.

This Benefit will be payable provided that the Injury or Illness caused to the Insured Person or his/her Immediate Relative must be so disabling as to reasonably require an extension of the stay;

We shall not be liable to pay any expenses under this Benefit for:

- a. Any facts or matters of which the Insured Person was aware or should have been aware might result in a claim being made under this Benefit;
- b. Any extension opted in furtherance of business or personal reasons.

45. Emergency Return of Immediate Relative

If the Insured Person requires Hospitalization due to an Injury or Illness, as specified in Policy Schedule / Certificate of Insurance during the Travel Period, then We will pay the costs of a direct route economy class airfare or a fixed amount, as specified in Policy Schedule / Certificate of Insurance for the Insured Person's Immediate Relative as specified in Policy Schedule / Certificate of Insurance to return to the City of Residence from the place of Hospitalization of the Insured Person.

This Benefit will be payable provided that:

- a. The Insured Person's Immediate Relatives are accompanying the Insured Person during the Travel Period and the Insured Person is unattended in the place of Hospitalization;
- b. The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days or minimum number of days as specified in the Policy Schedule / Certificate of Insurance;
- c. The Insured Person's Immediate Relative's return travel to the City of Residence shall commence not later than 10 days from the commencement of the Insured Person's Hospitalization.

46. Replacement of Staff

If the Insured Person requires Hospitalization due to an Injury or Illness, as specified in Policy Schedule / Certificate of Insurance during the Travel Period, then We will pay the costs of a direct route economy class airfare or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, for a replacement staff member of Insured Person's organisation to travel from the Country of Residence/City of Residence to the place of Hospitalization of the Insured Person.

This Benefit will be payable provided that:

- a. The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days or minimum number of days as specified in the Certificate of Insurance;

- b. The replacement staff member's travel to the place of Hospitalization of the Insured Person shall commence not later than 20 days from the commencement of the Insured Person's Hospitalization;
- c. The need of such replacement staff member is essential and certified by You in writing as necessary to minimize the loss of business and/or violation of Your contractual obligations.

47. Missed Bill Payment

If an Insured Person defaults on payment of a credit card bill or an essential utility bill such as water, electricity or gas, on or before the due date for making such payment due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will pay the amount specified in Policy Schedule / Certificate of Insurance towards the penalty levied on the Insured Person for non-payment of such bill amount within the due date.

48. EMI Protection

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will pay an amount equal to the EMI Amount which is due on the Insured's outstanding Loan for the number of months immediately following the date of such occurrence, as is specified in the Policy Schedule / Certificate of Insurance, subject to this amount not exceeding the amount specified in the Policy Schedule / Certificate of Insurance.

Amortization Chart means a complete table of periodic loan payments, showing the amount of principal loan amount and the amount of interest that comprise each payment or EMI, as the case may be, until the Loan is paid off at the end of its term.

This Benefit will be payable provided that:

- a. Any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Benefit will not be considered for the purpose of Benefit and shall be deemed as paid by the Insured Person.
- b. The Benefit will not apply to any voluntary and uninsurable events, which are caused by or with the knowledge of the Insured Person, or which are against public policy, criminal or fraudulent under applicable law.
- c. For the purpose of claim settlement against any cover under this Benefit, the Amortization Chart prepared by the bank/financial institution as on the date of Loan disbursement or commencement of the Coverage Period (whichever is later) shall be considered wherever applicable.
- d. Any additional amounts falling due as a penalty or charge by way of a default in repayment will not be considered for the purpose of this Benefit and shall be deemed as paid by the Insured Person.

49. Fraudulent Charges (Payment Card Security)

We will indemnify the Insured Person for theft of the funds suffered by the Insured Person from his/her account as a result of Unauthorized Access of or Hacking of credit/debit card, mobile wallets or any prepaid card of the nature as specified in the Policy Schedule / Certificate of Insurance, by a third party upto the amount as specified in the Policy Schedule / Certificate of Insurance during the Travel Period.

This Benefit will be payable provided that:

- a. The loss/theft is reported to the issuing bank or the mobile wallet company within 24 hours of discovery of the loss/theft or the number of days from the event of loss/theft occurs as specified in the Policy Schedule / Certificate of Insurance.

- b. The evidence is provided that the issuing bank and/or the mobile wallet company is not reimbursing the Insured Person for the fraudulent transaction.
- c. The Insured Person has complied with all applicable terms and conditions required to be complied with, by the issuing bank or the mobile wallet company.
- d. The Insured Person lodges an FIR / official police complaint report detailing the Unauthorized theft of funds within 72 hours upon discovery of the breach by the Insured Person or the number of days from the event of loss/theft occurs specified in the Policy Schedule / Certificate of Insurance.

For the purpose of this Benefit:

- a. **Hacking** means improper access by a third party using improper means.
- b. **Unauthorized Access** means improper access by a third party using usual means but without the consent of the Insured Person. Unauthorized transactions do not include any e-mail spoofing and phishing attack conditions.

We shall not be liable to reimburse any expenses under this Benefit for:

- a. The Insured Person's gross negligence in taking precautions to safeguard his/her personal information or data, credit/debit Cards and or mobile wallet's security details and any electronic communication.
- b. Any unauthorised charges incurred after 12 hours of the Insured Person reporting the loss/theft to the issuing bank or the mobile wallet company.
- c. Fraudulent withdrawal of funds via ATM made through any credit/debit cards by a third party.
- d. Theft of funds due to stolen computer/laptop or mobile.
- e. Circumstances or incidents that existed prior to inception of the Travel Period.
- f. Any acts committed by You of an Immediate Relative of the Insured Person, a resident of the Insured Person's household, or by any person who was entrusted with such card by the Insured Person.

50. Rental / Third Person's Vehicle Damage Protection

We will pay the actual loss incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, in relation to any permanent and total loss, physical damage or theft caused to the Rental / Third Person's Vehicle due to an Accident while the Insured Person is travelling / driving the Rental / Third Person's Vehicle during the Travel Period. We will also pay the expenses for an alternative mode of conveyance and towing services, from the place of Accident to the intended destination.

For the purpose of this Benefit:

Rental / Third Person's Vehicle shall mean any vehicle obtained on rent or driven by the Insured Person.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof of obtaining such Rental / Third Person's Vehicle into his/her care, custody and control from another person or entity, and any subsequent payment made for the actual loss incurred;
- b. The Insured Person provides Us with a certified copy of the police report filed, where required;
- c. We will pay only those expenses that are in excess of the Deductible.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any consequential loss, depreciation, or wear and tear of the Rental / Third Person's Vehicle;
- b. Any loss or destruction arising from detention or confiscation by police or other public authorities, including any failure to produce a driving permit or other documentation.

51. Loss/Damage of Rented Equipment

We will pay the actual loss incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, in relation to any permanent and total loss, physical damage, theft, or any fine/penalty charged for a delayed return of at least 12 hours, in relation to any Rental Equipment during the Travel Period.

For the purpose of this Benefit,

Rental Equipment shall mean any electronic equipment, photography tools, sports kit or any other equipment obtained on rent by the Insured Person.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof of obtaining such Rental Equipment into his/her care, custody and control from another person or entity, and any subsequent payment made for the actual loss incurred;
- b. The Insured Person provides Us with a certified copy of the police report filed, where required;
- c. We will pay only those expenses that are in excess of the Deductible.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any loss of stored data or re-creation of such stored data;
- b. Any consequential loss, depreciation, or wear and tear of the Rental Equipment;
- c. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

52. Golfers's Hole-in-one

In the event of an Insured Person being declared winner for a "hole-in-one" at any internationally recognized 18-hole golf course during the Travel Period, then We will pay the expenses or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, incurred by the Insured Person in celebration of such accomplishment.

This Benefit shall be payable provided that the Insured Person provides Us with a written confirmation from the golf course supervisor that the hole-in-one was achieved along with the receipts for the cost of such celebrations on the date of accomplishment at the golf course.

53. Loss/Damage of Own Equipment

We will pay the actual loss incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, in relation to the partial, permanent or total loss of the Insured Person's Portable Equipment due to any Accidental damage, loss or theft during the Travel Period.

For the purpose of this Benefit:

Portable Equipment shall mean any computer equipment, communication devices, or any other equipment carried by the Insured Person.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof of ownership or care, custody and control of the Portable Equipment;
- b. The Insured Person provides Us with a certified copy of the police report filed;
- c. We will pay only those expenses that are in excess of the Deductible;
- d. Any amount payable under this Benefit shall be adjusted for depreciation as per the percentage specified below unless provided to the contrary in the Certificate of Insurance.

