

Royal Sundaram General Insurance Co. Limited

Corp. Office : Vishranthi Melaram Towers,
No. 2 / 319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097.
Regd. Office : 21, Patullos Road, Chennai - 600 002

Policy Terms and Conditions

B Preamble

B.1 Important Note:

- Please read and check the details of Policy carefully to ensure its accuracy and see that it meets your requirements.
- Please inform us immediately of any change in your address or of any other changes affecting any Insured Person.
- This Policy is an evidence of the contract between You and Royal Sundaram General Insurance Co. Limited.
- The information given to us in the Proposal form and Declaration signed by you/Proposer and/or over telephone to our tele-agent by You / proposer forms the basis of this Contract.
- The Policy, Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Provided that You pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, We will provide the insurance described in the Policy.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

B.2 Terms & Conditions

The insurance cover provided under this Policy to the Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium, and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) for Yourself and on behalf of all persons to be insured.

If any Claim arising as a result of an Illness or Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with terms, conditions and exclusions of the Policy subject to availability of Sum Insured.

Sections of Policy Document applicable to respective plans (Section D):

1. Leisure Trip Plan: Section 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 applicable
2. Multi Trip Plan: Section 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 24, 25
3. Senior Citizen Plan: Section 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 16, 18, 23, 24
4. Asia Plan: Section 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 19, 24
5. Student Plan: 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 16, 19, 21, 24, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, applicable

C DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to the male include the female and references to any statutory enactment include subsequent changes to the same:

C.1 Standard Definitions

- C.1.1 Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- C.1.2 Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- C.1.3 Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

Internal Congenital Anomaly

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

External Congenital Anomaly

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

- C.1.4 Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

C.1.5 Day care centre

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

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

- C.1.6 Day Care Treatment** means a medical treatment, and/or surgical procedure which is:

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

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

- C.1.7 Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified Dollar/Rupee amount in case of indemnity policies/hospital cash policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

The deductible is applicable per event.

- C.1.8 Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

- C.1.9 Disclosure to information norm** means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-decription or non- disclosure of any material fact.

- C.1.10 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 preexisting diseases. Coverage is not available for the period for which no premium is received.

- C.1.11 Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
- b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires your rehabilitation or for you to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

C.1.12 Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

C.1.13 Medical Advice

Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

C.1.14 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.

C.1.15 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.

C.1.16 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..

This is applicable only in annual multi trip policies/Annual Student policies.

C.1.17 Room Rent means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

C.1.18 Subrogation means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

C.1.19 Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

C.1.20 Unproven/ Experimental treatment means the treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

C.2 Specific Definitions

C.2.1 Accidental An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

C.2.2 Acquired Immune Deficiency Syndrome (AIDS) means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia), HIV Wasting Syndrome and ARC (AIDS Related Condition).

C.2.3 Acts of God means Lightning, Storm, Tempest, Typhoon, Hurricane, Flood and Inundation, Earthquake, Tsunami, Subsidence, Landslide and Rockslide, Avalanche.

C.2.4 Alternative treatments are forms of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

C.2.5 Age means the age of the Insured Person on his/her most recent birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Period of Insurance.

C.2.6 Air Travel means the act of boarding an aircraft for the purpose of flying therein or alighting there from following a flight.

C.2.7 Assistance Service Provider means any person or entity that, is licensed/authorized/permitted by the Competent Authority to act as Assistance Service Provider on the Date of Commencement of Risk and is engaged for a fee or remuneration by the Company for the provision of rendering health and travel administration services as per the terms and conditions of this Policy.

- C.2.8 Any one illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation from the Hospital/Nursing Home where treatment may have been taken.
- C.2.9 Baggage and Personal Effects** shall mean luggage and personal possessions, whether belonging to and/ or in the lawful custody of the Insured during the Trip.
- C.2.10 Burglary and House breaking** means an act involving the unauthorized entry to or exit from Your Home or attempted threat by unexpected, forcible, visible and violent means, with the intent to commit an act of Theft.
- C.2.11 Checked-In Baggage** means the baggage handed over by the Insured Person and accepted by the Common Carrier, (airline/coach operator/ferry company) for transportation in the same carrier in which the Insured Person is going to travel and for which the carrier has issued a baggage receipt to the Insured Person (excluding goods carried under contract of affreightment).
- C.2.12 Common Carrier** shall mean any commercial public airline, railway, bus transport, or water borne vessel (including ocean going and/ or coastal vessels and/ or vessels engaged for official or personal purposes), operating under license issued by the appropriate authority for transportation of passengers and/ or cargo.
- C.2.13 Company** means the Royal Sundaram General Insurance Co. Limited.
- C.2.14 Contents** means the following, not used for Business or Business Purposes, so long as they are owned by the Insured Person and/or Insured Persons Family. are legally responsible for them:
- i. Household goods, such as furniture, fixtures, fittings, home appliances and interior decorations and items of like nature.
 - ii. Personal effects such as clothes and other articles of personal nature likely to be worn used or carried but excluding money, jewellery and valuables.
- C.2.15 Contracted Departure Date** means the date on which the Insured Person originally scheduled to leave on the Trip as specified in the Travel Documents.
- C.2.16 Contracted Return Date** means the date on which the Insured Person originally scheduled to return from the Trip as specified in the Travel documents.
- C.2.17 Contribution** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
- C.2.18 Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- C.2.19 Covered Medical Expenses** means reasonable charges which are usual and Customary, incurred for services and supplies for any sickness/illness or covered Accident to the Insured Person.
- C.2.20 Covered Occurrence** means
- iii. Earthquake.
 - iv. Lighting, Storm, Tempest, Typhoon, Hurricane, Inudation,Subsidence.
 - v. Landslide and rockslide.
 - vi. Avalanche.
 - vii. Floods resulting from unseasonal rains, storm or cyclone.
 - viii. Terrorism.
 - ix. Tsunami
 - x. Volcano Eruption.
- provided that, the named perils hereinabove shall take placeat and in the vicinity of any port involved in the Trip; and
- xi. Cancellation or rescheduling of flights done at the instanceof the Common Carrier that causes delay.
- C.2.21 Disease** means an illness which a Medical Practitioner or Surgeon will certify that the Insured Person is suffering from.
- C.2.22 Emergency Medical Evacuation: means**

- (a) the medical condition of the Insured Person warranting immediate transportation from the place of Accident/ sickness to the nearest hospital where appropriate medical treatment can be obtained.
- (b) after being treated at the local hospital the medical condition of the Insured Person warrant transportation to the country from where the Trip commenced to obtain further medical treatment to recover or both (a) and (b) above.

C.2.23 Expiry Date means

- i) the date of expiry as shown in the Policy Schedule OR
- ii) termination of the Policy OR
- iii) Completion of Insured Journey OR
- iv) Insured's journey exceeds "Per Trip Duration Limit" as specified in the Schedule from the Trip Commencement date OR (applicable only in respect of Annual Multi trip policies)
- v) when the number of Trip Days exceed the limit specified under "Maximum Number of Days" of the Schedule as applicable.

C.2.24 Family means Insured Person, his spouse, his children, his parents who continue to be normally resident with the Insured Person.

C.2.25 Family member(s) (or Immediate Family member) shall mean the Insured Person's legal spouse, parent, child(ren), sibling(s), siblings(s)-in-law, parents, parents-in-law who live in India/ abroad.

C.2.26 Fire And Allied Perils means Fire, Lightning, Explosion/ Implosion, Aircraft Damage, Riot Strike & Malicious Damage, Earthquake, Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation (excluding volcanic Eruptions and other Convulsions of Nature) Impact Damage by Rail/ Road vehicles (other than Insured Person's Vehicles) & Animals, Subsidence Landslide & Rockslide, Bursting and/or overflowing of water tanks, Apparatus and Pipelines, Missile Testing Operations, Leakage from Automatic Sprinkler installation and Bush Fire.

C.2.27 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 OR under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10, 00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

C.2.28 Hospitalization means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

C.2.29 Hazardous Sport / Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he/she is trained, or not. Sport/Activity such as Winter sports, Skydiving, Parachuting, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or potholing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, participation in any Professional Sports and activities of similar nature.

C.2.30 Hijack means unlawful seizure or exercise of control by force or violence or threat of force or violence and with wrongful intent of a Common Carrier.

C.2.31 Home means any building used for permanent occupation by the Insured Person as a place of living or residence for himself and his family.

C.2.32 Insured Journey means the time period between the date the Insured Person boards the conveyance to leave for onward overseas journey or the Contracted Departure Date as per the policy whichever is later and the date when the Insured Person first disembarks on return to India or the Contracted Return Date or the date of expiry of Insurance whichever is earlier.

- C.2.33 Insured/Insured Person** means the individual whose name specifically appears in the schedule to this Policy.
- C.2.34 In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- C.2.35 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.
- C.2.36 Jewellery** means articles of personal adornment containing gemstones, silver, gold, platinum or other precious metals.
- C.2.37 Kutcha construction** means buildings having walls and/or roofs of wooden planks thatched leaves and/or bamboo, plastic cloth asphalt canvas tarpaulin or the like.
- C.2.38 Market Value** means the value at which property insured could be replaced with one of the same kind, type, age and condition.
- C.2.39 Money** shall mean and include coins, currency notes, traveler's cheques and credit cards/debit cards, and shall not include any form of cheques, banker's cheques/pay orders/demand drafts and bit coins.
- C.2.40 Medically Necessary:**
Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- C.2.41 Medical Practitioner**
A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. Or
A licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorised Medical Council of the respective country.
- C.2.42 Nervous Disorder** means any disorder of the nervous system which would require the insured to incur Medical Expenses as defined in the policy.
- C.2.43 Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.
- C.2.44 Period of Insurance**
The period commencing from the first day of Insurance as mentioned in the schedule or from the date of Departure of the Insured Person from India for each trip, whichever is later and terminates at the Expiry Date.
- C.2.45 Permanent Disablement** means a person is unable to work in their own or any occupation for which he is suited by training, education or experience.
- C.2.46 Policy** means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrollment forms.
- C.2.47 Professional sports** means a sport, which remunerates a player in excess of 50% of his or her income as a means of their livelihood.
- C.2.48 Pre-Existing Condition** Any condition, ailment or injury or related condition(s) for which you had signs or

symptoms, and/ or were diagnosed, and/or received medical advice/ treatment within 36 months to prior to the first policy issued by the insurer.

- C.2.49 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.
- C.2.50 Sound Natural Teeth** means natural teeth that are either unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to injury than unaltered natural teeth.
- C.2.51 Sum Insured** means the maximum amount of coverage per benefit, as specified in the Schedule of this Policy, that the Insured Person is entitled to in respect of each Benefit.
- C.2.52 Trip** means booked and planned travel out of, and back to, the Republic of India during the policy period specified in the schedule of the policy.
- a. **Annual Multi Trip** shall mean multiple trips, where the maximum duration of cover for all those Trips cumulated is limited to 180 days in the entire policy period subject to a per trip limitation as specified in “Per Trip Duration” of the Schedule
- C.2.53 (Act of) Terrorism** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption or commission of an act dangerous to human life or property against any individual property or government with the stated or unstated objective of pursuing economic ethnic nationalistic political racial or religious interests whether such interests are declared or not. Robberies or other criminal acts primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrators and victims shall not be considered Terrorists Acts. Terrorism also shall include any act, which is verified or recognized by the relevant Government as an act of Terrorism.
- C.2.54 Travel Companion.** means an individual or individuals who is/ are booked to accompany the Insured Person on the Trip during the Period of Insurance, provided that, the Insured and such individual(s) are traveling to the same destination on the same dates and provided that such individual(s) is/ are also Insured under the Policy. For the purpose of this definition, any individual(s) forming part of a group traveling on a tour arranged by a travel agent or a tour leader is not considered as Traveling Companion, unless the individual(s) is part of the Insured’s Immediate Family member as defined herein.
- C.2.55 Tuition fees** means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of room/boarding/textbooks/any extra-curricular course fees), and any cost for the use of facilities for attending said courses.
- C.2.56 Valuables** means but not limited to photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, furs and articles made of precious stones and metals.