Age of the Equipment		Depreciation % (on Invoice Value)
i.	Not exceeding 1 year	20%
ii.	Exceeding 1 year but not exceeding 2 years	40%
iii.	Exceeding 2 years but not exceeding 3 years	50%
iv.	Exceeding 3 years but not exceeding 4 years	60%
v.	Exceeding 4 years	80%

We shall not be liable to pay any expenses under this Benefit for:

- a. Any loss or destruction which will be paid or refunded by a Common Carrier, hotel, agent or any other provider of travel and/or accommodation;
- b. Any loss of stored data or re-creation of such stored data;
- c. Any damage of Portable Electronic Equipment caused due to the Insured Person's gross negligence;
- d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities;
- e. All replacement or repairs should be carried out within the Geographical limit of India.

54. Pet Cover

If the Insured Person is travelling with his/her pet as detailed in the Policy Schedule /Certificate of Insurance during the Travel Period, We will provide the following:

- a. We will reimburse the expenses incurred on the medical treatment of the Insured Person's pet if the pet suffers an Injury due to an Accident during the Travel Period.
- b. We will reimburse the costs incurred on additional travel and accommodation expenses by the Insured Person if the Insured Person's journey is cancelled or curtailed due to the Insured Person's pet suffering death or an Injury due to an Accident, during the Coverage Period.

This Benefit will be payable provided that:

- a. The Injury caused to the Insured Person's pet must be so disabling as to reasonably cause a journey to be cancelled or curtailed;
- b. We will reimburse only those expenses that are Reasonable and Customary Charges, which are evidenced by a report issued by any practicing veterinarian;
- c. The Insured Person's pet has been validly transported and accommodated in accordance with the rules of the Common Carrier, hotel or other provider of accommodation;
- d. The Insured Person's pet is maintained by the Insured Person exclusively for company, protection, or entertainment, and not for the purposes of commerce or research;

- e. We will reimburse only those expenses that are in excess of the Deductible;
- f. We shall not be liable to make any payment in respect of expenses incurred on the treatment of any Illness contracted by the pet, including those which relate to any Pre-Existing Disease.

We shall not be liable to reimburse any expenses under this Benefit for:

- a. Any facts or matters of which the Insured Person was aware or should have been aware might result in the curtailment of the journey;
- b. Costs for transportation of mortal remains of the Insured Person's pet from the place of death to the residence of the Insured Person;
- c. Any loss which will be paid or refunded by any hotel, agent or other provider of accommodation.

55. Fire and Allied Perils (Home Building & Contents)

In consideration of the Insured Person named in the Policy Schedule hereto having paid to us, the full premium mentioned in the said Policy Schedule, we agree, (Subject to the Conditions and Exclusions contained herein or endorsed or otherwise expressed hereon) that if after payment of the premium the Property Insured described in the said Policy Schedule or any part of such Property be destroyed or damaged by any of the perils specified hereunder during the period of insurance named in the said Policy Schedule or of any subsequent period in respect of which the Insured shall have paid and the We shall have accepted the premium required for the renewal of the policy, We shall pay to the Insured the value of the Property at the time of the happening of its destruction or the amount of such damage or at its option reinstate or replace such property or any part thereof:

a. Fire:

Excluding destruction or damage caused to the property Insured by:

- i. Its own fermentation, natural heating or spontaneous combustion.
- ii. Its undergoing any heating or drying process.
- iii. Burning of property Insured by order of any Public Authority.

b. Lightning,

c. Explosion/Implosion:

Excluding loss, destruction of or damage:

- i. 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,
- ii. Caused by centrifugal forces.

d. Aircraft Damage:

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

e. 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:

- i. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.

- ii. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
- iii. Permanent or temporary dispossession of any building or plant or unit of machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention of access to the same.
- iv. Burglary, housebreaking, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any malicious act.
- v. 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.

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If we alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

f. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation:

Loss, destruction or damage directly caused by Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood or Inundation excluding those resulting from earthquake, Volcanic eruption or other convulsions of nature. (Wherever earthquake cover is given as an add on cover, the words excluding those resulting from earthquake shall stand deleted).

g. 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:

- i. The Insured or any occupier of the premises or
- ii. Their employees while acting in the course of their employment

h. 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:

- i. The normal cracking, settlement or bedding down of new structures
- ii. The settlement or movement of made up ground
- iii. Coastal or river erosion
- iv. Defective design or workmanship or use of defective materials
- v. Demolition, construction, structural alterations or repair of any property of ground works or excavations.

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

j. Missile Testing operations.

k. Leakage from Automatic Sprinkler Installations.

Excluding loss, destruction or damage caused by:

- i. Repairs or alterations to the buildings or premises.
- ii. Repairs, Removal or Extension of the Sprinkler Installation.
- iii. Defects in construction known to the Insured.

I. Bush Fire:

Excluding loss destruction or damage caused by Forest Fire. provided that our liability shall in no case exceed in respect of each item the Sum Insured expressed in the said Policy Schedule to be Insured thereon or in the whole the total Sum Insured hereby or such other Sum or sums as may be substituted therefor by memorandum hereon or attached hereto signed by or on behalf of us.

m. Earthquake (Fire and Shock) Earthquake (Fire and Shock) Endorsement:

It is hereby agreed and declared that notwithstanding anything stated in the printed exclusions of this policy to the contrary, this Insurance is extended to cover 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. Provided always that all the conditions of this policy shall apply (except in so far as they may be hereby expressly varied) and that any reference therein to loss or damage by fire shall be deemed to apply also to loss or damage directly caused by any of the perils which this insurance extends to include by virtue of this endorsement.

General Exclusion of this Benefit:

- a. This Policy does not cover (not applicable to policies covering dwellings)
 - i. The first 5% of each and every claim subject to a minimum of Rs.10,000 in respect of each and every loss arising out of —Act of God perils such as Lightning, STFI, Subsidence, Landslide and Rock slide covered under the policy
 - ii. The first Rs.10,000 for each and every loss arising out of other perils in respect of which the Insured is indemnified by this policy
- b. The Excess shall apply per event per Insured Person.
- c. 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.
- d. Loss, destruction or damage directly or indirectly caused to the property Insured Person by
 - i. Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - ii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
- e. Loss, destruction or damage caused to the Insured Person property by pollution or contamination excluding
 - i. Pollution or contamination which itself results from a peril hereby Insured against.
 - ii. Any peril hereby Insured against which itself results from pollution or contamination
- f. Loss, destruction or damage to bullion or unset precious stones, any curios or works of art for an amount exceeding Rs. 10000/-, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper Money, cheques, books of accounts or other business books,

computer systems records, explosives unless otherwise expressly stated in the policy.

- g. Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.
- h. Loss, destruction or damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self heating or leakage of electricity from whatever cause (lightning included) provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so set up.
- i. Expenses necessarily incurred on
 - i. Architects, Surveyors and Consulting Engineer's Fees and
 - ii. Debris Removal by the Insured following a loss, destruction or damage to the Property Insured by an Insured peril in excess of 3% and 1% of the claim amount respectively.
- j. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- k. Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.
- l. Loss by theft during or after the occurrence of any Insured peril except as provided under Riot, Strike, Malicious and Terrorism Damage cover.
- m. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to Volcanic eruption or other convulsions of nature.
- n. Loss or damage to property Insured if removed to any building or place other than in which it is herein stated to be Insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days.

General Conditions for this Benefit:

- a. This Policy shall be voidable in the event of mis-representation, mis-description or non-disclosure of any material particular.
- b. All insurances under this policy shall cease on expiry of seven days from the date of fall or displacement of any building or part thereof or of the whole or any part of any range of buildings or of any structure of which such building forms part.

Provided such a fall or displacement is not caused by Insured perils, loss or damage by which is covered by this policy or would be covered if such building, range of buildings or structure were Insured under this policy. Notwithstanding the above, We, subject to an express notice being given as soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.

- c. 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 our sanction signified by endorsement upon the policy by or on behalf of us:-
 - i. 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.
 - ii. If the interest in the property passes from the Insured otherwise than by will or operation of law.

- d. 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.
- e. This insurance may be terminated at any time at the request of the Insured Person, in which case we will retain the premium at customary short period rate for the time the policy has been in force. This insurance may also at any time be terminated at our option, on 15 days' notice to that effect being given to the Insured, in which we shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation.
- f. On the happening of any loss or damage the Insured shall forthwith give notice thereof to the Us and shall within 15 days after the loss or damage, or such further time as We may in writing allow in that behalf, deliver to Us:
 - i. 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.
 - ii. Particulars of all other insurances, if any

The Insured Person shall also at all times at his/her 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 loss 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 (i) the terms of this condition have been complied with (ii) In no case whatsoever shall we 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 we 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.

- g. On the happening of loss or damage to any of the property Insured by this policy, We may:
 - i. Enter and take and keep possession of the building or premises where the loss or damage has happened.
 - ii. Take possession of or require to be delivered to it any property of the Insured in the building or on the premises at the time of the loss or damage.
 - iii. Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same.
 - iv. Sell any such property or dispose of the same for account of whom it may concern.

The powers conferred by this condition shall be exercisable by the us at any time until notice in writing is given by the Insured that he makes no claim under the policy, or if any claim is made, until such claim is finally determined or withdrawn, and 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 the Insured Person or any person on his/her 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. The Insured

shall not in any case be entitled to abandon any property to us whether taken possession of by us or not.

- h. If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his/her behalf to obtain any benefit under the policy or if the loss or damage be occasioned by the willful act, or with the connivance of the Insured, all benefits under this policy shall be forfeited.
- i. 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 expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage nor more than the Sum Insured by Us thereon. If We so elect to reinstate or replace any property the Insured Person shall at his/her own expense furnish Us with such plans, specifications, measurements, quantities and such other particulars as We may require, and no acts done, or caused to be done, by Us with a view to reinstate or replace 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.

- j. If the property hereby Insured shall at the breaking out of any fire or at the commencement of any destruction of or damage to the property by any other peril hereby Insured against be collectively of greater value than the Sum Insured thereon, then the Insured Person shall be considered as being his/her own insurer for the difference and shall bear a rateable proportion of the loss accordingly. Every item, if more than one, of the policy shall be separately subject to this condition.
- k. If at the time of any loss or damage happening to any property hereby Insured there be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons covering the same property, we shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.
- l. The Insured Person shall at the expense of us do and concur in doing, and permit to be done, all such acts and things as may be necessary or reasonably required by us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which the 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 his/her indemnification by Us.
- m. If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to 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.

- n. Every notice and other communication to us required by these conditions must be written or printed.

- o. At all times during the period of insurance of this policy the insurance cover will be maintained to the full extent of the respective Sum Insured in consideration of which upon the settlement of any loss under this policy, pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss shall be payable by the Insured to us.

The additional premium referred above shall be deducted from the net claim amount payable under the policy. This continuous cover to the full extent will be available notwithstanding any previous loss for which we may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss. The intention of this condition is to ensure continuity of the cover to the Insured Person subject only to the right of the Insurance Company for deduction from the claim amount, when settled, of pro-rata premium to be calculated from the date of loss till expiry of the policy. Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss in case the Insured Person immediately on occurrence of the loss exercises his/her option not to reinstate the Sum Insured as above.

56. Home Insurance Cover

We will reimburse any actual loss incurred during the Travel Period towards any theft or burglary of personal possessions or property stored within the Insured Person's usual place of residence that was left vacant for the duration of the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a copy of the police complaint reporting the incident;
- b. The Insured Person provides Us with a written proof of ownership for any item stolen valued at more than the amount specified in the Certificate of Insurance.

We shall not be liable to reimburse any expenses under this Benefit for:

- a. Any loss which is recovered subsequently;
- b. Any loss of Valuables, Money, any kinds of securities or tickets;
- c. Any loss due to any wilful act or omission of the Insured Person;
- d. Any consequential loss or damage of any kind;
- e. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

57. Study Interruption

We will reimburse the Insured Person the tuition fees which has already been paid in advance to the Educational Institution, upto the amount as specified in the Policy Schedule / Certificate of Insurance, during the Coverage Period in the event that the Insured Person is required to repeat the academic semester solely or directly due to any of the following reasons:

- a. In the event of Hospitalization of the Insured Person of more than consecutive 30 days or the number of days as specified in Policy Schedule / Certificate of Insurance due to Injury or Illness, as specified in the Certificate of Insurance;
- b. In case of the death or emergency Hospitalisation of Insured Person's Immediate Relative for minimum number of days specified in the Policy Schedule / Certificate of Insurance which prohibits the Insured Person from continuing his/her studies;

This Benefit will be payable provided that:

- a. The Educational Institution raised a demand for such fees and the same is paid by the Insured

Person for the repeated semester.

- b. We shall not liable to pay any amount refunded by the Educational Institution.

58. Sponsor Protection

We will reimburse the Insured Person for the balance tuition fees incurred for the remaining period of regular classroom study for the educational course for which the Insured Person is enrolled, in the event of death or permanent disability of the Sponsor, up to the Sum Insured or a fixed amount as specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. The Educational Institution raised a demand for such fees;
- b. We shall only be liable to pay the actual unpaid fees for the remaining period of the course or the Coverage Period, whichever is earlier;
- c. The Insured Person continues to be enrolled and attend the course at the Educational Institution as per the rules of the Educational Institution;
- d. We shall have the rights to recover the fees paid under this benefit, if the Insured Person discontinues his/her studies.

For the purpose of this Benefit:

Sponsor means any individual responsible for paying the Tuition fees of the student of his full-time study in a registered Educational Institution.

An Insured Person cannot claim under both the Study interruption Benefit and Sponsor Protection Benefit for the same event.

59. Bail Bond

We will reimburse the legal costs of procuring a bail bond You incurred, which is required to be furnished in the event of the Insured Person's arrest as a result of any inadvertent law breaking or false arrest or wrongful detention during the Coverage Period, by the police or any judicial authorities, provided that the copy of every notice, writ, summons or process and all documents relating to the claim/event shall be forwarded to Us immediately on receipt by the Insured Person.

We shall not be liable to reimburse any expenses under this Benefit for:

- a. Any non-bailable offences as per the local law of the country in which the incident has taken place;
- b. Legal liability of the Insured Person;
- c. Fines, Penalties, punitive or exemplary damages of any kind;
- d. Any liability, which is the subject matter of specific insurance elsewhere;
- e. Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.

60. University Insolvency

We will pay the Insured Person the actual additional expenses incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, for the Insured Person's expenses incurred towards travelling back to the City of Residence in a Common Carrier, and the accommodation expenses in case the Educational Institution in which the Insured Person applied for studying has become insolvent.

This Benefit will be payable provided that:

- a. We shall be liable to pay the reasonable economic cost of accommodation in the same city where the Educational Institution is situated upto the 7 days or the maximum number of days as specified in Policy Schedule / Certificate of Insurance, and the economic class of travel.;
- b. We shall not pay the expenses which will be paid or refunded by the Educational Institution.

We shall not be liable to reimburse any expenses under this Benefit for any facts or matters of which the Insured Person was aware or should have been aware might result in a claim being made under this Benefit;

61. Vision Care

We shall pay the costs incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, incurred by the Insured Person towards vision check-up or damage to the eye vision corrective spectacles (provided that such damage is caused solely and directly due to an Accident) for the Insured Person during the Travel Period.

This Benefit will be payable provided that:

- a. Our liability to make any payment under this Benefit shall be in excess of the Deductible or Co-pay, as specified in the Certificate of Insurance.
- b. Specific Exclusion II shall not apply only to the extent of cover under this Benefit.

62. Additional Services

We or Our Assistance Service Provider will arrange for the Insured Person to avail any of the following services, subject to details as specified in the Policy Schedule / Certificate of Insurance, including but not limited to:

- a. **Doctor on Call:** We or Our Assistance Service Provider will provide for a telephonic consultation to the Insured Person, from a general Medical Practitioner empanelled with Us.
- b. **Medical Assistance Services:** We or Our Assistance Service Provider will provide assistance or advice to the Insured person, of the description specified below, in relation to a medical emergency:

- **Medical Practitioner/Hospital Referral**

We or Our Assistance Service Provider will provide, upon request, with the name, address, telephone number and, if available, office hours of Medical Practitioners, Hospitals, or any clinics, dentists and dental clinics (collectively "Medical Service Providers"). The final selection of any Medical Practitioner, Hospital, or Medical Service Provider shall be at the discretion of the Insured Person. While We or Our Assistance Service Provider shall exercise care and diligence in making any referrals, We or Our Assistance Service Provider shall not be responsible for any medical diagnosis or treatment provided by such Medical Practitioners, Hospitals, or Medical Service Providers, and cannot guarantee their quality.

- **Arrangement of Hospital Admission**

If the medical condition of the Insured Person is of such severity that in Our or Our Assistance Service Provider's opinion it is judged medically necessary to admit the Insured Person in a Hospital, We or Our Assistance Service Provider will arrange for the Admission of such Insured Person in a Hospital near the Insured Person's location.

- **Arrangements of Appointments with local Medical Practitioners for Treatment**

We or Our Assistance Service Provider shall assist the Insured Person by arranging for appointments with Medical Practitioners available near the Insured Person's location for Medically Necessary Treatment.

- **Medical Translation Service**

We or Our Assistance Service Provider will arrange for the provision of medical translation to the Insured Person over the telephone.

- **Delivery of Essential Medicine**

We or Our Assistance Service Provider will arrange to transport and deliver to the Insured Person essential medicine, drugs and medical supplies that are necessary for the Insured Person's care and/or treatment but which are not available at the Insured Person's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. We or Our Assistance Service Provider will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof, and the same will be purchased at the Insured Person's costs.

- **Arrangement of Compassionate Visit**

We or Our Assistance Service Provider will arrange for booking a direct route return economy class tickets for an Immediate Relative of the Insured Person desiring to travel to the place of Hospitalization of the Insured Person outside the Country of Residence/City of Residence. The tickets will be purchased at the Insured Person's costs.