D BENEFITS COVERED UNDER THE POLICY

Plan wise coverage structure table

S.No.	Benefit	Leisure Trip	Multi trip	Senior Citizen	Asia	Student
		(Whether covered – Yes/No)				
1	Medical Expenses (including medical evacuation)	Yes	Yes	Yes	Yes	Yes
2	Accidental Death and Dismemberment Benefit (Common Carrier)	Yes	Yes	No	Yes	No
3	Accidental Death and Dismemberment Benefit (24 hrs)	Yes	Yes	Yes	Yes	Yes
4	Sickness Dental Relief	Yes	Yes	Yes	Yes	Yes

5	Daily Cash Allowance in case of hospitalization beyond 2 days	Yes	Yes	No	No	No
6	Repatriation of Mortal Remains	Yes	Yes	Yes	Yes	Yes
7	Delay of Checked-in Baggage	Yes	Yes	Yes	Yes	Yes
8	Loss of Checked-in Baggage	Yes	Yes	Yes	Yes	Yes
9	Loss of Passport	Yes	Yes	Yes	Yes	Yes
10	Personal Liability	Yes	Yes	Yes	Yes	Yes
11	Trip Delay	Yes	Yes	Yes	Yes	Yes
12	Hijacking Benefit	Yes	Yes	Yes	Yes	Yes
13	Automatic extension of policy upto 7 days	Yes	Yes	No	No	No
14	Emergency cash advance	Yes	Yes	Yes	Yes	No
15	Trip Cancellation	Yes	Yes	Yes	Yes	No
16	Trip Curtailment	Yes	Yes	No	No	No
17	Missed Connections/Missed Departures	Yes	Yes	Yes	No	Yes
18	Bounced Hotel/Airline Booking	Yes	Yes	No	No	No
19	Political risk and Catastrophe evacuation	Yes	Yes	Yes	No	No
20	Compassionate Visit	Yes	Yes	No	Yes	Yes
21	Emergency Hotel Extension	Yes	No	No	No	No
22	Loss of Baggage and Personal Effects	Yes	No	No	No	No
23	Return of Minor	Yes	No	No	No	No
24	Difference in Airfare due to delayed or early return	Yes	No	Yes	No	No
25	Assistance Services	Yes	Yes	Yes	Yes	Yes
26	Home Content Insurance (in INR)	Yes	Yes	No	No	No
27	Study Interruption	No	No	No	No	Yes
28	Sponsor Protection	No	No	No	No	Yes
29	Bail Bond	No	No	No	No	Yes
30	Felonious Assault (AD & D)	No	No	No	No	Yes
31	Maternity benefit for termination of pregnancy only	No	No	No	No	Yes
32	Treatment for mental and nervous disorders: including alcoholism and drug dependency	No	No	No	No	Yes

33	Cancer screening and mammography examinations	No	No	No	No	Yes
34	Child Care Benefits	No	No	No	No	Yes
35	Coverage for pre-existing conditions A & S	No	No	No	No	Yes
36	Ambulance Charges	No	No	No	No	Yes
37	Physiotherapy	No	No	No	No	Yes
38	Loss of Laptop	No	No	No	No	Yes

Plan wise geography covered

S.No.	Plan	Worldwide (including Americas)*	Worldwide (excluding Americas)	Asia
1	Leisure	Yes	Yes	Yes
2	Multi trip	Yes	Yes	Yes
3	Senior Citizen	Yes	Yes	Yes
4	Asia	No	No	Yes
5	Student Plan	Yes	Yes	Yes

(Americas include North, Central, South America and Canada) Asia excludes Korea and Japan

* Coverage to Korea and Japan shall be available under Worldwide excluding Americas category

List of American Countries:

AMERICAN SAMOA	DOMINICAN REPUBLIC	NETHERLANDS ANTILLES
ANGUILLA	ECUADOR	NICARAGUA
ANTIGUA AND BARBUDA	EL SALVADOR	PANAMA
ARGENTINA	FALKLAND ISLANDS (MALVINAS)	PARAGUAY
ARUBA	FRENCH GUIANA	PERU
BAHAMAS	GRENADA	SAINT KITTS AND NEVIS
BARBADOS	GUADELOUPE	SAINT LUCIA
BELIZE	GUAM	SAINT VINCENT AND THE GRENADINES
BERMUDA	GUATEMALA	ST. PIERRE AND MIQUELON
BOLIVIA	GUYANA	SURINAME
BRAZIL	HAITI	TRINIDAD AND TOBAGO
CANADA	HEARD AND MC DONALDISLANDS	UNITED STATES MINOR OUTLYING ISLANDS
CAYMAN ISLANDS	HONDURAS	UNITED STATES OF AMERICA
CHILE	JAMAICA	URUGUAY
COLOMBIA	MARTINIQUE	VENEZUELA
COSTA RICA	MEXICO	VIRGIN ISLANDS (BRITISH)
DOMINICA	MONTSERRAT	VIRGIN ISLANDS (U.S.)

B. COVERAGE

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured Person a sum as compensation for any loss or damage occurring or expenses incurred during the Period of Insurance as described under different Benefits hereunder, and as specified in the Schedule of the Policy, but not exceeding the Sum Insured.

Details of all benefits have been provided below:

D.1 Medical Expenses (including Medical Evacuation)

Following conditions are covered on actual expenses incurred subject to the limits specified in the policy schedule under this section:

- a. OPD, Hospitalisation Expenses, Medical Practitioner's charges, local emergency medical transportation and medical services for any illness or injury sustained while abroad. Any miscarriage due to an accident will payable as an inpatient claim.
- b. Medical Evacuation to another better nearby location or to India subject to obtaining prior approval from our end. The medical evacuation shall be as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. It will not cover rescue operations in case of natural calamities/ riots when there is no emergency due to accident/sickness. This benefit is available as cashless benefit and not on reimbursement basis.
- c. Deductible will be applicable per hospitalization as specified under Product Benefit Table.
- d. In case the customer is still confined in hospital overseas and the policy has expired and evacuation is not possible as per customer medical condition, then we will cover the hospitalization maximum of upto 60 days as per policy terms & conditions. However, no OPD claims in this period will be payable.
- e. If the customer has returned back to India and has to continue the treatment for the illness or injury sustained while abroad, then we will cover the reasonable and customary medical charges upto a maximum of 60 days from the expiry of policy or date of return whichever is earlier.
- f. Any expenses due to Pre Existing Diseases will not be covered. Only in case of Life Threatening emergency, the expenses incurred abroad will be covered upto a max of USD2000.

Exclusions applicable under this benefit:

The Company shall not be liable to make any payment under this Benefit in connection with:

- a. Medical treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad. All elective/ planned treatments abroad are excluded.
- b. Medical expenses/services, the need for which arises out of a Pre-existing Condition (excepting in life threatening situations where it is covered up to USD2000).
- c. Excluded expenses as per Annexure- I
- d. Treatments relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner) unless necessitated by an Accident.
- e. Any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution whether forming part of treatment or not.
- f. Any costs related to mental or psychiatric disorders.
- g. Routine physicals or examinations where there are no objective indications or impairment in normal health.
- h. Hospitalization expenses of donor.
- i. Pregnancy of the Insured Person and its complications including child birth mis-carriage (except miscarriage due to an accident) abortion or complication arising therefrom (excepting as covered under Student Plan) excepting ectopic pregnancy.
- j. Diagnosis and treatment of infertility or other problems related to inability to conceive a child, birth control

- including surgical procedures and devices.
- k. Expenses incurred in connection with weak strained or flatfeet corns calluses or toe nails.
 - l. Diagnosis and treatment of acne.
 - m. Organ transplants which are considered experimental innature.
 - n. Well child care including exams and immunizations.
 - o. Expenses which are not exclusively medical in nature.
 - p. Congenital (external) anomalies or any complications or conditions arising therefrom.
 - q. Any expenses incurred in India unless authorized and approved by Service Provider and its assistance cooperation partners in advance.
 - r. Rehabilitation and/or physiotherapy or the costs of prostheses/ prosthetics (artificial limbs).
 - s. Cost of eye glasses, contact lenses, hearing aids etc. Unless necessitated by injury/accident.
 - t. Any dental treatment unless arising out of accidents.
 - u. Any claim for participation in Hazardous Sports/Hazardous Activities.
 - v. Any claim arising out of sporting activities in so far as they involve in training or participation in competitions of professional or semi- professional sports persons.
 - w. Any Deductible amount as mentioned against this Benefit in the Policy Schedule.
 - x. General exclusions applicable as specified in the policy.

Specific claims provisions applicable to Medical Expenses (including Medical Evacuation)

For Cashless Claims:

In the case of emergency Hospitalization, the insured person or any of his representative shall inform the Service Provider within one day of hospitalization but in any case before discharge from the Hospital.

The Company is not obliged to provide cashless facility if the above mentioned timelines are not adhered to.

Reimbursement Claims:

The Insured should report the contingency/ claim to the Service Provider immediately and not later than 30 days from the date of illness/diagnosis

- i. In any case, the Insured Person or any of his representative shall immediately contact the Alarm Center of Service Provider and its assistance cooperation partners stating the necessary details.
- ii. Service Provider will verify the identity of the caller by asking his/her Passport Number.
- iii. In the event of an Accident or sudden illness where it is not possible to intimate the Service Provider before consulting a Physician or going to the Hospital, the Insured Person shall contact the Alarm Center as soon as possible. In either case, when person is being admitted as a patient, the Insured Person shall show the concerned Physician or personnel this Policy if requested.

Documents to be submitted in support of the claim for Medical Expenses:

- i) Original claim form duly signed and filled in (including attending Medical Practitioner's format)
- ii) The original bills and vouchers must be submitted along with all claims.
- iii) Bills/ prescriptions/ vouchers/ reports/ discharge summary must contain the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed, the price.

Documents to be submitted in support of the claim for Medical Evacuation

- a. Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner providing the name of the Insured and details of treatment rendered along with the statement confirm the necessity of evacuation.
- b. Bills, vouchers in support of expenses incurred
- c. Any other document as required by the Company on a case to case basis.

Note: In respect of all claims payable hereunder, the Company may effect settlement either in the form of cashless treatment facility or by reimbursement of the amount of claim to the Insured, at its sole discretion. Cashless treatment facility cannot be demanded by the Insured as a matter of right.

D.2 Sickness Dental Relief

The company will cover actual expenses incurred resulting from sickness sustained to Sound Natural Teeth during a Trip abroad subject to the limits specified in the schedule under this section.

Terms & conditions applicable to this benefit:

Treatment should be provided by a Medical Practitioner who is qualified in practicing dentistry or dental surgery,

Exclusions applicable to this Benefit:

The Company shall not be liable to make any payment towards expenses incurred by the Insured in connection with or in respect of:

- i. Any Deductible amount as shown in Benefit in the Policy Schedule.
- ii. Any treatment of a Pre-existing Condition.
- iii. Artificial teeth, dentistry implant, removal/putting of caps.
- iv. Cementing or fixation of tooth or teeth bridge/s.
- v. General exclusions applicable as specified in the policy.

Claims provisions applicable to Sickness Dental Relief:

- i) Original claim form duly signed and filled in (including attending Medical Practitioner's format)
- ii) The original bills, vouchers and payment receipts indicating that the amounts due to the hospitals have been fully settled.
- iii) Bills/Prescriptions/vouchers/investigation reports/discharge summary must contain the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed, the price and the receipt stamp of the pharmacy
- iv) In case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed.

D.3 Daily Cash Allowance in case of hospitalization beyond 2 days

This will be payable on lumpsum basis in case of hospitalization beyond 2 days for every completed and consecutive 24 hours of hospitalization. The benefit shall be payable up to the limits specified in the policy schedule.

Terms & conditions applicable to this benefit:

1. A day will be reckoned as a completed and continuous period of 24 hours.
2. Claims admissible only in the event of hospitalization exceeding 2 days which shall however be paid including the 2 days.
3. Daily Cash Allowance benefit shall be payable only when a claim under Medical Expenses section specified under the policy for the said hospitalization is admissible.

Exclusions applicable to this benefit:

1. General exclusions applicable as specified in the policy.

Claim provisions applicable to this benefit:

1. Copy of Discharge summary reflecting clearly the date and time of admission and date and time of discharge to be submitted.
2. Copy of other medical reports substantiating the claim as required by us.

D.4 Accidental Death & Dismemberment (24 hours as well as Common Carrier)

In case of death or disability arising out of and consequent (within 12 months) upon an injury sustained during the trip, the policy will pay the limits specified in the schedule under this section as per the benefit table mentioned below.

1. Death	100%
2. Permanent Total Disablement	
Total and irrevocable loss of	
(i) Both Hands or both feet	100%
(ii) sight of both eyes	100%
(iii) one entire hand and one entire foot	100%
(iv) Loss of either hand or foot and sight of one eye	100%
(v) Speech and hearing in both ears	100%
(vi) Either hand or foot	50%
(vii) Sight of One eye	50%
(viii) Speech	50%
(ix) Hearing in both ears	50%
(x) Thumb and index finger of the same hand	25%
(xi) Quadriplegia	100%
(xii) Paraplegia	50%
(xiii) Hemiplegia	50%
(xiv) Uniplegia	25%

In any case, the maximum liability of the company in the event of a claim shall not exceed 100% of the sum insured provided under this section.

Accidental Death & Dismemberment (Common carrier)

The policy will pay the sum insured specified in the schedule in addition to the sum insured specified under the personal accident section if the insured sustains Accidental Bodily Injury during the course of his overseas journey while travelling in a common carrier such as rail, bus, tram or aircraft and such bodily injury is the sole and direct cause of the Insured's death or Permanent Total Disablement and which was sustained within 12 months from the date

Terms & conditions applicable to Accidental Death & Dismemberment (24 hours and Common Carrier coverage):

1. If the Accident affects any physical function, which was already impaired beforehand, a deduction will be made equal in amount for this prior disablement.
2. If the accident impairs a number of physical functions, the degree of disablement given in the Table of Benefits will be added together, but not exceeding 100% of the Sum Insured.

3. In the event of permanent disablement, the Insured Person will be under obligation:
 - a) To have himself/herself examined by doctors appointed by Service Provider or its assistance cooperation partners and the Company will pay the costs involved thereof.
 - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required.

Exclusions applicable to Accidental Death & Dismemberment (24 hours and Common Carrier coverage):

The Company shall not be liable to make any payment under this Benefit in connection with

- a) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- b) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an Accident.
- c) Any payment under this Benefit whereby the Company's liability would exceed the sum payable in the event of death.
- d) Any claim which arises out of an Accident whilst engaging in aviation or ballooning, whilst mounting into or dismounting from or traveling in any balloon or aircraft or which occurs during parachuting, all private chartered flights including helicopters.
- e) Any claim arising out of an Accident related to pregnancy or childbirth, venereal disease or infirmity, whether directly or indirectly.
- f) Any claim for death or Disablement of the Insured Person from i. intentional self-injury, suicide or attempted suicide ii. whilst under the influence of intoxicating liquor or drugs iii. self-endangerment unless in self-defence or to save life.
- g) Any claim for participation in Hazardous Sports/ Hazardous Activities.
- h) Any claim arising out of sporting activities in so far as they involve in training or participation in competitions of professional or semi-professional sports persons.
- i) General exclusions applicable to all sections as specified in the policy.

Claim provisions applicable to this benefit:

Death Claim (Submit the duly filled in claim form with the following documents)

1. Original Death Certificate.
2. Autopsy Report (If conducted)
3. Police Report
4. Accident/Medico Legal Certificate
5. Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
6. Chemical analysis report/viscera report if preserved for analysis
7. Admission/Discharge/Death summary issued by the hospital authority
8. Hospital records.
9. English translation of foreign language documents
10. Any other document sought by the investigator
 11. Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination.
 12. News Paper cuttings if any and any other relevant records.
 13. Certificate given by Indian Embassy for repatriation of mortal remains, if any
 14. Any other supporting documents as may be required by the Company.

Disablement Claim (Submit the duly filled in Claim form with the following documents). Permanent

Total or Partial Disablement.