- **Arrangement of Return of Minor Child**

We or Our Assistance Service Provider will arrange for booking a direct route return economy class tickets for the Insured Person's children to return to the City of Residence from the place of Hospitalization of the Insured Person outside the Country of Residence/City of Residence, if left unattended as a result of the accompanying Insured Person's Hospitalization. The tickets will be purchased at the Insured Person's costs.

- **Arrangement of Parent Accommodation**

We or Our Assistance Service Provider will arrange for booking a place of accommodation for the Insured Person's parents near the location of the Insured Person's Hospitalization outside the Country of Residence/City of Residence. The cost of such booking will be at the Insured Person's costs.

- **Inoculation and Visa Requirement Information**

We or Our Assistance Service Provider shall, upon request, provide information concerning visa and inoculation requirements for foreign countries, as specified and updated from time to time in the latest edition of the World Health Organization's "Vaccination Certificates Requirements and Health Advice for International Travel" publication (for inoculations) and the "ABC Guide to International Travel information" publication (for visa requirements). This information will be provided to the Insured Person at any time, whether or not the Insured Person is traveling or an exigency has occurred. We or Our Assistance Service Provider shall only be providing communicating such requirements, as are set forth in the relevant publications, as notified to the Insured Person, and We or Our Assistance Service Provider shall not be responsible for the accuracy or correctness of the information contained in any such publication.

- **Embassy Referral**

We or Our Assistance Service Provider shall, upon request, provide the address, telephone number and hours of opening of the appropriate consulate and embassy worldwide nearest to the Insured Person.

- **Emergency Document Delivery**

We or Our Assistance Service Provider shall assist the Insured Person to arrange for emergency document to be delivered to the Insured Person's Immediate Relative, upon the Insured Person's request to do so.

- **Home Care Assistance**

If the medical condition of the Insured Person is of such severity that in Our or Our Assistance Service Provider's opinion, it is judged medically necessary to engage a Qualified Nurse to take care of the Insured Person, We or Our Assistance Service Provider will provide a reference for a Qualified Nurse near the Insured Person's location.

- **Lifestyle Services**

We or Our Assistance Service Provider shall provide a reference for a local lifestyle service provider, such as a gym, spa or yoga centre near the Insured Person's location.

- **Diet and nutrition consultation**

We or Our Assistance Service Provider shall arrange an appointment with a local diet and nutrition consultant near the Insured Person's location.

- **Online Chat with Medical Practitioners**

We or Our Assistance Service Provider will arrange for the provision of medical advice to the Insured Person over the online chat. We or Our Assistance Service Provider will provide the Insured Person with an internet chat-based consultation with a general Medical Practitioner empanelled with Us.

- **Health risk assessment (HRA)**

We or Our Assistance Service Provider will arrange for conducting an HRA of the Insured Person, ie, an online questionnaire-based application, which allows the Insured Person to analyse his/her health status and identify potential health risks. HRA helps in early identification and management of risks, promotion of preventive healthcare, regular follow up and monitoring to ensure effective management of health status.

- **Crisis Management Services**

We or Our Assistance Service Provider will arrange for the provision of emergency alerts and updates on negative changes in the security, economic, political, societal, or environmental affairs of the destination to which the Insured Person is traveling.

- **Tele Support**

We or Our Assistance Service Provider will arrange for the provision of basic information on the Insured Person's symptoms, pre-travel advice, details of local and national support groups, and emotional stress related advice in the context of foreign environment.

- **Discounts**

We or Our Assistance Service Provider will arrange for the provision of preferred pricing and discounts on the services offered by fitness centres, diagnostic centres, dental clinics,

pharmacies, optical clinics, skin clinics, accommodation providers or any travel related services, which are available at institutions empanelled with Us or Our Assistance Service Provider.

The services provided by Us or Our Assistance Service Provider under this Benefit shall be subject to the following conditions and disclaimers:

- *The foregoing services shall be provided by Us or Our Assistance Service Provider on a purely best-efforts basis. Service facilitation is subject to availability of such services or requisite provider at the Insured Person's location. We or Our Assistance Service Provider shall endeavour to notify the Insured Person in advance in the event of any inability to provide or cancellation of these services due to any circumstances.*
- *Availing the foregoing services is purely on the Insured Person's own discretion and risk.*
- *The foregoing services are intended to provide support information to the Insured Person to assist in his/her travel or to improve well-being and habits through working towards obtaining a healthy lifestyle, and do not constitute Medical Advice and/or substitute the Insured Person's physical visit/consultation to an independent Medical Practitioner.*
- *The cost of any services rendered by the Medical Practitioner, Hospital, Medical Service Provider, or Qualified Nurse, any other services provider shall be borne by the Insured Person, unless it is expressly specified that such services and consultation is provided at Our costs.*

II. Cover Options

1.A Pre-Existing Disease (In case of Life Threatening Medical Condition)

We will reimburse the Medical Expenses incurred in respect of the Medically Necessary Treatment rendered on the Insured Person during the Travel Period on an emergency basis for a Life-Threatening Condition only for any sudden, unexpected or unforeseen development which is attributable to a Pre-Existing Disease, upto the Sum Insured specified in the Policy Schedule / Certificate of Insurance.

For the purpose of this Cover Option, Life Threatening Condition shall mean a medical condition suffered by the Insured Person, which is certified in writing by the attending Medical Practitioner as a Life-Threatening Condition, and which has the following characteristics:

- i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).
- ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas) including ectopic pregnancy.
- iii. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology.
- iv. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

This Cover Option will be payable provided that:

- a. Our or Our Assistance Service Provider's approval is obtained within 48 hours of the commencement of the Insured Person's Hospitalization;
- b. Exclusion 01 of the Standard Exclusions shall not apply only to the extent of cover under this Cover Option.

1.B Extended Cover in the Country of Residence

If We have admitted a claim under Benefit 5 (Medical Expenses Reimbursement) in respect of the Insured Person, then We will also indemnify the Insured Person for:

- I. The Medical Expenses incurred on the Hospitalization of the Insured Person in the Country of Residence/City of Residence for a maximum period of 30 days or as specified in the Policy Schedule / Certificate of Insurance from the expiry of the Travel Period.

This Cover Option will be payable provided that We or Our Assistance Service Provider have pre-authorized the claim under this Cover Option.

- II. The costs of direct route economy class airfare for the Insured Person and one accompanying attendant to return to the Country of Residence/City of Residence from the place of occurrence of the Illness or Injury.

This Cover Option will be payable provided that:

- a. Our liability under this Cover Option shall be limited to the costs of the direct route economy class airfare available on the date of the journey;
- b. The costs of the accompanying attendant's direct route economy class airfare shall be indemnified by Us only if the treating Medical Practitioner certifies in writing that an attendant is required to accompany the Insured Person.

1.C Automatic Extension

We will automatically extend the Travel Period, and consequently, the Coverage Period, upto the number of days as specified in Policy Schedule / Certificate of Insurance from the date of expiry of the Travel Period.

This Cover Option will be payable provided that there is a delay or cancellation of the departure of the Common Carrier in which the Insured Person was booked to return to the Country of Residence/City of Residence and such delay was beyond the control of the Insured Person and no alternative transportation was available to the Insured Person to return.

1.D Adventure Sports Injury

If an Insured Person suffers an Injury while engaged in Adventure Sports during the Travel Period which requires Hospitalization, then We shall indemnify the costs incurred on Medical Expenses as specified under the Benefit 5 (Medical Expenses Reimbursement).

Exclusion 09 of the Standard Exclusions shall not apply only to the extent of cover under this Cover Option.

1.E Treatment for Alcoholism and Drugs Dependency

We shall indemnify the costs incurred on Medical Expenses incurred by the Insured Person for the treatment for any alcoholism and/or drugs related dependency under Benefit 1.5 (Medical Expenses Reimbursement) in case of Hospitalization only.

Exclusion 12 of the Standard Exclusions shall not apply only to the extent of cover under this Benefit.

1.F Maternity

We will reimburse the Medical Expenses incurred during the Coverage Period in the event of Hospitalization of an Insured Person for delivery of a baby and/or related to a Medically Necessary Treatment following a pregnancy and/or lawful medical termination of pregnancy.

We shall not be liable to indemnify any costs under this Cover Option for the following:

- a. Medical Expenses incurred in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future Illnesses.
- b. Our liability to make any payment under this Benefit shall commence only after completion of the Waiting Period specified in the Certificate of Insurance, before such occurrence.
- c. Medical Expenses for ectopic pregnancy.
- d. Complications arising as a result of infertility treatment (assisted conception).

1.G New Born Baby Medical Expenses

We will reimburse the Medical Expenses incurred during the Coverage Period towards the Hospitalization of an Insured Person's New Born Baby which is born during a Hospitalization covered and admitted under the Maternity Benefit Cover Option, provided that:

- a. The Maternity Benefit Cover Option has been opted by the Insured Person.
- b. Only the Medical Expenses incurred during and post birth of the New Born Baby, up to a period of 90 days from the date of delivery, shall be covered.
- c. Continued coverage of such New Born Baby under the Policy shall be subject to addition of the New Born Baby into the Policy by way of an endorsement or at the next Renewal, whichever is earlier, on payment of the requisite premium.

1.H Additional Buffer Sum Insured for the Group

If this Cover Option is opted for under the Policy, We will provide a separate amount as 'the Corporate Floater Sum Insured' specified in the Policy Schedule / Certificate of Insurance as additional Sum Insured available to the Insured Members of the Policy who have exhausted their Sum Insured in the current Policy Year. This Sum Insured is at the group level on a floater basis as per the conditions specified in the Policy Schedule / Certificate of Insurance, provided that:

- a. We shall not provide for payment under the Corporate Floater Sum Insured more than once for an Insured Person in any Coverage Period;
- b. The Corporate Floater Sum Insured will be available only after the original Sum Insured has been completely exhausted;
- c. The Corporate Floater Sum Insured can be utilized by the Insured Person only during the Travel Period and only by the Insured Person;
- d. Any Benefit accrued under this cover cannot be carried forward to the subsequent Coverage Period;
- e. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.

1.I Group Deductible

If this Cover Option is opted for, We will indemnify the Insured Persons for claims only when the total admissible claim amount for all members of the Group during the Policy Year exceeds the Group Deductible amount specified in the Policy Schedule / Certificate of Insurance, and subject to other conditions under this Cover Option in the Policy Schedule / Certificate of Insurance, provided that:

- a. For the purpose of calculating the Deductible and assessment of admissibility, all claims must be submitted in accordance with Sections F (Claims Procedure & Requirements) and Section E (General Terms & Conditions) of the Policy, as applicable.
- b. The consumption of the Group Deductible amount will be on the basis of the admissible claim amount after applying the sub-limits as per of the Policy Schedule / Certificate of Insurance.

1.J Restoration of Sum Insured

If this Cover Option is in force for the Insured Person, We will restore such percentage of Sum Insured available for a Benefit or a set of Benefits, as specified in Policy Schedule / Certificate of Insurance, provided that:

- a. The Sum Insured under the Policy is insufficient as a result of previous claims admitted during the Coverage Period.
- b. The restored Sum Insured shall not be available for claims towards the Illness or Injury (including its complications) for which a claim has already been paid from the original Sum Insured under any Benefit for the same Insured Person.
- c. The reinstated Sum Insured can be utilized by the Insured Person only during the Travel Period and only by the Insured Person.
- d. We shall not apply the reinstated Sum Insured more than once for an Insured Person in any Coverage Period.

1.K Personal Accident (Common Carrier)

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly results in the Insured Person's death or permanent total disability within 365 days from the date of the Accident, We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. We have accepted a claim under Benefit 1 (Accidental Death Benefit) or Benefit 2 (Permanent Total Disability) in respect of the Insured Person;
- b. The amount payable under this Benefit shall be in addition to any other amounts payable under the Policy in respect of the Insured Person.

1.L Additional Permanent Total Disability

If the Policy Schedule / Certificate of Insurance specifies that this Cover Option is in force for the Insured Person, then If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured:

Nature of Permanent Total Disability
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Cover Option:

1. **Limb** means a hand at or above the wrist or a foot above the ankle;
2. **Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

This Cover Option will be payable provided that:

- a. Except in cases of physical separation, the Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement.
- b. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Cover Option shall be limited to the Sum Insured specified against this Cover Option in the Policy Schedule / Certificate of Insurance.
- c. If the Policy Schedule / Certificate of Insurance specifies that the Benefit 2 (Permanent Total Disability) is in force for the Insured Person, then on acceptance of a claim in respect of the Insured Person under this Cover Option, We will pay the Sum Insured specified in the Policy Schedule / Certificate of Insurance against this Cover Option in addition to the Sum Insured of the Benefit 2 (Permanent Total Disability).

1.M Additional Temporary Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance for the duration that the Temporary Total Disability continues.

This Cover Option will be payable provided that:

- a. This Cover Option shall be paid only if the Temporary Total Disability continues for a period of at least the minimum number of days specified in the Policy Schedule / Certificate of Insurance from the date of commencement of Temporary Total Disability;
- b. This Cover Option shall not be paid in excess of the Insured Person's base income at the time of injury excluding overtime, bonuses, tips, commissions, or any other compensation for the period specified in the Policy Schedule / Certificate of Insurance;
- c. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for each Coverage Period;
- d. We will not make any payment under this Cover Option if We have already paid or accepted any claims under this Cover Option in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than the Sum Insured specified against this Cover Option in the Policy Schedule / Certificate of Insurance;
- e. If the Policy Schedule / Certificate of Insurance specifies that the Benefit 4 (Temporary Total Disability) is in force for the Insured Person, then on acceptance of a claim in respect of the Insured Person under this Cover Option, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance against this Cover Option in addition to the Sum Insured of the Benefit 4 (Temporary Total Disability).

1.N Loss of Valuables/Money/Any Kind of Securities

We will pay the actual loss or a fixed amount, as specified in the Policy Schedule/Certificate of Insurance incurred in relation to the permanent and total loss of the Insured Person's Valuables, Money, any kind of securities or tickets specified in the Policy Schedule / Certificate of Insurance during the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof of ownership for any item lost which is valued at more than the amount specified in the Certificate of Insurance;
- b. The Insured Person provides Us with a certified copy of the police report filed;
- c. Exclusion m under Specific Exclusions shall not apply only to the extent of cover under this Benefit.

We shall not be liable to pay any expenses under this Benefit for:

- a. Any loss or destruction which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation;
- b. Any loss of luggage and personal possessions amounting to a partial loss or not amounting to a permanent and total loss;
- c. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

Section D. Exclusions

We shall not be liable to make any payment under this Policy caused by, arising out of or attributable to any of the following. All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

I. Standard Exclusions

1. Pre-Existing Diseases-Code-Excl01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of number of months, as specified in the Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified Disease/Procedure Waiting Period-Code-Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. **List of specific diseases/procedures:**

3. 30-day waiting period (Code-Excl03)

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Investigation & Evaluation (Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Code- Excl05)

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure sports (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers (Code- Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and as disclosed in website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).

13. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

15. Refractive Error (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7 .5 dioptries.

16. Unproven Treatments:(Code- Excl16)

Expenses related to any Unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

18. Maternity (Code - Excl18):

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

II. Specific Exclusions

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, arising from or caused by any of the following, except where provided to the contrary under any Benefit or Cover Option(s) within the Policy:

- a. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
- b. Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
- c. Childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident.
- d. Participation of the Insured Person in any flying activity, except as a bona fide passenger on a public aircraft, which is operating under a valid license from the relevant authority for the transportation of passengers.
- e. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.
- f. Engaging in any Hazardous Activities, testing of any kind of Common Carrier, engaging in manual work during a journey, engaging in any offshore work activity, mining, tunnelling or any work involving electrical installation with high tension supply, aerial photography, ammunition, explosives, firearms or flight duty, except as a fare-paying passenger.
- g. Any act of foreign invasion, act of foreign enemies, hostilities and participation of the Insured Person in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- h. Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel.
- i. Nuclear, chemical or biological attack or weapons, where chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disability or death, and biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disability or death.
- j. Any physical or medical condition, or treatment, or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.
- k. Any generally excluded non-medical expenses as provided in Annexure I.
- l. Any loss of eye glasses or power lenses in respect of any Insured Person.
- m. Any loss of Valuables, Money, any kinds of securities or tickets.

- n. Any journey where the Insured Person is travelling as a commercial driver, operator or crew member in, or carrying out any testing or repairs on a Common Carrier.
- o. Any intentional illegal or unlawful act or confiscation, detention, destruction by customs or other authorities or any breach of government regulation.
- p. Any failure to take reasonable precautions to avoid a claim under the Policy following a mass media or government issued warning.
- q. Any journey commenced with the Insured Person:
 - i. Not being fit to travel or traveling against the advice of a Medical Practitioner; or
 - ii. Receiving, or is supposed to receive, medical treatment; or
 - iii. Having received terminal prognosis for a medical condition; or
 - iv. Travelling for the purpose of obtaining medical care, treatment or advice of any kind whether this is the sole purpose of the journey or not; or
 - v. traveling to any country for which his/her visa is not allotted.