1. Disability Certificate issued by attending physician.
2. Police Report
3. Accident/Medico Legal Certificate
4. Hospital Records.
5. Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
6. Photographs of the insured exhibiting disability
7. News Paper cuttings if any and any other relevant records.
8. English Translation of foreign language documents.
9. Any other document as may be required by the Company.

D.5 Repatriation of Mortal Remains

In the event of the death of the Insured Person during the Trip due to illness/ injuries, which are insured events in terms of this Policy, the Company shall compensate for the transportation expenses reasonably incurred to return the mortal remains of the Insured Person to the place of residence in the Republic of India or the expenses for local burial or cremation in the country where the death occurred, subject to the limits specified in the schedule under this section.

Terms & Conditions applicable to this benefit:

All Repatriation of Remains arrangements must be approved in advance by Insurance Company / Claims Administrator of the Insurance Company. Covered expenses shall include but not limited to expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.

Exclusions applicable to this benefit:

1. The exclusions specified under Section 1 & Section 4 are applicable for this section.
2. Any claim arising out of Pre-Existing conditions will not be applicable.
3. General exclusions applicable as specified in the policy.

Claim provisions applicable to this benefit:

- i) For reimbursement of cost of transporting the mortal remains to the Republic of India or of the costs of burial abroad, an official death certificate and a physician's statement giving the cause of death. Medical statements from relations or spouses will not be accepted.
- ii) We may also reimburse extra expenses of transportation (with a limit of 10% over and above of Sum Insured specified in Product Benefit Table) of Insured Person to the Republic of India in case of some tragic incidents and there is a dire need of transportation of mortal remains,

In event of a contingency resulting in the death of the Insured, his/ her representatives shall immediately report the same to the Alarm Centre/Service Provider and submit the claims form furnishing the complete details of the death of the Insured to Service Provider.

Documents to be submitted in support of the claim:

- a. Original claim form duly signed and filled in
- b. Photocopy of the death certificate providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the postmortem certificate wherever required by the Assistance Service Provider, for cases where postmortem is conducted), issued by the appropriate authority where the contingency has arisen.
- c. Proof for expenses incurred towards disposal of the mortal remains.
- d. Bills and receipts for expenses incurred towards preparation and packing of the mortal remains of the deceased

- e. Bills pertaining to air transportation of the mortal remains of the deceased

D.6 Delay of Checked-in Baggage

The Company will reimburse up to the limits specified under this section in the policy schedule for necessary emergency purchase of essential clothes, toiletries and essential medicines in the event that the Insured Person suffers a delay of more than 6 hours from the Scheduled Arrival time at the destination for delivery of Baggage that has been checked by a Common Carrier for an international outbound flight from the Republic of India. This benefit is only payable on outward journey from India and not on return journey to India. Amount payable will be only in excess of any amount paid or payable by the carrier responsible for the delay/loss. This benefit shall be payable only once during the policy period irrespective of the number of intermittent trips undertaken by the insured.

Terms & Conditions applicable to this benefit:

- a. The Company will pay provided that the Baggage is delayed on arrival in a country abroad (outward flight).

Exclusions applicable to this benefit:

The Company shall not be liable to make any payment under this Benefit in connection with:

- a. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- b. Any baggage delay on arrival in the Republic of India (inward flight).
- c. Benefits for Baggage Delay paid or payable by the Carrier, provided however this insurance shall apply in excess of the amount recoverable from carrier/other insurers.
- d. General exclusions applicable as specified in the policy.

Claims provisions applicable to this benefit:

The Insured Person has to provide the following documents to Service Provider:

- a. Original claim form duly signed and filled in
- b. Property Irregularity Report issued by the Common Carrier
- c. Certificate from airlines confirming duration of delay
- d. Boarding pass (s) and baggage coupon(s)/tag(s) of Insured Person and above mentioned travel companion if applicable.
- e. Any further documents requested by TPA to confirm delay of baggage and amount recovered from airlines.
- f. Original receipts for emergency purchases made in case of delay of baggage.

D.7 Loss of Checked-in Baggage

The Company will reimburse up to the limits specified in the Schedule of the policy in the event of the Insured Person suffering Total Loss of entire piece of Checked in Baggage which is under the care control and custody of the Common Carrier, while the Insured Person is a ticketed passenger on the Common Carrier during the course of the Insured Period.

Terms & Conditions applicable to this benefit:

Any amount payable will be in excess of any amount paid or payable by the Carrier responsible for the loss and/or in excess of all other valid and collectible insurance. The maximum amount reimbursable in case of one bag will be 100% of Sum Insured and in case of two or more bags, maximum reimbursable amount per bag is 50% of the Sum Insured and the maximum value per article contained in any bag is 10% the Sum Insured. Any claim amount for any item lost exceeding INR 7000/- or other currency equivalent must be supported by documentation evidencing the insured's ownership of the same, such documentation to be submitted to the Insurance Company/ Claims Administrator in the event of a claim. In the absence of this, the maximum liability shall be restricted to 50% of the cost of this item, subject to maximum INR 7000/- considering same as one item for multiple numbers or quantity. Partial losses to check in baggage is not covered under the policy.

Benefits for Baggage Loss will be in excess of any amount paid or payable by the Carrier responsible for the loss and/or in excess of all other valid and collectible insurance. If there is a claim settlement under Delay of checked in

baggage section related to any item covered under this section, then claim under this section shall be reduced to the extent of benefit received under Delay of checked in baggage section.

Aggregate limit of Sum Insured

Leisure trip – Classic - USD500/Supreme-USD500/ Elite-USD1500

Multi-trip – Gold-USD1000/Platinum-USD1000 Senior Citizen Plan- USD1000

Asia- USD500

Students- Diamond-USD2500/Titanium-USD2500/ Platinum-USD2000/Gold-USD1000/Silver-USD500

Exclusions applicable to this benefit:

The Company shall not be liable to make any payment under this benefit in connection with:

- a) Any non-compliance with the terms & conditions as stated in the coverage section.
- b) Any partial loss of items contained within a bag.
- c) The Company will not be liable for any Jewellery, perishables² and consumables³
- d) Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- e) Loss due to complete or partial damage of the baggage
- f) Any amount recovered under Delayed Baggage cover of the policy from the same event
- g) The company's liability to make payment shall not arise until liability is admitted and paid by the Airline in the form of compensation, supported by documentary proof issued by Airline.
- h) Professional Equipments¹, liabilities or instruments in the baggage are excluded from the scope of the policy.
- i) General exclusions applicable as specified in the policy.

¹ Professional Equipments/ Instruments are Equipments or Instruments used for generating income and not for personal use. Professional Liability is Liability created out of any activity performed in the form of profession or for generating income.

² Perishables means item which is bio-degradable or decompose on its own due to change in temperature, humidity, environment etc.

³ Consumables means items for personal consumptions such as liquor, tobacco etc.

Claims provisions applicable to this benefit:

The Insured Person has to provide the following documents to Service Provider:

- a. Original claim form duly signed and filled in
- b. Property Irregularity Report.
- c. Boarding pass (s) and baggage coupon(s)/tag(s) of Insured Person and above mentioned travel companion if applicable.
- d. List of articles lost and their value
- e. Proof of ownership for articles valued more than Rs.7000/-
- f. Letter from the airlines confirming that the baggage has been permanently lost and compensation if any paid towards settlement of claim for lost baggage
- g. Any further required documents requested by Service Provider to confirm loss of baggage and amount recovered from airlines.

D.8 Loss of Passport

In the event that the Passport, Visa belonging to the Insured Person is lost, the Company will reimburse up to the limit mentioned in the Schedule to cover only the direct expenses necessarily and reasonably incurred in connection with obtaining emergency travel documents in lieu of passport /visa or duplicate or new passport. Any loss should be reported to local Police within 24 hours

Terms & Conditions applicable to this benefit:

The Company will pay provided that

- The loss of Passport, Visa was reported to police authority within 24 hours of the Insured Person becoming aware of such loss and an official Police report lodged at local policestation is provided to Service Provider.
- The proof of emergency travel documents is provided to Service Provider.
- Any further documents requested by Service Provider.

Exclusions applicable to this Benefit:

The Company shall not be liable to make any payment under this Benefit in connection with:

- a) Loss of the Passport/Visa due to delay or confiscation or detention by the Customs, Police or Public Authorities.
- b) Loss of the Passport/Visa due to theft unless it has been reported to the Police within 24 hours the Insured Person becoming aware of the theft and a written Police Report obtained.
- c) Loss caused by the Insured's failure to take reasonable steps to guard against the loss of the passport.
- d) The applicable Excess as mentioned in the Schedule.
- e) General exclusions applicable to all sections as specified in the policy

Claims provisions applicable to Loss of Passport Benefit:

Immediately on becoming aware of the loss of the passport, the Insured shall report the matter to the police having jurisdiction over the place of loss while simultaneously reporting the loss to the Assistance Service Provider.

Documents to be submitted in support of the claim

- i. Original claim form duly signed and filled in
- ii. Air ticket jacket / boarding pass
- iii. Copy of old and New Passport.
- iv. Police Report.
- v. Statement of claim for the expenses incurred Including details of the attempts made to trace the passport.
- vi. Receipt for payment of charges for obtaining an emergency certificate at the place of loss of the passport.
- vii. Payment proof/receipts for obtaining duplicate passport / travel documents. e.g. Payment made to embassy of India for making duplicate passport, Emergency Certificate issued by embassy of India. stamps, cost of a professional account or solicitor, excluding any transportation involved in getting duplicate passport
- viii. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

In event the passport originally reported lost being traced and made available to the Insured, anytime before the emergency certificate at the place of loss of the passport or the duplicate passport at the Country of Residence of the Insured is issued to the Insured, the Insured shall intimate the concerned authorities forthwith and apply for the refund of the money paid with the application for emergency certificate or duplicate passport, as the case may be. The Insured shall then refund to the Company such amount as has been refunded by the authorities to the Insured in this regard.

D.9 Personal Liability

In the event of the Insured Person becoming legally liable to a Third Party (under statutory liability provisions or in common law for an incident which results in death, injury of such third party or damage to his/ her properties), the company will compensate the Insured person upto the limit specified, provided the incident occurs during the Period of Insurance and whilst on a Trip abroad and provided that the claim is reported to the Company immediately.

Company will have rights to for contesting unjustified claims or liabilities against the insured person as well as conducting legal action involving appointment of legal counsel etc in case of a personal liability claim against the insured person. No claim under this benefit will be payable in case of any act done wilfully.

Specific conditions applicable to this benefit:

4. The Company shall be responsible for contesting unjustified claims against the Insured Person and providing indemnity for damages, which the Insured Person has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a Court of Law.
5. If there is a legal action in process against the Insured Person over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured Person at the Company's sole discretion.
6. The Company will have the right, but in no case the obligation, to take over and conduct in the name of the Insured Person the defence of any claim and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defence of any claim, the Company may relinquish the same.
7. In the event the Company, in its sole discretion, chooses to exercise its right in pursuance of the above Special Condition 3, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, what the Company's liability or obligations under this Policy would have otherwise been had it not exercised its rights under this condition.

Exclusions applicable to this policy:

The Company shall not be liable to make any payment under this benefit in connection with :

1. Any claim arising from Employer's liability or Insured Person's contractual liability.
2. Any claim of personal liability of the Insured Person towards his/ her Family, relations and travelling companions, friends or colleagues whether personal or official.
3. Any claim resulting from transmission of an illness or disease by the Insured Person.
4. Any claim or damage resulting from professional activities involving the Insured Person.
5. Any liability that is expected by or intended for the Insured Person.
6. Any claim for liability arising directly or indirectly from or due to:
 - a) The possession of animals. Either own or under care control and custody of the Insured Person.
 - b) The ownership or possession of vehicles, aircrafts, watercrafts, or activities of the Insured Person involving parachuting, hang- gliding, hot air ballooning or use of firearms.
 - c) Any willful, malicious, criminal, illegal or unlawful act.
 - d) Insanity, the use of any alcohol/drugs (except as medically prescribed) or drug addiction.
 - e) Any supply of goods or services on the part of the Insured Person arising out of the Insured Person's business.
 - f) Any ownership or occupation of land or buildings other than the occupation of any temporary residence.
 - g) Liability arising out of use sale manufacture delivery transfer or possession by any person of a controlled substance or contraband as defined by the appropriate Authority or the Federal Food and Drug Agency or equivalent or similar organization.
 - h) Fines/ penalties/ punitive/ exemplary damages of any kind
 - i) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
 - j) Any Deductible amount as mentioned against this Benefit in the Policy Schedule
 - k) General exclusions applicable as specified in the policy.

Claims provisions applicable to Personal Liability Benefit:

- i. In the actual or likely event of a liability claim (either bodily Injury or property damage to third parties), the Insured shall immediately report the event to the Assistance Service Provider of the Company and furnish details of the circumstances resulting in the same.
- ii. Without the consent and written approval by the Assistance Service Provider or the Company, the Insured shall not

settlor offer for settlement or enter into a compromise with the claimant or any other person.

- iii. The Insured shall report the matter to Police Authorities as circumstances may necessitate and warrant depending upon the actual event and compliance procedures prevailing in the country of incidence of the event.

Documents to be submitted in support of the claim

- i. Original claim form duly signed and filled in
- ii. Statement of claim furnishing particulars of the event leading to the liability.
- iii. Statements of witnesses confirming the occurrence of event
- iv. Written letter by claimant giving the intimation of liability
- v. Judgment/Award of the Court
- vi. Photocopy of the police report wherever reported.
- vii. Any other document as may be appropriately applicable for the claims preferred under this section of the Policy

The Company reserves the right to defend the case or initiate or enter into a compromise or take required and necessary steps to bring about a closure, without affecting the Insured's right of

claim under the policy, subject to Point (3) specified under Terms and Conditions applicable to this Benefit.

D.10 Trip Delay

The Company will pay a lump sum subject to the limits specified in the policy schedule under this section, if the Insured Person's Common Carrier commencement is delayed for more than 6 continuous hours due to any Covered Occurrence. This section provides coverage both for inbound and outbound journey out of India.