Section E. General Terms and Clauses

I. Standard General Terms and Clauses

1. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Claim Settlement (provision for Penal interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it 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 document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

4. Complete Discharge

Any payment to the policyholder, insured person or insured person's nominees or insured person's legal representative or assignee or to the Hospital, as the case may be, for any Benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to

indemnify treatment costs, the insured person shall have the right to require a settlement of insured person's claim in terms of any of insured person's policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on insured person's behalf to obtain any Benefit under this policy, all Benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy Benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7. Cancellation

i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

You may terminate this Policy at any time by giving Us written notice, and the Policy will terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Group Travel Insurance Policy

CANCELLATION PERIOD	% OF PREMIUM
Within 25% of the Coverage Period	60%
25%-50% of the Coverage Period	40%

50%-75% of the Coverage Period	20%
Exceeding 75% of the Coverage Period	0%

We may at any time terminate this Policy on grounds of misrepresentation, fraud or non disclosure of material facts by You or any Insured Person upon 30 days' notice by sending an endorsement to Your address shown in the Policy Schedule without refund of premium.

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

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for Migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity Benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

9. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity Benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

10. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the Grace Period.

v. No loading shall apply on renewals based on individual claims experience

11. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

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ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity Benefits such as No claim bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

12. Moratorium Period

After completion of eight continuous years under the Policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums Insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The Policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

13. Premium Payment in instalments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of the Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such Grace Period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period.
- iv. No interest will be charged if the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the Grace Period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

14. Possibility of Revision of Terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

15. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days (30 days if the Policy is sold through distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

16. Redressal of Grievance

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In case of a grievance the insured Person can contact the company through:

Our website: <https://www.acko.com/health-insurance/>

Toll Free : 1800 266 2256

Email: hello@acko.com

Courier: ACKO General Insurance Limited, 2nd Floor, #36/5, Hustlehub One East, Somasandrapalya, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka 560102

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Chief Grievance Officer

Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102

Phone: 1800 266 2256 (Toll-Free) or 1860 266 2256

Email: gro@acko.com

For updated details of grievance officer, refer the link
<https://www.acko.com/customer-service/grievance-redressal/>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure II.

Grievance may also be lodged at IRDAI Integrated Grievance Management System –

<https://igms.irdai.gov.in/>

17. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

II. Specific terms and clauses

- 1. Material Information:** Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form/personal statement and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement of the contract We may, adjust the scope of cover and / or premium, if necessary, accordingly.
- 2. Alterations in the Policy:** This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.
- 3. Geography & Policy Currency:** This Policy applies to events or occurrences taking place in the Geographical Scope specified in the Policy Schedule / Certificate of Insurance. All payments under this Policy will only be made in the currency specified in the Policy Schedule.
- 4. Governing Law & Dispute Resolution:** Any and all disputes or differences under or in relation to this Policy will be determined by the Indian Courts and subject to Indian law.
- 5. Notices & Communications:** Any notice or communication in relation to this Policy will be in writing

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and if it is to:

- i. You or any Insured Person, then it will be sent to You at Your address specified in the Policy Schedule and You will act for all Insured Persons for these purposes.
 - ii. Us, it will be delivered to Our address specified in the Policy Schedule. No insurance agents, insurance intermediaries or other person or entity is authorised to receive any notice or communication on Our behalf.
6. **Electronic Transactions:** You agree to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.
7. **Assignment:** The Policy and the benefits under this Policy can be assigned in only in accordance with applicable law.

Section F. Other terms and conditions

Claims Procedure & Requirements

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the procedures and requirements in relation to claims, shall be Conditions Precedent to Our liability under this Policy.

For details on the claims procedures and requirements or any assistance during the process, We or Our Assistance Service Provider may be contacted at Our call centre on the toll free number specified in the Policy Schedule or through Our website or on the contact details specified for Our Assistance Service Provider.

a. **Claims Procedure:** On the occurrence of a claim or discovery of any event which may give rise to a claim under this Policy, We or Our Assistance Service Provider shall be provided with the necessary information and documentation as indicated below, in respect of the claim as soon as reasonably practicable and in any event, within 30 days of the occurrence of the event giving rise to a claim under the Policy:

Claim Documentation

S. No.	Name of the Benefit	Claim Documents
	Common Documents	<ul style="list-style-type: none"> • Our duly filled and signed Claim Form • Name and address of the Insured Person in respect of whom the claim is being made • Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India (if travel outside India) • Original Travel Ticket / Boarding passes or copy of passport with visa entry and exit stamp (wherever applicable) • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details (wherever applicable)
1	Accidental Death Benefit	<ul style="list-style-type: none"> • Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama-where applicable attested by issuing authorities. • Death Certificate attested by issuing/ appropriate authority. • Post Mortem Report where applicable- attested by issuing authorities. • Original legal heir certificate (in case nomination has not been filed by deceased) • Copy of cancelled passport • Copy of the death certificate, Clearance from the Indian Consulate. (Also providing details of the place, date, time, and the circumstances and cause of death)

2	Permanent Total Disability	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority
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S. No.	Name of the Benefit	Claim Documents
3	Permanent Partial Disability	<ul style="list-style-type: none"> • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor stating the degree of disability/"complete rest" • Leave certificate from the employer • Medical reports, case histories, investigation reports, treatment papers as applicable
4	Temporary Total Disability	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor stating the degree of disability/"complete rest".
5	Medical Expenses Reimbursement	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • All the test reports • Discharge Summary • Prescription from the doctor • Name, address, contact no, fax no, e-mail id of the Local Medical Officer (LMO)/ Family physician in India • Invoices (itemized) and Money receipts in original for the amount claimed

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6	Day Care Treatment Cover	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • All the test reports • Discharge Summary • Prescription from the doctor • Name, address, contact no, fax no, e-mail id of the Local Medical Officer (LMO)/ Family physician in India • Invoices (itemized) and Money receipts in original for the amount claimed
7	Hospital Fixed Allowance	<ul style="list-style-type: none"> • Copy of the Discharge Summary • Copy of First Information Report (FIR) /Medico Legal certificate (MLC) (if MLC is done)-where applicable-Attested by issuing authority • Bill / invoice and payment receipts
8	Hospital Daily Allowance	<ul style="list-style-type: none"> • Copy of the Discharge Summary • Copy of First Information Report (FIR) /Medico Legal certificate (MLC)(if MLC is done)-where applicable-Attested by issuing authority • Bill / invoice and payment receipts
9	Compassionate Visit	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • Certificate from the Treating Medical Officer mentioning the need for a companion (If no adult member from the family is available)

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S. No.	Name of the Benefit	Claim Documents
		<ul style="list-style-type: none"> • Travel Details: Original Air Ticket, Boarding passes and copy of passport with visa entry and exit stamp of Insured Person's Immediate Relative • Proof of the immediate relative such as Ration Card • Money receipt in original for the amount claimed
10	Compassionate Visit Stay	<ul style="list-style-type: none"> • Medical Certificate from treating Doctor • Original Bills and payment receipt • Medical reports, case histories, investigation reports, treatment papers as applicable • Proof of the immediate relative such as Ration Card • Travel and Accommodation bills of the relative
11	Emergency Visit	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • Death Certificate attested by issuing/ appropriate authority (in case of death) • Proof of the immediate relative such as Ration Card

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12	Ambulance and Emergency Transportation	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Original invoice and payment receipt
13	Evacuation (Medical & Catastrophe)	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • All the test reports • Investigation reports attested by Appropriate/issuing authorities • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Treating Doctor's consultation indicating need • Original invoice and payment receipt
14	Repatriation of Mortal Remains	<ul style="list-style-type: none"> • Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama-where applicable attested by issuing authorities. • Death Certificate attested by issuing/ appropriate authority. • Post Mortem Report where applicable- attested by issuing authorities. • Original legal heir certificate (in case nomination has not been filed by deceased) • Copy of cancelled passport • The receipt for expenses incurred towards preparation and packaging of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased
15	Funeral Expense	<ul style="list-style-type: none"> • Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama-where applicable attested by issuing authorities. • Death Certificate attested by issuing/ appropriate authority. • Post Mortem Report where applicable- attested by issuing authorities. • Original legal heir certificate (in case nomination has not been filed by deceased) • The receipt for expenses incurred towards funeral, cremation/ or burial and transportation of the body

S. No.	Name of the Benefit	Claim Documents
16	Mobility Cover	<ul style="list-style-type: none"> Investigation reports attested by Appropriate/issuing authorities Photograph of the injured with reflecting disablement FIR / MLC Copy (if MLC is done)/ Spot Panchnama where applicable- Attested by issuing authority Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor stating the degree of disability/"complete rest". Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required
17	Child Education Cover	<ul style="list-style-type: none"> Photograph of the injured with reflecting disablement FIR / MLC Copy (if MLC is done) / Spot Panchnama- where applicable- Attested by issuing authority Death certificate in case of death Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor in case of PTD Medical reports, case histories, investigation reports, treatment papers as applicable Declaration that Child does not have any Independent Source of income
18	Physiotherapy	<ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) All the test reports FIR / MLC Copy (if MLC is done) / Spot Panchnama- where applicable- Attested by issuing authority Investigation reports, any relevant claim document, post verification of submitted claim, if required Treating Doctor's consultation indicating need Original invoice and payment receipt Depending upon the peculiarity of the case, additional documents/information's will be asked for
19	Disappearance Cover	<ul style="list-style-type: none"> Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama Original legal heir certificate (in case nomination has not been filed by deceased) Disappearance Certificate by the local police authorities at the place of disappearance
20	Hardship Allowance	<ul style="list-style-type: none"> Photograph of the injured with reflecting disablement FIR / MLC Copy (if MLC is done) / Spot Panchnama- where applicable- Attested by issuing authority Medical Bills with Prescription Medical reports, case histories, investigation reports, treatment papers as applicable

21	Income Protection Cover	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • Medical Certificate from treating Doctor • Proof of Employment (if required)
22	Kidnap/Hijack Cover	<ul style="list-style-type: none"> • Police complaint copy • Claimant/Nominee details

S. No.	Name of the Benefit	Claim Documents
		<ul style="list-style-type: none"> • Complete details of all communication received in relation to the Kidnapping or Hijack • Approval letter from Crisis Consultant appointed by Us or any government appointed/approved consultant
23	Convenient Travel Option	<ul style="list-style-type: none"> • Medical Certificate from treating Doctor • Original Bills and payment receipt • Medical reports, case histories, investigation reports, treatment papers as applicable • Bills of modified Travel Mode
24	OPD treatment	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • All the test reports • Invoices (itemized) and Money receipts in original for the amount claimed
25	Trip Delay	<ul style="list-style-type: none"> • Letter from the airlines stating reason and duration of delay • Ticket Itinerary
26	Trip Cancellation & Interruption	<ul style="list-style-type: none"> • Proof of death or hospitalizing of insured person or of spouse, parents & children. (if applicable) • Medical reports and doctors' statement that the trip is cancelled or interrupted due to medical reasons. (if applicable) • Letter from the airlines clearly mentioning the reason of cancelling and interruption of flight (if applicable) • Policy Copy (if applicable) • Copy of new itinerary in case trip got reschedule along with boarding passes • Copies of reimbursement statements issued by the common carrier • All original bills and receipts for expenses which got forfeited, non-refundable in nature

27	Trip Curtailment	<ul style="list-style-type: none"> • Proof of death or hospitalizing of insured person or of spouse, parents & children. (if applicable) • Medical reports and doctors' statement that the trip curtailment is due to medical reasons. (if applicable) • Copy of complete schedule itinerary for all the sectors • Policy Copy (if applicable) • Copy of new itinerary in case trip got reschedule along with boarding passes • Copies of reimbursement statements issued by the common carrier • All original bills and receipts for additional reasonable and necessary transporting expenses and accommodation charges due to interruption of schedule flight
28	Delay of Checked-in Baggage	<ul style="list-style-type: none"> • Copies of correspondence with the Airline authorities/others certifying the delay & actual date and time of delivery of baggage • PIR report (Property Irregularity Report) (to be obtained from the airline authorities) • Money receipts in original towards purchase of toiletries, clothing and medication during the delay period

S. No.	Name of the Benefit	Claim Documents
29	Loss of Checked-in Baggage	<ul style="list-style-type: none"> • Letter from the Airline clearly accepting the total loss with compensation details • PIR report (Property Irregularity Report) (to be obtained from the airline authorities) • Proof of items values (if required)
30	Loss of Baggage and Personal Effects	<ul style="list-style-type: none"> • Proof of ownership and or invoice • FIR copy • Proof of compensation received from common carrier, hotel or agent
31	Loss of Passport	<ul style="list-style-type: none"> • Copy of FIR (first information report)/Police Report • Receipts related to expenses incurred to obtain a new passport • New passport copy or certificate of travel issued
32	Loss of Identification Documents	<ul style="list-style-type: none"> • FIR/Copy of police report mentioning the reason of loss • Bills/receipts of expenses incurred in obtaining a fresh/duplicate document • New document copy

33	Visa Rejection/Denial	<ul style="list-style-type: none"> • Visa rejection letter from issuing Authority (wherever applicable) • Expected days of Visa arrival letter (wherever applicable) • Copies of correspondence with the authorities/others certifying the reason of denied entry on proper Visa (wherever applicable) • Ticket Itinerary • Receipts of Visa application & other charges • All original bills and receipts of booked and confirmed tickets of transport, accommodation or amusement
34	Personal Legal Liability	<ul style="list-style-type: none"> • FIR/Police Report- Sequence of the events leading to Personal Liability • Copy of the court award- Notice from the Third party claiming the amount
35	Financial Emergency Cash	<ul style="list-style-type: none"> • Covering Letter detailing full statement of the facts of the incident and overseas bank details. • Copy of FIR (filed with the local police authorities)
36	Carrier Cancellation	<ul style="list-style-type: none"> • Letter from the airlines clearly mentioning the reason of cancelling and interruption of flight (if applicable) • Copy of new itinerary in case trip got reschedule along with boarding passes • Copies of reimbursement statements issued by the common carrier • All original bills and receipts for expenses which got forfeited, non-refundable in nature
37	Cancellation of Carrier by Insured Person	<ul style="list-style-type: none"> • Letter from the Insured Person clearly mentioning the reason of cancelling the journey in common carrier (if applicable) • Copies of reimbursement statements issued by the common carrier • All original bills and receipts for expenses which got forfeited, non-refundable in nature.

S. No.	Name of the Benefit	Claim Documents
38	Travel Cancellation	<ul style="list-style-type: none"> • All original bills and receipts of booked and confirmed tickets • Copies of reimbursement statements issued by the respective partner (if applicable) • Cancellation details of the booked and confirmed tickets • Letter from the Insured Person clearly mentioning the reason of cancelling

39	Denied Boarding – Carrier	<ul style="list-style-type: none"> • Letter from the common carrier clearly mentioning the reason of denied boarding in common carrier • Copies of reimbursement statements issued by the common carrier • All original bills and receipts for expenses which got forfeited, non-refundable in nature
40	Missed Carrier	<ul style="list-style-type: none"> • Letter from the Insured Person clearly mentioning the complete details of reason missing the common carrier • Copies of reimbursement statements issued by the common carrier • All original bills and receipts for expenses which got forfeited, non-refundable in nature • Travel itinerary where you were originally scheduled to travel
41	Missed Event	<ul style="list-style-type: none"> • All original bills and receipts of booked and confirmed tickets • Copies of reimbursement statements issued by the respective partner (if applicable) • Cancellation details of the booked and confirmed event tickets
42	Missed Connection	<ul style="list-style-type: none"> • Letter from the common carrier stating reason and duration of delay • Travel itinerary where you were originally scheduled to travel • Money receipt in original towards expenses incurred in respect of additional travel and accommodation expenses.
43	Denied Hotel Accommodation	<ul style="list-style-type: none"> • Proof against hotel booking Details • Letter from Hotel mentioning reason for non accommodation and compensation received if any • Bills/invoices and receipt raised against the accommodation or transportation
44	Emergency Hotel Requirement	<ul style="list-style-type: none"> • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer Details of any other related document • Accommodation booking confirmation with payment receipts.
45	Emergency Return of Immediate Relative	<ul style="list-style-type: none"> • Medical Certificate from treating Doctor specifying the minimum days of hospitalization • Discharge Summary • Original Tickets used for the return travel of the family member • Copy of passport of the family member with entry and exit stamp

S. No.	Name of the Benefit	Claim Documents
46	Replacement of Staff	<ul style="list-style-type: none"> • Medical Certificate from treating Doctor specifying the minimum days of hospitalization • Discharge Summary • Original Tickets used for the travel by the staff member • Copy of passport of the staff member with entry and exit stamp • Certificate by the policyholder along with the copies of the contracts supporting the immediate need for the replacement of the Insured Persons
47	Missed Bill Payment	<ul style="list-style-type: none"> • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama- where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority • Medical Certificate from treating Doctor • Leave certificate from the employer Details of any other related document Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • Outstanding Bills/Proofs/certificates
48	EMI Protection	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • All the test reports • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Leave certificate from the employer Details of any other related document Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • EMI due statement • Last EMI paid proof
49	Fraudulent Charges (Payment Card Security)	<ul style="list-style-type: none"> • FIR copy • proof for loss of debit/credit / forex card letter from bank for card block • Last transaction details and transaction details prior loss of card, bank statement
50	Rental/Third Person's Vehicle Damage Protection	<ul style="list-style-type: none"> • All documents in original supporting to establish loss with bills and receipts. • FIR copy in case of damage to rental car. • Copies of reimbursement statements issued by an car rental agency, or other similar establishment or any other insurance company providing reimbursement to you for the loss
51	Loss/Damage of Rented Equipment	<ul style="list-style-type: none"> • FIR copy of loss due to theft. • All documents in original supporting to establish loss with bills and receipts. • Copy of Rental agreement

52	Golfer's Hole-in-one	<ul style="list-style-type: none"> • Written confirmation from the golf course supervisor that the hole-in-one was achieved • Receipts for the cost of such celebrations of accomplishment
53	Loss/Damage of Own Equipment	<ul style="list-style-type: none"> • Proof of ownership and or invoice • FIR copy