This benefit shall be payable only once during the period specified in the policy scheduled

Covered occurrence shall mean the following:

- i. Earthquake.
- ii. Lighting, Storm, Tempest, Typhoon, Hurricane, Inundation, Subsidence
- iii. Landslide and rockslide
- iv. Avalanche
- v. Floods resulting from unseasonal rains, storm or cyclone.
- vi. Terrorism.
- vii. Tsunami
- viii. Volcano Eruption

provided that, the named perils hereinabove shall take place at and in the vicinity of any port involved in the Trip; and Cancellation or rescheduling of flights done at the instance of the Common Carrier that causes delay.

Exclusions applicable to this benefit:

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

- a) Failure to check in on time.
- b) Negligence or fault of the travel agent.
- c) For any delayed departure caused by strike or industrial action known to exist at the time the trip was booked
- d). If the air craft is taken out of service on the instructions of the Civil Aviation Authority or other competent statutory authority
- e) General exclusions applicable as specified in the policy

Claim provisions applicable to this benefit: Claims documents to be submitted:

Claim Form (to be filled and signed by insured)

- Letter from the airlines stating reason and duration of delay.
- Ticket Itinerary
- Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India

D.11 Hijacking Benefit

A lump sum amount is payable subject to the limits as specified in schedule is payable for each 24 hours in captivity in the event of any Common Carrier, in which the Insured Person is traveling being hijacked on the trip abroad and held captive for more than 12 continuous hours.

Terms & Conditions applicable to this benefit:

The Company will pay provided that:

- I. The proof of travel is provided to us.
- II. Any further required documents requested by ServiceProvider.

Exclusions applicable to this benefit:

The Company shall not be liable to make any payment under this benefit in connection with:

- (a) Any claim where the Insured Person is considered as the principal or accessory in the hijacking
- (b) General exclusions applicable as specified in the policy

Provided that the cover shall only attach in case of travel by Common Carrier as the main mode of travel being part of the Trip and shall not attach for any incidental travels by any othermode of transportation.

The Company's liability shall be restricted for the period for which the Common Carrier is held captive in excess of 12 hours or for the period as specified in Policy Schedule, whichever is greater, and in no case shall exceed the maximum number of days specified in the Policy Schedule. Should the Insured be released by the hijackers in advance of the total release of the Common Carrier and all the passengers therein, the Company's liability shall not extend beyond the date and time of release of the Insured by the hijackers.

Should death of the Insured occur during the period for which the aircraft/ ocean going vessels is held captive by the hijackers, such death of the Insured shall be considered as a valid claim under Benefit 7 - Personal Accident under the Provision applicable to the death of the Insured in an Accident to the Common Carrier in which the Insured is traveling as a passenger. Such compensation for death shall be independent of the Insured's eligibility for claim under this Benefit

Claims provisions applicable to Hijacking Benefit:

In the unfortunate event of the Insured being held captive which shall be the subject of a Hijack, the Insured shall contact the Assistance Service Provider of the Company immediately after he/ she is released from captivity, and thereafter send a statement of claim furnishing details, namely the date and time of Hijack, the date and time of release of the Insured, together with a brief narration of the circumstances of the Hijack.

In the unfortunate incident of the death of the Insured whilst under captivity of the hijackers, solely attributable to an Injury caused by or circumstances created by the hijackers, the nominee/ representative of the Insured shall furnish to the Assistance Service Provider the details of the Hijack and the resultant death of the Insured.

The statement of claim in both the cases above shall be accompanied by a certificate of hijack from the Common Carrier furnishing details of travel by the Insured, the fact of his/ her being held captive and confirmation of death, if death shall occur.

D.12 Automatic Extension of Policy upto 7 days

The period of insurance is automatically extended upto a period of 7 days when there is a delay in Common Carrier, due to a Covered Occurrence and when no alternative travel arrangement is available

Covered occurrence shall mean the following:

- ix. Earthquake.

- x. Lighting, Storm, Tempest, Typhoon, Hurricane, Inundation, Subsidence.
- xi. Landslide and rockslide.
- xii. Avalanche.
- xiii. Floods resulting from unseasonal rains, storm or cyclone.
- xiv. Terrorism.
- xv. Tsunami.
- xvi. Volcano Eruption.

provided that, the named perils hereinabove shall take place at and in the vicinity of any port involved in the Trip; and

- xvii. Cancellation or rescheduling of flights done at the instance of the Common Carrier that causes delay.

Specific terms & conditions applicable to this benefit:

- 1) Automatic extension of the Period of insurance is granted up to a period of 7 days, from the Policy Expiry Date,
- 2) if the extension is due to delay of a Common Carrier, due to a Covered Occurrence and when no alternative travel arrangement is available.
- 3) General exclusions applicable as specified in the policy.

D.13 Emergency Cash Advance

The company will provide an assistance service when the insured person requires emergency cash following incidents like theft/ burglary of luggage/money or hold up whilst on a trip covered under policy. The service provider will coordinate with the insured person's family members in his country of residence to provide emergency cash advance to the insured person as per his requirement up to the limit specified (including service and delivery charges) in the policy schedule under this section.

Terms & conditions applicable to this benefit:

Admissibility of claim under this section will be subject to following conditions:

- 1. As soon as the theft/burglary of luggage/money occurs, the insured person should lodge a policy complaint and provide a copy of complaint for availing this benefit
- 2. Insured person may then intimate The Company itself or through Claims Administrator of the Company on Email or contact on telephone number indicated in the policy schedule.
- 3. The company shall verify the details of the insured and ascertain the amount of cash required and admissible under this section
- 4. The company will arrange for cash payments to the insured through a variety of sources, including but not limited to credit cards, hotels, banks, consulates and Western Union. Credit Card Transactions performed by The Company are subjected to the confirmed Credit.

Exclusions applicable to this benefit:

- 1. General exclusions applicable as specified in the policy.

Claims provisions applicable to Emergency Cash Advance Benefit:

- i. As soon as the need arises, Insured Person shall call up Service Provider on the telephone number indicated in the Policy Schedule.
- ii. The Service Provider shall verify the details of the Insured and seek information on the amount of cash required as well as local contact in India who can provide payment security including delivery charges through credit card or close relatives.
- iii. The Service Provider shall organize cash delivery after obtaining payment security from Insured or his/her local contact as informed by the insured.

D.14 Trip Cancellation

The Company will reimburse the unused and non-refundable portion of the pre-paid lodging cost and/or the ticket cancellation charges (up to the maximum amount specified in the schedule) if the Trip is cancelled and the Insured

Person is unable to undertake the Trip due to:

- xviii. Death or serious injury or sudden sickness requiring minimum 3 days of hospitalization within 5 days before the date of departure specified in the policy schedule of (a) of the Insured Person or (b) Traveling Companion or (c) immediate Family member of the Insured Person.
- xix. Covered occurrence provided they take place at and in the vicinity of any port involved in the Insured's Trip which shall mean the following:
 - 1. Earthquake.
 - 2. Lighting, Storm, Tempest, Typhoon, Hurricane, Inundation, Subsidence
 - 3. Landslide and rockslide
 - 4. Avalanche
 - 5. Floods resulting from unseasonal rains, storm or cyclone.
 - 6. Terrorism.
 - 7. Tsunami
 - 8. Volcano Eruption.

Amount payable under this section will be only in excess of any amount paid or payable if any by the Hotel/Airlines.

The booking should have been made in advance prior to the cancellation.

Exclusions applicable to this benefit:

- a. Negligence or fault of the travel agent.
- b. Suspension of services by the Common Carrier whether pursuant to any order from any authority.
- c. General exclusions applicable as specified in the policy

Claims provisions applicable to Trip Cancellation benefit

In event of any of the contingencies covered hereunder occurring either at the place of origin in the Country of Residence of the Insured or at any intermediary place any time after the commencement of the Trip and before termination of the same, resulting in the interruption of the scheduled travel being part of the Trip necessitating cancellation of the Trip, immediate notice thereof shall be given by the Insured to the Assistance Service Provider of Company.

Documents to be submitted:

- i. In case of cancellation of the Trip either in the Country of Residence of the Insured or any other intermediate place forming part of the Trip by the Common Carrier solely resulting from contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, duly completed claims form to be accompanied by:
 - a. Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation.
 - b. Original used air ticket indicating the cost of the ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip the cancellation charges retained.
 - c. Original bill and a receipt/letter obtained from the hotel and/or guest house and/or any other paid residential accommodation (available for fee) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained, wherever such accommodation has to be arranged at the place of cancellation of the Trip;
 - d. Used air ticket in original for return journey from the place of cancellation to the Country of Residence of the Insured which indicate the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip.
- ii. In case the cancellation of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured arising out of the contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, the duly completed claims form to be accompanied by:
 - a. A declaration from the Insured furnishing the circumstances that compelled him/ her to cancel the Trip.

- b. Medical evidence as may be required by the Assistance Service Provider in case of the cancellation of the Triparising out of personal contingencies of the Insured or his/her Immediate Family Member.
 - c. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained.
 - d. Receipt/letter obtained from the/for the hotel and/or guest house and/or any other residential accommodation (available for a fee) indicating the cancellation charges retained, wherever such accommodation has to be arranged at the place of cancellation of the Trip.
 - e. Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip.
- iii. In case the cancellation charges either for the Trip or part of it or in relation to the accommodation in a hotel/ guest house/ other residential accommodation is waived to the advantage of the Insured subsequent to any settlement of claim under this Benefit, the Insured shall forthwith return the sum paid by the Company to the extent of such waiver.
- iv. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

D.15 Trip Curtailment

The Company will reimburse the proportionate expenses pre-paid but are not refundable including tickets for the return journey to Republic of India (up to the maximum amount specified in the schedule) due to trip curtailment caused by

- a. Emergency Medical Evacuation of self.
- b. Death, serious injury or sudden sickness of your spouse, parents, parent in laws or child residing with you in India and who is not travelling with you on the insured journey
- c. Serious injury or sudden sickness requiring minimum three days hospitalization of the insured's wife or child (within 5 days before the date of departure of return journey) and who were booked to travel with the insured and who are also insured with us.
- d. The hijack of an aircraft in which you are travelling as a fare-paying passenger
- e. Inclement weather conditions like Hurricane, Storm, Flood or Natural Disasters. provided they take place at and in the vicinity of any port involved in the Insured's Trip. The amount payable under this section will be only in excess of any amount paid or payable if any by the Hotel/Airlines

Specific Condition applicable to this benefit:

The Insured Person should notify to the Company as soon as reasonably possible in the event of Trip Curtailment. The Insured Person should also take all necessary steps to obtain maximum refund from applicable channels.

Exclusions applicable to this benefit:

The Company shall not be liable to make any payment under this Benefit in connection with:

- a. Additional expenses incurred while travelling in higher class/category than the original travel ticket booked for Insured Person's return journey.

Expenses payable are:

1. additional expenses for travel less amounts recoverable on unused travel vouchers or tickets or tours.
2. Additional expenses for accommodation less amounts recoverable on unused pre-paid accommodation.
3. General exclusions applicable as specified in the policy.

Claims Provisions applicable to this benefit:

- Claim Form (to be filled and signed by insured)
- Hospitalization discharge summary/consultation papers of insured if applicable.
- All bills and payment receipts towards transportation and lodging (incurred overseas) if applicable.
- Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.
- All bills and payment receipts towards transportation and lodging in overseas.
- Certificate from overseas biller regarding cancellation charges
- Death certificate in case of death
- Police Report (if applicable)
- Airline Report (if applicable)
- Media/TV Coverage documents, paper cutting, clippings (if applicable)

D.16 Missed Connections/Missed Departures

The Company will reimburse cost of reasonable expenses towards actual boarding and lodging incurred if the insured misses the connecting flight at intermediate port due to a delay beyond 12 hours from the original schedule by the outbound/ Inbound air craft from/to India in which insured is expected to travel, caused by Inclement weather, Equipment failure of the common carrier, strike or other job action by employees of the airlines. This benefit shall be payable either for a Missedconnection or departure and not for both.

Inclement Weather means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Strike would mean any labor disagreement interfering with the normal departure and arrival of a Common Carrier, which is defined as legal by the relevant authorities in the respective countries.

Reasonable Expense means expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the Common Carrier or any other provider free of charge

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover

- If the time gap between the scheduled arrival of the previous flight and the scheduled departure of the next flight (Missed Flight) shall be less than 3 hours.
- Towards expenses incurred by the Insured for any temporary stay in the port of delay not exceeding 3 hours from the time of delayed arrival of the earlier flight to the departure of the rescheduled flight, provided that, this exclusion shall not apply in respect of the Company reimbursing the cancellation charges of the Missed Flight and the additional cost of transportation in relation to the rescheduled flight.
- If the missing of the flight is the result of
 - Any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever.
 - Any advance intimation given to the Insured of a possible delay of the flight that might lead to missing of connecting flights.

Claims provisions applicable to Missed Flight Connections Benefit:

In the event of any flight wherein the Insured shall travel in connection with part of his/her Trip shall arrive at the intended destination with a delay because of circumstances beyond the control of the Insured, resulting in the Insured missing the ongoing flight to the next place of destination being part of the

Trip, he/ she shall report to the Assistance Service Provider such delay furnishing the details of the flights, the scheduled arrival to the place of delay, actual time of arrival and consequently the period of delay.

Documents to be submitted in support of the claim

- i. The confirmation from the flight operator of the delayed flight as to the expected time of arrival and the actual time of arrival at the port of delay together with the reasons for delay.
- ii. Unused ticket for the ongoing flight (Missed Flight) with an endorsement of the Common Carrier of cancellation of the same.
- iii. Certificate from the flight operator of the Missed Flight that the fare for the part of the Trip covered by the Missed Flight is forfeited in full or in part together with the amount of forfeiture.
- iv. Original used ticket obtained afresh towards the alternative flight for the part of the Trip covered by the Missed Flight indicating the amount paid as fare.
- v. Bill and payment receipts incurred towards boarding and lodging expenses
- vi. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

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

D.17 Bounced Hotel/Airline Booking

The company, subject to the limits specified under this section in the policy schedule, will reimburse the additional expenses towards alternate flight booking, transportation to the alternative hotel, cost of up gradation to a superior class of hotel if required when the confirmed hotel/airline booking services with the suppliers is bounced due to over booking.

Specific conditions applicable to this benefit:

- i. The Company's liability shall be in relation to the travel covered by such confirmed booking and in relation to accommodation in the same place of stay and also in relation to the same class of travel and same category of accommodation as the case may be covered by the original confirmed bookings.
- ii. To claim this benefit under non-availability of accommodation on account of over booking by the hotels or airlines, the insured should have reconfirmed the booking in advance and should have written proof of the same. Wait listed booking will not be compensated for. For hotel overbooking, the overbooked portion of the hotel stay must include the first night stay; the overbooking must happen at check-in. We will reimburse the difference between the original booking amount and the reasonable new booking amount, less any refund/compensation given by the hotel, for the number of nights that are overbooked. The new booking must be for up to the number of nights overbooked at a similar hotel where the cost of stay is no more than 10% greater per night than the initial booking. We will not reimburse for nights on the original booking that were not overbooked.
- iii. For airline overbooking, an option of a free replacement flight within 6 hours from the departure of the original overbooked original flight must not be available to you and you must cancel your originally booked flight and purchase a new flight at the same class of service of no more than 10% greater fare than your original overbooked flight. We will reimburse the difference between the original airfare amount and the reasonable new airfare amount, less any refund/compensation given by the airline.

Exclusions applicable to this benefit:

1. Any air tickets / hotel bookings which are allotted to airline staff / hotel staff or under any special travel industry employee scheme
2. Any Deductible amount as mentioned against this Benefit in the Policy Schedule
3. General exclusions applicable as specified in the policy.

Claims provisions applicable to Bounced Hotel/Airlines Booking benefit

In the event that the Common Carrier and/or the accommodation provider bouncing the booking of the Insured that was confirmed prior to the date of departure of the flight or the date of occupation of the accommodation as the case may be, at the sole instance of the said Common Carrier and / or the accommodation provider, the Insured shall immediately report the said bounced booking to the Assistance Service Provider.

Documents to be submitted in support of the claim:

- i. A declaration from the Insured that he/ she has strictly complied with the rules laid down by the Common Carrier or accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation.
- ii. A confirmation from the Common Carrier of the bounced booking solely at their instance and responsibility.
- iii. A confirmation from the accommodation provider of the bounced booking solely at their instance and responsibility.
- iv. Insured shall lodge his/ her claim on the Common Carrier and/ or the accommodation provider as the case may be for the additional charges that he/ she might have incurred for which he/ she has lodged a claim on this Company and in case of any recovery from the concerned agencies, shall return such recovery to the Company to extent of amount paid hereunder.
- v. Flight tickets for alternate flight, bills and payment receipts issued by hotel for alternate accommodation, bills for expenses incurred for transportation to the alternative hotel
- vi. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

D.18 Political risk and Catastrophe evacuation

The Company shall, subject to the sum insured limits specified in the schedule, reimburse the insured:

- i. the cost of travel expenses to the country of residence or nearest place of safety up to the cost of an economy class air ticket and
- ii. reasonable accommodation expenses, if incurred, up to a maximum of USD 300 per day for a maximum of 7 days if insured is unable to return to his country of residence, when:
 - a. Officials in the country where Insured is visiting, recommend that certain categories of persons which include the Insured should leave the country, or
 - b. Insured is expelled from or declared persona non grata in the Country he is in, or
 - c. A catastrophe (fire, flood, earthquake, Tsunami, Volcano Eruption, storm, lightning, explosion, hurricane or epidemic due to contagious disease) has occurred in the Country the Insured is in, necessitating his immediate evacuation in order to avoid risk of personal Injury or Illness to himself.

Exclusions applicable to this benefit:

The Company shall not be liable to pay for losses arising from or attributable to the following

- i. Insured violating the laws or regulations of the country from which he is to be evacuated.
- ii. Failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation.
- iii. Failure to honour any contractual obligation or bond or to obey any conditions in a license.
- iv. Insured being a national of the country from which he is to be evacuated.

- v. Circumstances that resulted in the Insured's evacuation being in existence prior to the Insured entering the country or their occurrence being foreseeable to a reasonable person before the Insured entered the country.
- vi. General exclusions applicable to all sections as specified in the policy

Claims provisions applicable to this benefit:

In event of any of the contingencies covered hereunder occurring at the place Insured is visiting any time after the commencement of the Trip and before termination of the same, threatening the safety of the Insured, immediate notice thereof shall be given by the Insured to the Assistance Service Provider of Company.

Documents to be submitted in support of the claim:

- i. Official Declaration by embassy of Country of Residence of the Insured.
- ii. Original Invoice of Hotel Accommodation during the period Insured is unable to return to the Country of Residence.
- iii. Original ticket(s) used for the travel back to the Country of Residence.
- iv. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

D.19 Compassionate Visit

The company shall subject to the limits specified under this section, when insured person is hospitalized on account of an illness/accident for a period exceeding 5 days and as opined and recommended by the attending Medical Practitioner requires special assistance from an immediate family member, shall reimburse the cost of the economy class flight ticket incurred by the immediate family member rendering such special assistance from and to the place of residence/origin of such person together with accommodation expenses not exceeding 200 USD/day. This benefit shall be payable only once during the policy period.

Terms & Conditions applicable to this benefit:

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

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

Exclusions applicable to this benefit:

- 1. General exclusions applicable as specified in the policy

Claims provisions applicable to Compassionate Visit Benefit

- i. In event of the Insured sustaining an Injury and/ or contracting an Illness requiring Hospitalisation in the opinion of the Medical Practitioner and further in the opinion of such Medical Practitioner continuous presence in the form of special assistance is required to be rendered to the Insured during the period of Hospitalisation by any of the members of the Family or near relative, immediate notice shall be given and approval obtained from the

Assistance Service Provider by the Insured before requisitioning such special assistance.

- ii. The Insured shall endeavor wherever possible to requisition such a special assistance from any member of the Family or near relative from places nearer to the place of Hospitalisation.

In any case, the Company's liability shall be limited to economy class airfare applicable from and to the Country of Residence of the Insured to the place of Hospitalisation.

Documents to be submitted in support of the claim

Duly completed claims form to be supported by

- i. A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by a member of the Family or near relative during the entire period of Hospitalisation. Certificate to also specify the minimum period of Hospitalisation.
- ii. Discharge summary of the Hospital furnishing details - date of admission, date of discharge, and the presence of the member of the Family or near relative on all days of Hospitalisation.
- iii. Original ticket used for the travel to and fro by the member of the Family or near relative.
- iv. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

D.20 Emergency Hotel Extension

The Company shall, subject to the limits specified in Policy Schedule, pay the actual additional expenses for lodging and boarding incurred by the Insured if the departure of the Insured shall be delayed either at the port at the place of origin (other than the country of residence of the insured) or at any intermediate ports forming part of the Trip within the Period of Insurance solely arising out of and consequent upon any of the contingencies specified hereunder:

- i. Earthquake.
- ii. Lighting, Storm, Tempest, Typhoon, Hurricane, Inundation, Subsidence
- iii. Landslide and rockslide
- iv. Avalanche
- v. Floods resulting from unseasonal rains, storm or cyclone.
- vi. Terrorism.
- vii. Tsunami
- viii. Volcano Eruption.

Subject however that the named perils specified above shall take place in and in the vicinity of the port involved in the Insured's commencement and completion of the journey.

- ix. Personal contingencies like emergency Hospitalization treatment necessitated to the Insured or Insured's Family or Insured's Traveling Companion due to an unforeseen Illness or accidental Injury.
- x. Cancellation or rescheduling of flights done at the instance of the Common Carrier, subject to the carrier not arranging hotel accommodation
- xi. Lost or stolen passport or travel documents.

The Company's liability under this section shall be limited to only one delay encountered by the Insured during the entire Period of Insurance and will be subject to the Deductible amount as mentioned against this Benefit in the Policy Schedule

Terms & Conditions applicable to this benefit:

- i. On the happening of any contingency as stated above, resulting in the Insured's decision to delay the departure, immediate notice thereof shall be given to the Company.

- ii. The Insured shall endeavor to prosecute the journey as soon as possible so as to minimize the delay arising out of the contingency.

Exclusions applicable to this benefit:

No claim shall be payable by the Company in case of delay

- i. Arising out of contingencies other than specifically named in the policy under this section.
- ii. Arising out of any government regulation or prohibition.
- iii. Any Deductible amount as mentioned against this Benefit in the Policy Schedule
- iv. General exclusions applicable as specified in the policy

CLAIMS PROCEDURE APPLICABLE TO EMERGENCY HOTEL EXTENSION BENEFIT

In the event of an unexpected delay in departure by the Insured occurring either from the port of origin or from any other port of departure for travel being part of the Trip covered hereunder, the Insured shall immediately inform the Assistance Service Provider of the Company furnishing circumstances and the details of the delay.

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

Duly completed claims form to be supported by:

- i. Receipt for the amount paid to the hotel or guest house or any other accommodation provider for a fee for the charges per day paid towards accommodation.
- ii. Evidence as may be required by the Assistance Service Provider in case the delay is caused by Earthquake, Floods resulting from unseasonal rains, storm or cyclone or Terrorism.
- iii. Medical certificate furnishing details of date of admission and date of discharge together with the details of the Injury or Illness and the treatment rendered, obtained from the Medical Practitioner in case of delay being caused because of Hospitalisation of the Insured or Insured's Family member or Traveling Companion resulting from any Injury or Illness to the Insured or Insured's Family member or Traveling Companion, as the case may be.
- iv. In case of loss of passport, a copy of the first information report in relation to the complaint lodged with the police having jurisdiction over the place of loss and a copy of the application lodged with the passport office for a duplicate passport.
- v. In case of loss of travel documents, a copy of the report lodged with the Common Carrier for the loss of the travel documents and a confirmation from the latter that the Insured could not undertake the travel as scheduled.
- vi. In case of delay solely attributable to Common Carrier and beyond the control of the Insured a confirmation by the Common Carrier of the said delay having taken place at their instance together with a copy of the claim made on the Common Carrier for expenses incurred as a result of the delay.
- vii. And any other document as may be appropriately applicable for the claims made under this section of the Policy.

D.21 Loss of Baggage and Personal Effects (Payable only under Elite variant of Leisure Trip Plan)

The Company shall pay the insured, subject to the limits specified in Policy Schedule.

- a. in case of loss of checked in baggage received from common carrier against surrender of receipt, happening once Insured leaves the exit gate of the airport (including while he is travelling in the rented vehicle), and anytime before the Checked In Baggage is once again checked-in in connection with furtherance of the scheduled journey being part of the Trip within the Period of Insurance, on actuals on declaration of such loss by the Insured,
- b. for the loss of the hand baggage carried by the Insured from the time the Insured passes through the security at the airport at the port of origin and continue until the Insured completes or terminates his / her Trip covered hereunder. The compensation shall be relating to the loss of baggage as a whole, and shall be on actuals on declaration of such loss by the Insured.

- c. aggregate limit of Sum Insured shall be 2000USD and deductible of 100USD shall apply In case of loss of more than one baggage, company's liability shall be restricted to 50% of the maximum liability specified under the section.

Further, if the lost Checked In Baggage or hand baggage be traced and delivered to the Insured at a later date, the Insured shall return to the Company the entire amount received. It is a condition precedent that a proper police complaint is reported within 24 hours of the loss of baggage and personal effects and copy of the report furnished to the insurance company.

Exclusions applicable to this benefit:

The Company shall not be liable for the following:

- i. Any Deductible amount as mentioned against this Benefit in the Policy Schedule.
- ii. Loss of Jewellery and Valuables.
- iii. Any loss of partial Contents of the Checked-In Baggage or the hand baggage.
- iv. Loss of hand baggage other than owned and/ or belonging to and/ or in lawful custody of the Insured at the time when the Insured commenced the Trip covered hereunder.
- v. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- vi. Loss due to damage to either total or partial Contents of the Checked-In Baggage and of the hand baggage.
- vii. General exclusions applicable as specified in the policy

Basis of Indemnity

The liability of the Company shall be the market value of the Contents of the Checked-In Baggage as on the expected date of delivery. In case of more than one Checked-In Baggage, the Company's liability in respect of any one baggage shall be limited to 50% of the maximum liability specified in the Schedule I of the policy.

In the event of the Checked-In Baggage originally reported lost being delivered by the Common Carrier subsequently, the Insured shall return in full the Sum paid if any by the Company hereunder, provided that the Insured's eligibility for recovery of claim under the extension Delay of Checked-in Baggage, if given under the Policy, shall be considered separately.

In case the market value of any single item of the Contents of a Checked-In Baggage shall exceed USD 100, the Company's liability shall be limited to USD 100 only

CLAIMS PROVISIONS APPLICABLE TO LOSS OF BAGGAGE AND PERSONAL EFFECTS BENEFIT

In event of the Checked-In Baggage or hand baggage being lost by the Insured by accident or misfortune anytime during the period of coverage, the Insured shall immediately report to the Assistance Service Provider of the Company. He/ she shall also report the loss to the police authorities having jurisdiction over the place of loss, and to the appropriate authority of the Common Carrier or to the authorities of the hotel/ guest house/ accommodation provider depending upon the place of loss and get his/ her complaint registered.

Documents to be submitted in support of the claim:

Duly completed claims form to be supported by:

- i. Copies of the letter addressed to the Common Carrier, police authorities and hotel/guest house/accommodation provider with their acknowledgment.
- ii. Copy of the first information report lodged with the police in relation to the complaint.
- iii. Reply if any in original received from the above referred authorities.
- iv. Evidence as may be required by the Assistance Service Provider for certification of the market value of the items lost whose individual value shall have exceeded USD 100.
- v. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

D.22 Return of Minor Child(ren)

The Company, in the event of death of the insured whilst in abroad or hospitalized due to an Injury and/or Illness, contracted at any place being part of the Trip covered under the policy, which in the opinion of the attending Medical Practitioner shall extend beyond a period of 5 days, shall pay the insured, subject to the limits specified in Policy Schedule, cost of economy class air ticket incurred for sending the unattended Minor Child(ren) back to the Country of Residence, Minor Child(ren) for the purpose of this benefit shall mean child/children accompanying the Insured Person, below the age of 18 years. This benefit shall be available for a maximum of two children.