S. No.	Name of the Benefit	Claim Documents
54	Pet Cover	<ul style="list-style-type: none"> • Medical Record • Prescription from the Veterinary Doctor • Invoices (itemized) and Money receipts in original for the amount claimed - A confirmation letter from the person, who was taking care of your pet during your trip abroad
55	Fire and Allied Perils (Home Building & Contents)	<ul style="list-style-type: none"> • Fire Department report/Police report. • Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase. • Panchnama. • Newspaper cutting /Media report
56	Home Insurance Cover	<ul style="list-style-type: none"> • Police report. • Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase. • Panchnama.
57	Study Interruption	<p>In relation to Hospitalization of Insured Person/ their Immediate Relative:</p> <ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • All the test reports <p>In relation to Death of the Immediate Family Member:</p> <ul style="list-style-type: none"> • Medical reports giving the details of the Accident and nature of injury • Death Certificate, Post-mortem certificate • Police report • Proof of relationship • Covering letter detailing circumstances <p>In relation to Fees:</p> <ul style="list-style-type: none"> • Demand letter from Educational Institute raising such demand • Copy of the original fee schedule • Certificate from Educational Institute establishing the discontinuity of studies and re-admission to the same semester under the same course

58	Sponsor Protection	<ul style="list-style-type: none"> • Medical reports giving the details of the Accident and nature of injury • Death Certificate, Post-mortem certificate • Police report • Proof of relationship • Covering letter detailing circumstances • Demand letter from Educational Institute • Certificate from Educational Institute establishing the continuity of studies
59	Bail Bond	<ul style="list-style-type: none"> • Copy of policy Certificate • A written confirmation from the appropriate authority/court, mentioning the offence committed and if it is bail able or not. • Sequence of events • Money receipt in original from the appropriate authority/court for the amount paid towards the bail • Covering letter detailing circumstances

S. No.	Name of the Benefit	Claim Documents
60	University Insolvency	<ul style="list-style-type: none"> • A declaration from the insured that he/she strictly complied with the rules laid down by the university • Copy of the complaint lodged by the insured on the university • Statement of the claim for the expenses incurred • Original receipt for payment of charges to the other common carrier and/or other accommodation provider • Valid VISA having the same university name • Copy of policy Certificate (wherever applicable) • Covering letter detailing circumstances
61	Vision Care	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given etc.) (wherever applicable) • Original bills / invoice and payment receipts • Details of the Accident
62	Additional Services	<ul style="list-style-type: none"> • Original COI (if required) • Identity Proof
63	Pre-Existing Diseases (In case of life-threatening medical condition)	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • All the test reports • Discharge Summary • Prescription from the doctor
64	Extended Cover in the Country of Residence	<ul style="list-style-type: none"> • Pre-authorization letter • We receive the request for extension of the Policy and the applicable premium before the expiry date of the Policy Period • We have received a good health and no claim declaration during the Risk Period

65	Automatic Extension	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • Original bills and receipts of medical expenses • Proof of delay or cancellation of the departure of the Common Carrier
66	Adventure Sports Injury	<ul style="list-style-type: none"> • Discharge summary • Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred
67	Treatment of Alcohol	<ul style="list-style-type: none"> • Discharge summary • Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred
68	Maternity	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • All the test reports • Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred
69	New Born Baby Medical Expenses	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • All the test reports • Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred

S. No.	Name of the Benefit	Claim Documents
70	Additional Buffer Sum Insured for the Group	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • Policy certificate • Covering letter detailing circumstances / requesting
71	Group deductible	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • All the test reports • Policy certificate • Covering letter detailing circumstances / requesting Depending upon the peculiarity of the case, additional documents/information's will be asked for
72	Restoration of Sum Insured	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • All the test reports • Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred

73	Personal Accident (Common Carrier)	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority • Death Certificate attested by issuing/ appropriate authority (in case of death) • Post Mortem Report where applicable- attested by issuing authorities (in case of death) • Original legal heir certificate (in case nomination has not been filed by deceased) (in case of death) • Copy of cancelled passport (in case of death)
74	Additional Permanent Total Disability	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority
75	Additional Temporary Total Disability	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor stating the degree of disability/"complete rest".
76	Loss of Valuables/Money/Any kind of Securities	<ul style="list-style-type: none"> • Proof of ownership and/or invoice • FIR copy

Note: Depending upon the peculiarity of the case, additional documents/information will be asked for

b. Cashless facility

- Wherever Cashless facility is available, the You/Insured Person shall contact Us or Our Assistance Service Provider as soon as possible, but in any event, before completion of the treatment or services availed. Where any service under an Benefit/Cover Option is only covered on a Cashless facility basis, it shall not be covered by this Policy unless You/Insured Person consults with Us or Our Assistance Service Provider and the cost for such services are authorized in advance by Us or Our Assistance Service Provider.
- To avail of Cashless facility at any Medical Practitioner, Hospital, or other service provider, the Insured Person's health card along with a valid photo ID proof (Voter ID card / Driving License / Passport / PAN Card / any other identity proof as approved by Us) should be provided, or a pre-authorization may be sought from Us or Our Assistance Service Provider by providing the Certificate of Insurance number and a valid photo ID proof to the service provider, who can co-ordinate with Us to provide Cashless facility for the Insured Person's treatment or services.
- We or Our Assistance Service Provider shall process the request for pre-authorization after having obtained

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accurate and complete information in respect of the claim for which Cashless Facility is sought to be availed. We or Our Assistance Service Provider shall confirm in writing authorization or rejection of authorization to avail Cashless Facility.

- iv. Where such pre-authorization is confirmed, We or Our Assistance Service Provider shall contact the service provider for communicating the confirmation and extent of such coverage. If pre-authorization as per Cashless Facility is denied by Us, or is unavailable at such service provider, then You/Insured Person may still subsequently write to Us seeking reimbursement of the expenses covered under the Policy.
- v. Cashless facility is only available at specific service providers and geographies, and updated list of which shall be available at Our website or can be confirmed through a phone call made to Us or Our Assistance Service Provider.

c. Other Claims Requirements:

- i. If any claim is not made within the time period set out above, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.
- ii. We / Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such claim.
- iii. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Independent Medical Practitioner.
- iv. We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's Injury and treatment and to investigate the facts surrounding the claim.

d. Claims Payment:

- i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and on time in respect of the Insured Person's cover under the Benefit and all applicable Cover Options and all payments have been realised.
- ii. We shall settle or reject a claim, as may be the case, within 30 days of the receipt of the last necessary document.
- iii. All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017.
- iv. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, We shall pay interest at a rate which is 2% above the bank rate where "bank rate" shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.

Section G Annexures

Annexure I: List of excluded expenses (non-medical)

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

Sr. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES

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

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

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER

12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure II: List of Insurance Ombudsman

Where the grievance is not resolved, the insured may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman are available below:

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@cioins.co.in (Jurisdiction: 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, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049, Email: bimalokpal.bengaluru@cioins.co.in (Jurisdiction: Karnataka.)

BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market Bhopal (M.P.)-462 003. Tel.: - 0755-2769201/2769202

Email: bimalokpal.bhopal@cioins.co.in (Jurisdiction: Madhya Pradesh and Chattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751 009. Tel.:- 0674-2596461/2596455 Email: bimalokpal.bhubaneswar@cioins.co.in (State of Odisha.)

CHANDIGARH - 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 Email: bimalokpal.chandigarh@cioins.co.in [Jurisdiction: Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.]

CHENNAI - Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: - 044-24333668 /24335284 Email: bimalokpal.chennai@cioins.co.in [Jurisdiction: Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).]

DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.: - 011- 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in (Jurisdiction: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.)

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GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, S.S. Road, Guwahati-781001 (ASSAM) Tel.: - 0361- 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in (Jurisdiction: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in (Jurisdiction: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.)

JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur – 302 005 Tel: 0141-2740363 Email: bimalokpal.jaipur@cioins.co.in (Jurisdiction: Rajasthan.)

ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel.: 0484-2358759/2359338 Email: bimalokpal.ernakulam@cioins.co.in (Jurisdiction: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA 700 072. Tel.: 033-22124339/22124340 Email: bimalokpal.kolkata@cioins.co.in (Jurisdiction: West Bengal, Sikkim, Andaman & Nicobar Islands.)

LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in (Jurisdiction: Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, 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.: 69038821/23/24/25/26/27/28/29/30/31, Email: bimalokpal.mumbai@cioins.co.in [Jurisdiction: 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- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in (Jurisdiction: State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

PATNA - Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612- 2547068 Email: bimalokpal.patna@cioins.co.in (Jurisdiction: Bihar, Jharkhand.)

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@cioins.co.in [Jurisdiction: Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).]

The updated details of Insurance Ombudsman offices are also available at the IRDAI website www.irdai.gov.in, or on the website of Council for Insurance Ombudsmen www.cioins.co.in or on the Company's website at www.acko.com.