If Insured does not want to exercise the above option and if an attendant is necessary to ensure the safety and welfare of Minor Child(ren) at the place of Hospitalization, the Company will pay for the cost of transportation of the attendant from his/her origin or Country of Residence and back.

The Company shall not be liable for any payment under this benefit if the Hospitalization occurs within 5 days prior to the Completion of Return Trip.

Terms & Conditions applicable to this benefit:

- i. It is a condition precedent to the Company's liability hereunder that the need for the return of Minor Child(ren) is also approved by the Company or Assistance Service Provider.
- ii. The Company shall not be liable for any payment under this benefit if the Hospitalisation occurs within 5 days prior to the Completion of Trip.
- iii. The benefit under this section in respect of any one event or all events of Hospitalisation during the Period of Insurances shall be restricted only for two Minor Child(ren) and shall be subject to the Sum Insured as specified in the Policy Schedule

Exclusions applicable to this benefit:

1. General exclusions applicable to all sections as specified in the policy

Claims provisions applicable to this benefit:

In the unfortunate event of the death of the Insured whilst abroad during the Period of Insurance or in the event of the Insured contracting any Illness/sustaining any Injury necessitating Hospitalisation and the Hospitalisation, in the opinion of Medical Practitioner, is likely to extend beyond a period of 5 days, he / she / his representative shall render the particulars of insurance cover as also the details of the Service Provider to the Hospital while simultaneously reporting the claim to the Company/ Service Provider as provided in the Claims Procedure - General.

Documents to be submitted in support of the claim:

Duly completed claims form to be supported by:

- i. A certificate from the Medical Practitioner specifying the cause and minimum period of Hospitalisation
- ii. Discharge summary of the Hospital furnishing details - date of admission, date of discharge and the confirmation by the attending Medical Practitioner of presence of the attendant member of the family or near relative on all days of Hospitalisation
- iii. Original ticket(s) used for the travel by the Minor Child(ren) back to the Country of Residence, if the ticket(s) are bought on behalf of the Insured without any interference of the Company
- iv. Photocopy of the death certificate (wherever applicable) providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the post mortem certificate, wherever required by the Assistance Service Provider, for cases where postmortem is conducted), issued by the appropriate authority where the contingency has arisen.
- v. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

D.23 Difference in Airfare due to delayed or early return

If the insured returns back to India before or after the scheduled date of return, due to illness or accident to self or accompanying travellers who are also travelling with the insured person and insured with us, the Company shall pay the insured person, subject to the limits specified in Policy Schedule, the difference fare for economy class return ticket when the insured's original return ticket was issued at a reduced rate and with a fixed or limited return date, and such return date cannot be met due to the insured's illness or accident covered under the policy.

Exclusions applicable to this benefit:

1. General exclusions applicable as specified in the policy

Claims Provisions applicable under this benefit: Claims documents to be submitted:

1. Claim Form (to be filled and signed by insured)
2. Hospitalization discharge summary/consultation papers of insured if applicable.
3. All bills and payment receipts towards transportation.
4. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.
5. Both ticket itineraries (Old and new)
6. Medical document and discharge summary stating hospitalization details and need for pre or postponement of Trip.
7. Death certificate in case of death

D.24 Assistance Services

The Company shall provide assistance services such as Overview of country, Weather, Currency Exchange Rates, Vaccinations etc.

D.25 Home Content Insurance (in INR)

The company shall subject to the limits specified under this section, pay for the loss or damage to household contents and personal effects of insured kept in insured's specified home in India caused by Fire & allied perils, Burglary/Housebreaking during the policy period, whilst the insured person is abroad.

The Company shall not pay more than 20% of the Sum Insured in respect of any one item. This Benefit is applicable for the entire Family unit and not on Insured Person.

Market Value means the value at which property insured could be replaced with one of the same kind, type, age and condition.

Basis of loss settlement:

1. In the event of a total loss or damage of an item, the Company will pay the Market Value of the item less any value for salvage. In the event of repairs of any item damaged, the Company will pay the repair expenses, up to the Market Value of the item damaged.
2. The Company may at its option repair, reinstate or replace instead of paying the amount of loss or damage of the item.
3. No payment will be made for any cost of any improvements/ alterations, enhancements, additions effected by the Insured Person.
4. If there be any other insurance covering the same property, then this Policy will not pay more than the rateable proportion of the loss as the Sum Insured bears to the total sum insured under all such policies.

Duty of the Insured Person:

1. The Insured Person shall at all times take reasonable care of the property.
2. Notification of any changes in the location or any other factor affecting the Company's risk must be made by the Insured Person immediately to the Company.
3. If an event occurs giving rise to a claim under the policy, the same must be notified in writing to the Company and also lodge a complaint with the police giving details of the items lost.
4. The Insured Person should protect the rights and remedies against others.

Exclusions applicable to this benefit:

The Company shall not be liable to make any payment under this Benefit in connection with :

1. the Insured Person/ any members of the Insured Person's Family or their domestic servant is directly/indirectly in any way involved in or concerned with the actual or attempted House breaking.
2. the Insured Person's home is a building of Kutcha construction.
3. livestock, motor vehicles, pedal cycles, Jewellery and Valuables.
4. any consequential losses destruction or damage
5. General exclusions applicable as specified in the policy

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

- i. In the event of a contingency covered under this benefit, occurring during the period of insurance, resulting in loss or damage to the property covered hereunder, the Insured shall report to the Assistance Service Provider and furnish the claims form duly completed in all particulars. The Insured shall render all his/ her cooperation and assistance to the surveyor appointed by the Company for assessment of loss.
- ii. The Insured shall also report to the police having jurisdiction over the place of loss and shall secure a detailed first information report/ complaint report duly signed by the police authority and forward the same to the Assistance Service Provider immediately thereafter.
- iii. The Insured shall not do anything as regards to the affected property that shall result in aggravation of loss and he shall be wholly guided by the surveyor with regards to preserving the affected property.

Documents to be submitted in support of the claim (Fire/Burglary & Housebreaking)

- i. First Information Report.
- ii. Panchnama.
- iii. Final police report and non-traceable report issued by police authorities.
- iv. Fire Brigade Report.
- v. Estimate and final bills of repairers.
- vi. Invoices of owned articles, if required by the Company.
- vii. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

Flood, storm, cyclone & other natural perils

1. Meteorological Report
2. Newspaper cuttings if any
3. Estimate of repairs/replacement
4. Invoices, bills, receipts of final payment to repairer
5. Any other document as sought by the surveyor

Burglary/Housebreaking

1. FIR copy
2. Non-traceable certificate issued by police authorities
3. Final Police report issued by police authorities
4. Statement of loss confirming the items stolen
5. Purchase bills/invoices etc of items stolen
6. Newspaper cuttings reporting the incident

D.26 Study Interruption

In the event of Hospitalization of the insured person of more than one consecutive month from either a covered Injury or Sickness or in the case of Terminal Sickness or in the case of a medical repatriation or in case of the death of an immediate family member, which prohibits the Insured Person from continuing his/her studies for the remaining part of a school semester for which Tuition fee has been paid, the Company shall reimburse the Insured

Person the Tuition fees which has already been advanced to the educational institution, up to the amount stated in the Policy Schedule.

Terms & Conditions applicable to this benefit:

In the event of a claim, only the figures shown on an official invoice (s) from the educational institution for payment of said Tuition fees, shall be used for calculating any reimbursement paid by the company. It cannot exceed the maximum amount stated in the Schedule of Benefits under this policy.

Exclusions applicable to this benefit:

With respect to this Section of Study Interruption, this Policy does not cover any loss, fatal or non-fatal, directly or indirectly, in whole or in part, caused by or resulting from:

- a) Routine physical check-up and/or any related thereto;
- b) A trip, the purpose of which was to obtain medical care
- c) Cosmetic or plastic surgery except as a result of an accident
- d) Elective surgery
- e) Any mental and nervous disorders rest cures or stress of any kind (excepting as provided under Benefit 31 - Treatment for mental and nervous disorders: including alcoholism and drug dependency)
- f) Alcoholism or drug addiction, or use of any drug or narcotic agent (excepting as provided under Benefit 31 - Treatment for mental and nervous disorders: including alcoholism and drug dependency)
- g) Any treatment provided by a family member
- h) The commission of a felony offence
- i) Specific named hazards, hand gliding, mountaineering rock climbing, sky diving, professional or amateur racing and piloting an aircraft
- j) Treatment paid for or furnished under any other individual or group Policy, or other service or medical pre-payment

plan arranged through the employer to the extent so furnished or paid or under any mandatory government program or facility set up for treatment without cost to any individual.

- k) General exclusions applicable as specified in the policy

Claim Provisions applicable to this benefit:

- Claim Form (to be filled and signed by insured)
- Copy of Receipt towards the advance payment of tuition fee
- Letter regarding the inability of the student to continue semester duly acknowledged by the school
- Medical records/certificate confirming the inability of the student to continue the education with detailed description of medical condition and treatment given/required
- Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India

D.27 Sponsor Protection

In the event of injury to the Insured Person's Sponsor as stated in the Enrolment Form resulting in Death or Permanent Disablement as defined in the Policy, the Company shall reimburse the insured person the Tuition Fee incurred for the remaining period of this education upto the maximum limit stated in the Schedule of benefits.

Specific Terms & Conditions:

The term sponsor as used in the Policy shall mean any individual responsible for paying the Tuition fees of the student of his full-time study in a registered educational institution outside of his home country.

The term Educational Institution shall mean 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.

An insured person cannot claim under Study interruption and Sponsor Protection for the same event

Exclusions applicable to this policy:

1. General exclusions applicable as specified in the policy

Claims provisions applicable to this benefit:

- Duly Signed Claim Form detailing exact circumstances
- Medical records /Consultation Papers/Investigation Reports of hospitalisation of sponsor
- Letter from Educational Institution stating about the balance tuition fee for the course
- Death certificate of the sponsor in case deceased
- Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.

D.28 Bail Bond

The Company will pay bail bond costs You incur, as a result of any inadvertent law breaking or false arrest or wrongful detention during his/her travel overseas, by any government or foreign power up to the amount stated in the Policy Schedule.

Exclusions applicable to this benefit:

The Company will not pay,

1. for any bail amount where the insured has been charged for breaking the law with Criminal Intent
2. for any bail amount where the insured has been charged for over speeding in a vehicle
3. General exclusions applicable as specified in the policy

Claims provisions applicable to this benefit

- Claim Form (to be filled and signed by insured)
- Copy of FIR (first information report)
- Copy of the court order and proof of payment of the bail bond.
- Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India

D.29 Felonious Assault (Accidental Death & Dismemberment)

We will pay a percentage of the Principal Sum shown in the Schedule if Injury to You results in one of the losses shown in the Table of Losses below due to a loss as a result of a Felonious Assault during Your Trip. The loss must occur within 365 days of the date of the accident which caused Injury. We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death & Dismemberment sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

1. Death	100%
2. Permanent Total Disablement	
Total and irrevocable loss of	
(i) Both Hands or both feet	100%
(ii) sight of both eyes	100%
(iii) one entire hand and one entire foot	100%
(iv) Loss of either hand or foot and sight of one eye	100%
(v) Speech and hearing in both ears	100%

(vi) Either hand or foot	50%
(vii) Sight of One eye	50%
(viii) Speech	50%
(ix) Hearing in both ears	50%
(x) Thumb and index finger of the same hand	25%
(xi) Quadriplegia	100%
(xii) Paraplegia	50%
(xiii) Hemiplegia	50%
(xiv) Uniplegia	25%

If more than one loss results from any one accident, only one amount, the largest, will be paid.

Specific terms & conditions:

Felonious Attack means any willful or unlawful use of force upon You that is a felony or a misdemeanor in the jurisdiction in which occurs and which results in bodily harm to You.

Exclusions applicable to this policy:

1. General exclusions applicable as specified in the policy

Claim provisions applicable to this benefit:

Death Claim (Submit the duly filled in claim form with the following documents)

- Original Death Certificate.
- Autopsy Report
- Police Report
- Accident/Medico Legal Certificate
- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Chemical analysis report/viscera report if preserved for analysis
- Admission/Discharge/Death summary issued by the hospital authority
- Hospital records.
- English translation of foreign language documents
- Any other document sought by the investigator
- Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination.
- News Paper cuttings if any and any other relevant records.
- Certificate given by Indian Embassy for repatriation of mortal remains, if any
- Any other supporting documents as may be required by the Company.

Disablement Claim (Submit the duly filled in Claim form with the following documents). Permanent Total or Partial Disablement.

- Disability Certificate issued by attending Medical Practitioner.
- Police Report
- Accident/Medico Legal Certificate

- Hospital Records.
- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Photographs of the insured exhibiting disability
- News Paper cuttings if any and any other relevant records.
- English Translation of foreign language documents. Any other document as may be required by the Company.

D.30 Maternity benefit for termination of pregnancy only

Coverage is towards Inpatient Medical expenses related to termination of pregnancy as a result of physician's advice to terminate pregnancy due to medical reasons and not due to insured person's choice to terminate pregnancy, subject to waiting period of 10 months from the effective date of Policy.

Exclusions applicable under this benefit:

1. General exclusions applicable as specified in the policy

Documents required for processing Maternity benefit for termination of pregnancy only claims

- 1) Original claim form duly signed and filled in (including attending Medical Practitioner's format)
- 2) Air ticket copy and boarding pass together with copy of passport indicating travel dates
- 3) Doctors' prescriptions, medical records, discharge summary in the event of inpatient hospitalization
- 4) Original bills/invoices of hospital, pharmacy, lab etc
- 5) Investigation reports, if any.
- 6) Original payment receipts indicating that the amounts due to the hospitals have been fully settled.
- 7) Medical certificate issued by the Consulting Medical Practitioner confirming LMP, Gravida and reasons for termination of pregnancy

D.31 Treatment for mental and nervous disorders: including alcoholism and drug dependency

Medical expenses related to treatment for mental and nervous disorders, including alcoholism and drug dependency are covered subject to maximum amount as provided in the schedule of Benefits

Exclusions applicable under this benefit:

1. General exclusions applicable as specified in the policy

Documents required for processing Mental and nervous disorders: including alcoholism and drug dependency claims

- 1) Original claim form duly signed and filled in (including attending Medical Practitioner's format)
- 2) Air ticket copy and boarding pass together with copy of passport indicating travel dates
- 3) Doctors' prescriptions, medical records, discharge summary in the event of inpatient hospitalization
- 4) Original bills/invoices of hospital, pharmacy, lab etc
- 5) Investigation reports, if any.
- 6) Original payment receipts indicating that the amounts due to the hospitals have been fully settled.
- 7) Medical certificate issued by the Consulting Medical Practitioner confirming the nature and extent of addiction and treatment given of the drug dependency/alcoholism

D.32 Cancer screening and mammography examinations

Coverage is towards reasonable and customary charges incurred for the Cancer Screening and mammographic examination which are done on recommendation of a physician. Any tests done as a part of preventive health check-up are not included under this benefit.

Exclusions applicable to this benefit:

1. General exclusions applicable as specified in the policy.

Documents required for processing Cancer screening and mammography examinations claims

- 1) Original claim form duly signed and filled in (including attending Medical Practitioner's format)
- 2) Air ticket copy and boarding pass together with copy of passport indicating travel dates
- 3) Doctors' prescriptions, medical records, discharge summary in the event of inpatient hospitalization
- 4) Original bills/invoices of hospital, pharmacy, lab etc
- 5) Investigation reports, if any.
- 6) Original payment receipts indicating that the amounts due to the hospitals have been fully settled.
- 7) Medical certificate by the Consulting Medical Practitioner confirming the nature and extent of cancer diagnosis

D.33 Child Care Benefits

Coverage is towards hospitalization of an Insured's child who is in between the age of 7 days - 90 days and is hospitalized for 2 days or more for any ailment.

Exclusions applicable to this benefit:

1. General exclusions applicable as specified in the policy

Documents required for processing Child Care benefits claims

- 1) Original claim form duly signed and filled in (including attending Medical Practitioner's format)
- 2) Air ticket copy and boarding pass together with copy of passport indicating travel dates
- 3) Doctors' prescriptions, medical records, discharge summary in the event of inpatient hospitalization
- 4) Original bills/invoices of hospital, pharmacy, lab etc
- 5) Investigation reports, if any.
- 6) Original payment receipts indicating that the amounts due to the hospitals have been fully settled.
- 7) Medical certificate issued by the Consulting Medical Practitioner confirming the diagnosis, nature and course of treatment rendered

D.34 Coverage for pre-existing conditions Accident & Sickness

Medical expenses due to Pre-existing Condition in case of Life threatening unforeseen emergency subject to maximum amount as provided in the schedule of benefits. In such event, measures solely designed to relieve acute pain, provided to the Insured by the Physician for Disease/accident arising out of a pre-existing condition would be reimbursed. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain.

Exclusions:

1. General exclusions applicable to all sections as specified in the policy

Documents required for processing pre-existing Accident & Sickness claims

- 1) Original claim form duly signed and filled in (including attending Medical Practitioner's format)
- 2) Air ticket copy and boarding pass together with copy of passport indicating travel dates
- 3) Doctors' prescriptions, medical records, discharge summary in the event of inpatient hospitalization
- 4) Original bills/invoices of hospital, pharmacy, lab etc
- 5) Investigation reports, if any.
- 6) Original payment receipts indicating that the amounts due to the hospitals have been fully settled.
- 7) Medical certificate issued by the Consulting Medical Practitioner confirming the diagnosis, nature and course of treatment rendered

D.35 Ambulance charges

Coverage up to the limits specified under this section of the policy is for Ambulance charges by road from home to hospital and back in the case of illness and from place of accident to hospital and then back to residence when being discharged. In both sickness and accident cases inter hospital shift through ambulance is admissible.

Specific terms & Conditions:

Ambulance charges shall be admissible only in the event of an admitted claim under Medical Expenses or

Accidental Death and Dismemberment benefit sections.

Exclusions applicable to this benefit:

1. General exclusions applicable as specified in the policy

Documents required for processing Ambulance charges/claims

- 1) Original claim form duly signed and filled in (including attending Medical Practitioner's format)
- 2) Air ticket copy and boarding pass together with copy of passport indicating travel dates
- 3) Doctor's advice necessitating ambulance, ambulance invoices and receipts

D.36 Physiotherapy

Coverage is for the ongoing physiotherapy to treat a disablement due to an accident which treatment continuance is recommended in writing by the treating registered medical practitioner.

Exclusions applicable to this benefit:

1. General exclusions applicable as specified in the policy

Documents required for processing Physiotherapy claims

- 1) Original claim form duly signed and filled in (including attending Medical Practitioner's format)
- 2) Air ticket copy and boarding pass together with copy of passport indicating travel dates
- 3) Doctor's advice necessitating physiotherapy, relevant bills and receipts

D.37 Loss of Laptop

The Company will indemnify the Insured for the loss due to Theft, subject to the Claim Settlement Criteria

Exclusions applicable to this benefit:

The Company will not pay for any:

1. Deductible mentioned in the Schedule
2. Electrical or mechanical breakdown of the laptop
3. Loss of software's or data in the laptop and any consequential loss
4. Loss or damage arising from detention, confiscation, destruction or requisition by or under the order of any Government and/or public or local authority
5. Loss or damage arising for any reason, other than Theft
6. Theft of the laptop whilst in the custody of any persons, other than the Insured.
7. Loss arising out of mysterious disappearance of the laptop
8. Loss of the laptop if left unattended
9. Loss occasioned through the willful act of the Insured or any willful act of any other person with a connivance of the Insured.
10. General exclusions applicable as specified in the policy

Claims Provisions applicable to this benefit: Claim Settlement Criteria:

Subject to sum insured/limit under this section, the claim shall be settled at present market value of the laptop at the time of the loss, which will be arrived at by depreciating the replacement value of the laptop by 25% per annum or any part thereof.

Claim documents;

- Claim Form – (to be filled and signed by insured)
- Copy of FIR (first information report) stating the circumstance of the loss.
- Original bill of purchase for the laptop.
- Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India

GENERAL

E EXCLUSIONS

E.1 Specific Exclusions

(APPLICABLE TO ALL BENEFITS UNDER THE POLICY):

The Company shall not be liable to make any payments in respect of:

Apart from the exclusions specified under the respective section, following are the general exclusions applicable:

The Company shall not be liable to make any payments in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the Period of Insurance.
2. Any claim in respect of Pre-existing conditions (excepting in case of life threatening situations up to a maximum of USD2000).
3. Any claim if the Insured Person -
 - a) is travelling against the advice of a physician.
 - b) is receiving, or is on a waiting list to receive, specified medical treatment declared in a physician's report or certificate.
 - c) has received terminal prognosis for a medical condition.
 - d) is taking part in a naval, military or air force operation.
4. Any claim arising out of illnesses or Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).
5. Any claim arising out of mental disorder, suicide or attempted suicide self-inflicted injuries
6. Any claim arising out of sexually transmitted conditions anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno deficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome) and / or any mutant derivative or variations thereof howsoever caused.
7. Any claim arising from the Insured Person engaging in Air Travel unless he/she flies as a fare paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.
8. Any claim for any losses in whole or in part and / expenses directly or indirectly in respect of the Insured Person riding on a motor cycle or any other two-wheeled and two-wheeled motorized mode of conveyance as driver unless at the time of the Accident the insured is in possession of a currently valid full international driving licence and while riding a two wheeler is wearing a safety crash helmet and following rules applicable in the country of visit.
9. Illness and Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure, capture, arrest, restraints, detainments of all kings princes and people of whatever nation condition or quality whatsoever.
10. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
11. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b) Nuclear weapons material

- c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- d) Asbestosis or any related Sickness or Disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or products thereof.
- 12. Any wilful participation in any illegal activity (non- accidental) such as vandalism, riots etc. (except in an attempt to save human life).
- 13. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or wilful participation in an unlawful/illegal act or any violation or attempted violation of the law.
- 14. Any claim directly or indirectly arising from the Insured Person engaging in any manual work for employment or any other potentially dangerous occupation.
- 15. Any claim for expenses incurred after the Expiry Date of the Policy or Insured Person's return to India whichever is earlier, except what is specifically provided.
- 16. Any claim arising out of consequential loss or contractual liability.
- 17. Any claim up to the Excess as shown in the Policy Schedule.
- 18. In respect of travel by the Insured to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be impose such restrictions, or any country which has imposed, such restrictions against travel by a citizen of the Republic of India to such country.
- 19. A claim which is fraudulent in any respect, or if any false declaration has been made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under the Policy or if the loss or damage is occasioned by the wilful act, or with the connivance of the Insured
- 20. pregnancy and all related conditions (excepting as provided under Benefit 30 - Maternity benefit for termination of pregnancy only applicable in respect of student travel plan)
- 21. Services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices
- 22. Experimental, unproven or non-standard treatment
- 23. Treatment by any other system other than modern medicine (also known as Allopathy).
- 24. Treatment related to weight management services and weight reduction programs including treatment of obesity and its complications.
- 25. Any claim for participation in Hazardous Sports/Hazardous Activities
- 26. Any claim arising out of sporting activities in so far as they involve in training or participation in competitions of professional or semi- professional sports persons
- 27. Any treatment/ surgery for change of sex or treatment/ surgery/ complications/ Illness arising as a consequence thereof.
- 28. Treatment related to personal comfort, convenience and hygiene related items and services

F GENERAL TERMS AND CLAUSES

F.1 Specific Terms and clauses

(APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

The conditions below apply through out this insurance. Failure to comply with them may be prejudicial to a claim:

- F.1.1** Points to be noted: In case of Leisure, Asia and Annual Multi-Trip, the minimum age limit for the Insured Person is 91 days, and the maximum age limit for the Insured Person is 70 years in case of Leisure, Multi Trip and Asia Plan.

For Annual Student Policy- Minimum entry age is 12 years and maximum entry age is 40 years. For Senior Citizen Plan Minimum entry age is 71 years and there is no maximum entry age.

Professional and semi-professional sportsmen, physically or mentally challenged persons are not eligible to be insured under this Policy.

F.1.2 What are the specific circumstances under which the premium could be loaded or a discount provided could be withdrawn and the extent to which it will be done?

- The rates are subject to change based on IRDAI's approval.
- The rates can be increased or decreased depending on extent of currency fluctuation. The current pricing is within the range of 61-70 (Rupee to Dollar value)
- For every 5% variation in this range at the end of every quarterly period to the base rate filed, the prices will be increased or decreased by 3%. If the fluctuation remains within this range i.e. Rs.61 – Rs.70 then, no change in premium pricing is proposed. If the threshold is breached on the higher or on the lower side by 5%, then the premium rates will be increased/decreased by 3%. In case of any rate correction with the above formulae, it will be published on our website.
- To give an example, if on 1.4.2016, if the USD to INR rate is Rs.61 and on 30.6.2016, the conversion rate goes up to Rs.73, which is a 4% increase from the Rs.70 higher range threshold, then there will be no increase in the rates. If on 30.9.16, if the rate goes up to Rs.75, then the increase is 7% which will call for a 3% increase in the rates w.e.f 1.10.16. If on 31.12.16, if the rate goes down to Rs.64, then rates will revert to their original position which is a 3% decrease from the current rate. If on 31.3.17, the rate goes down further to Rs. 56, which is a 8% decrease from the lower range threshold of Rs. 61, there will be a 3% decrease in prices.

F.1.3 Claim Procedure:

Following shall be the claims process:

For claims submission, documents as applicable to each benefit have been specified under the respective benefit. In the case of claim, the specified documents shall have to be forwarded to the Insurance Company within a period of 30 days from the date of return to the Country of Residence of the Insured person. In case the Trip is terminated any time before the completion of the Trip covered hereunder, the Insured shall submit all the documents as soon as such termination shall take place, but before 30 days from the date of such termination. Each and every claim lodged under the policy irrespective of the Benefits covered shall invariably be supported by original used ticket/boarding pass together with a photocopy of the passport indicating the travel dates, in relation to all the travels being part of the Trip. Please also note the following additional aspects in connection with every claim:

- i. Submission of documents shall be a condition precedent to admission of liability under the Policy.
- ii. Wherever, details pertaining to a potential claim are reported to the Assistance Service Provider after the 30 days threshold period, reasons for the delay will have to be adduced. Upon submission of the same, depending upon the circumstances, the company may condone the delay in submission or restrict or deny liability depending upon the circumstances of each claim.
- iii. The Insured person shall at all times take steps to recover the loss from party who has been responsible for such loss. Wherever any recovery is effected, the company's liability shall only be in excess of such recovered amount subject to the policy terms and conditions. In the event of such recovery happening after the settlement of any claim by us, the insured shall repay the Company the actual amount recovered which has been additionally compensated by us .

F.1.4 Claims Settlement:

- (a) Benefits payable under this policy will be paid within reasonable time upon receipt of due written evidence of such loss and any further documentation information and assistance that Service Provider and its assistance cooperation partners or the Company may require.
- (b) Reimbursement of all claims will be in Indian Rupees at the exchange applicable on the date the amount is billed. If, however, it can be proved that the necessary foreign currency to pay the bill was obtained at

a less favorable rate, this will be taken as the applicable exchange rate.

- (c) All admissible claims under this policy shall be offered for settlement within 15 days from the receipt of last necessary document. Wherever settlement offer has been made and accepted by Insured Person / Nominee / Legal heir as the case may be, the company shall pay the offered claim amount within 7 days from the date of such acceptance, failing which the Company shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
- (d) At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

F.1.5 Claim Documentation: (if available)

Apart from list of claim documents specified in the respective section, please ensure to submit the following documents in respect of each and every claim:

- a. Original Claim form duly filled in and signed (including attending Medical Practitioner's format where required)
- b. The original bills and vouchers must be submitted along with all claims.
- c. Air ticket copy and boarding pass together with copy of passport indicating travel dates together with visa stamping and entry and exit stamping.
- d. KYC documents (address proof and ID proof for all claims exceeding INR 1,00,000)
- e. Cancelled cheque leaf of SB account in the policy holder's name for effecting NEFT settlement
- f. Any other document(s) that the Company requires from the Insured Person to process the claim.
- g. If Service Provider or its assistance cooperation partners or the Company requests that bills/vouchers in a foreign language be accompanied by an appropriate translation in English then the costs of such translation must be borne by the Insured Person.

Documents to be submitted if specifically, sought (if available)

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart)
2. Attending Medical Practitioner's certificate clarifying
 - reason for hospitalization and duration of hospitalization
 - history of any self-inflicted injury
 - history of alcoholism, smoking
 - history of associated medical conditions, if any
3. Medical records for treatment done in India
4. Any other document necessary in support of the claim on case to case basis.

The Claim documents should be sent to:

Health Claims Department

M/s. Royal Sundaram General Insurance Co. Ltd., Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR),
Karapakkam, Chennai 600 097. Tel.No:044-7117 7117.

Claim documents may be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Toll Number 1860 425 0000.

On the occurrence of any loss, within the scope of cover under the Policy the Insured shall:

- i. Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Part II of the Schedule.
- ii. Allow the Surveyor or any agent of the Company to inspect the lost/damaged properties premises/ goods or any other material items, as per 'the Right to Inspect' Clause as provided in this Part.
- iii. Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties under

‘Rights of the Company on Happening of Loss or Damage’ Clause as provided in this Part.

Not abandon the Insured property/ item premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor.

F.1.6 Right to inspect

If required by the Company, an agent/ representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss.

The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in anyway assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy.

F.1.7 Position after a claim

The Insured shall not be entitled to abandon any Insured item/ property till the time the Company has taken possession of the same. As from the day of receipt of the claim amount by the Insured as determined by the Company to be fit and proper, the Sum Insured for the remainder of the Period of Insurance shall stand reduced by the amount of the compensation.

F.1.8 Obligations of the Insured Person/his Nominees:

- (i) Claims for insurance benefits must be submitted to TPA not later than one (1) month after the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial. Claims filed beyond a period of 1 month may be considered provided there are valid reasons for delay.
- (ii) The Insured Person shall provide TPA or its assistance cooperation partners on demand any information that is required to determine the occurrence of the Insured Event or the Company’s liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip abroad.
- (iii) If requested to do so by TPA or its assistance cooperation partners, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by Assistance Company. Cost of such medical examination shall be borne by the Company.
- (iv) TPA and its assistance cooperation partners are authorized by the Insured Person to take all measures that are suitable for loss prevention and claim minimization, which includes the Insured Person’s transportation back to the Republic of India.

F.1.9 **Geographical Scope:** The insurance cover applies to all countries stated in the Policy Schedule.

Please note company’s intent is to cover the perils viz Accidental Death & Disablement (common carrier); Hijacking etc. which may operate during travel and may be in jurisdiction of other countries than stated in the policy schedule”. Hence, If Insured Person lands in any of excluded countries due to reasons beyond his control, Insurance cover will be available. However, if Insured person by his choice travels to any of the countries excluded by us, Insurance cover will not be available.

F.1.10 Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis- description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.

F.1.11 Observance of terms and conditions

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

F.1.12 Material change

The Insured Person shall immediately notify the Company by fax and in writing of any material change in the risk and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safe operation of the Insured items or trade or business practices thereby containing the circumstances that may give rise to the claim and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

F.1.13 Automatic Termination of Insurance

This policy shall automatically terminate

- upon the Insured Person's death

However, company's intent under the Product 'Travel Secure' is to pay for all benefits payable under the policy till the death of an Insured Person or any expenses which are specifically linked to the death of an Insured Person.

Accordingly, we shall pay for following even after the death of Insured Person:

1. C (1) Medical Expenses (Payable)
2. C (5) Repatriation of Mortal Remains (Payable)
3. C (6) Delay in Checked-in Baggage & C (7) Loss of checked-in Baggage – In a hypothetical situation one of the policy holder died during travel and his / her family members are carrying baggage of deceased person to Country of Origin. (Payable)
4. Personal Liability – Personal Liability occurred during the travel but before death of the individual. (Payable)

However, we would like to clarify that clause of Automatic Termination envisages that insurance covers naturally ceases to exist after the death of the Person.

- at the expiration of the period for which the premium has been paid or on the Expiry Date whichever is earlier.

F.1.14 Electronic Transactions

The Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

F.1.15 Duties of the Insured Person on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy the Insured Person (except in case of delay caused by unavoidable circumstances) shall:

- (i) Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause. (ii) In no event shall TPA be notified later than 30 days after the end of the Trip.

If the Insured Person does not comply with the provisions of this Clause or other obligations cast upon the Insured Person under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.

F.1.16 Subrogation

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

The Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or

indemnity, to which the Company shall be or would become entitled or subrogated.

F.1.17 Contribution

If at the time of a claim there is another insurance Policy or other contract in Your or the Insured Person's name which covers the Insured Person for the same expense or loss, (in part or in whole), then the Insured Person shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Insured Person shall settle the claim, as per the terms and conditions of the chosen policy.

Further, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution as defined in Definition section.

This clause shall be applicable only in respect of indemnity sections of the policy and shall not be applicable in respect of fixed benefit sections, where the Company will pay in full.

F.1.18 Fraud

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve(12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

F.1.19 Cancellation/termination

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact relating to this insurance of the insured or non-cooperation by the insured by sending 7 days notice in writing by Registered A/D to the insured at last known address in which case the Company shall not refund to the insured any portion of the premium

Cancellation of policy by the Insured Person may be done only in the following cases

- a) where a journey is not undertaken and only on production of the Insured Person's passport as a proof that the journey has not been undertaken. Any request for cancellation will be entertained up to 7 days after the first day of insurance as indicated in the schedule of the policy subject to a deduction of Rs.250/-
- b) In case of an early return of the insured person under this policy prior to expiry of the policy period the company will refund premium as per the following structure. No refund of premium or part thereof will be allowed if any claim has been preferred under the policy before invoking cancellation request.

S.No	Actual travel period on risk	Rate of premium to be retained
1	More than 50%	100%
2	Between 41 – 50%	80%
3	Between 31 – 40%	75%
4	Between 21 – 30%	60%
5	From inception to 20%	50%

The Insured Person has to produce the Passport as proof of the Trip Days undertaken during the Policy Period.

F.1.20 Currency for payments

All claims payable in India shall be paid in Indian Rupees only.

F.1.21 Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured Person and the Company to be subject to Indian Law. Each party agrees to submit to the exclusive jurisdiction of the Courts of India / any other jurisdiction as per The Insurance Ombudsman Rules, 2017 and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

F.1.22 Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/ difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

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.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured Person for any claim hereunder and such claim shall not, within three calendar months from the date of such 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.

F.1.23 Free look period (applicable only in respect of Annual Multi trip coverage and Annual Student Coverage)

At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

- a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;
- b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;
- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- d) Free-look will not be applicable for policies with tenure less than one year.
- e) Free-look not applicable in case of renewals.

All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

F.1.24 Renewal Clause (applicable only in respect of Multi trip coverage and Annual Student Coverage)

This policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured. This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. The policy shall be renewed subject to the presence of the insured in the Republic of India.

Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to You that may result to enhance Our risk under the guarantee hereby given. Any change in the risk will be intimated by You to Us. Nothing herein or otherwise shall affect Our right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.

Policy must be renewed within the Grace Period of thirty days of expiry to maintain continuity of Coverage. However, no coverage shall be available during the period of such break. A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy as per the underwriting guidelines of the company.

The coverages, terms & conditions and the premium are guaranteed till the expiry date shown in the policy. At renewal, the coverages, terms & conditions & premium may change subject to IRDAI's approval. Any change in premium on account of change of age will not require any prior notice.

Note: In case of Annual Student Policies only six renewals are allowed.

There is no guarantee for lifelong renewal under any of the travel plans offered

F.1.25 Withdrawal of product

The product / plan may be withdrawn at any time subject to IRDAI's approval, in which case a notice to the Proposer shall be sent 3 months prior to expiry of policy, at the address recorded / updated in the policy. When the policy is withdrawn, the product / plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the schedule of the policy. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites

F.1.26 Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to In case of the Insured Person, at the address specified in Part I of the Schedule.

In case of the Company:

Royal Sundaram General Insurance Co. Limited Corporate office: Vishranthi Melaram Towers, No. 2 / 319

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097

Notice and instructions will be deemed served 7 days afterposting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

F.1.27 Customer Service

If at any time the Insured Person requires any clarification or assistance, Insured Person may contact Customer Service Helpline 1860 425 0000.

F.1.28 Grievances

In case of any grievance the insured person may contact the company through

Website: <https://www.royalsundaram.in>

Grievance Redressal: <https://www.royalsundaram.in/customer-service>

You may call us at – 1860 258 0000, 1860 425 0000

Email:

1. Please raise a complaint with us through e mail – care@royalsundaram.in, and we would come back to you with a response in 24 hours.
2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to manager.care@royalsundaram.in
3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to head.cs@royalsundaram.in
4. In case you are not happy with our response or have not received any response in 2 business days, you may approach gro@royalsundaram.in - GRO Contact Number – 7228087400

Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in - Senior Citizen Grievance Number - 7228933501 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)

Fax us at: 044 – 7117 7140

Courier us your complaint at:

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097

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

Mr. T M Shyamsunder

Grievance Redressal Officer

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097

For updated details of grievance officer, kindly refer the link <http://www.royalsundaram.in>

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.

Insurance Ombudsman addresses -<https://www.cioins.co.in/ContactUs>

Grievance may also be lodged at –

Registration of Complaints in Bima Bharosa by Policyholders:

1. Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>
2. Can send the complaint through Email to complaints@irdai.gov.in.
3. Can call Toll Free No. **155255** or **1800 4254 732**.
4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

General Manager

Insurance Regulatory and Development Authority of India(IRDAI)

Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.

Sy.No.115/1, Financial District, Nanakramguda,

Gachibowli, Hyderabad – 500 032.

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

Insurance is the subject matter of solicitation.

Annexure I

List of Generally excluded expenses in Hospitalization Policy		
S N O	List of Expenses Generally Excluded (“Non-Medical”) in Hospital Indemnity Policy	Suggestio ns
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	Hair Removal Cream	Not Payable
2	Baby Charges (Unless Specified/Indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilities Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moissturiser Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack/Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposables Razors Charges (For Site Preparations)	Payable
24	Eau-De-Cologne / Room Freshners	Not Payable
25	Eye Pad	Not Payable
26	Eye Sheild	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (Other Than Patient’s Diet Provided By Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in bariatric and varicose vein surgery and should

		be considered for these conditions where surgery itself is payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable/ Payable by the patient
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gause Soft	Not Payable
54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast/Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of upper arm fractures should be considered
Items Specifically Excluded In The Policies		
59	Weight Control Programs/ Supplies/ Services	Exclusion in policy unless otherwise specified
60	Cost Of Spectacles/ Contact Lenses/Hearing Aids Etc.,	Exclusion in policy unless otherwise specified
61	Dental Treatment Expenses That Do Not Require Hospitalisation	Exclusion in policy unless otherwise specified
62	Hormone Replacement Therapy	Exclusion in policy unless otherwise specified
63	Home Visit Charges	Exclusion in policy unless otherwise specified
64	Infertility/ Subfertility/ Assisted Conception Procedure	Exclusion in policy unless otherwise specified
65	Obesity (Including Morbid Obesity) Treatment If Excluded In Policy	Exclusion in policy unless otherwise specified



66	Psychiatric & Psychosomatic Disorders	Exclusion in policy unless otherwise specified
67	Corrective Surgery For Refractive Error	Exclusion in policy unless otherwise specified
68	Treatment Of Sexually Transmitted Diseases	Exclusion in policy unless otherwise specified
69	Donor Screening Charges	Exclusion in policy unless otherwise specified
70	Admission/Registration Charges	Exclusion in policy unless otherwise specified
71	Hospitalisation For Evaluation/Diagnostic Purpose	Exclusion in policy unless otherwise specified
72	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	Not payable - Exclusion in policy unless otherwise specified
73	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /HIV/ AIDS Etc Is Detected/ Directly Or Indirectly	Not payable as per HIV/AIDS exclusion
74	Stem Cell Implantation/ Surgery And Storage	Not Payable except Bone Marrow Transplantation where covered by policy
Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is		
75	Ward And Theatre Booking Charges	Payable under OT Charges, not payable separately
76	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	Microscope Cover	Payable under OT Charges, not payable separately
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT Charges, not payable separately
79	Surgical Drill	Payable under OT Charges, not payable separately
80	Eye Kit	Payable under OT Charges, not payable separately
81	Eye Drape	Payable under OT Charges, not payable separately
82	X-Ray Film	Payable under Radiology Charges, not as consumable
83	Sputum Cup	Payable under Investigation Charges, not as consumable
84	Boyles Apparatus Charges	Part of OT Charges, not separately
85	Blood Grouping And Cross Matching Of Donors Samples	Part of Cost of Blood, not payable
86	Antiseptic Or Disinfectant Lotions	Not Payable -Part of Dressing Charges
87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable -Part of Dressing Charges
88	Cotton	Not Payable -Part of Dressing Charges
89	Cotton Bandage	Not Payable -Part of Dressing Charges
90	Micropore/ Surgical Tape	Not Payable - Payable by the patient when prescribed, otherwise included as Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	Torniquet	Not Payable (service is charged by hospitals, consumables can not be separately charged)
94	Orthobundle, Gynaec Bundle	Part of Dressing Charges
95	Urine Container	Not Payable
Elements Of Room Charge		



96	Luxury Tax	Actual tax levied by government is payable. Part of room charge for sublimits
97	HVAC	Part of room charge not payable separately
98	House Keeping Charges	Part of room charge not payable separately
99	Service Charges Where Nursing Charge Also Charged	Part of room charge not payable separately
100	Television & Air Conditioner Charges	Payable under room charges not if separately levied
101	Surcharges	Part of room charge not payable separately
102	Attendant Charges	Not Payable - Part of Room Charges
103	IM/IV Injection Charges	Part of nursing charges, not payable
104	Clean Sheet ^	Part of Laundry/Housekeeping not payable separately
105	Extra Diet Of Patient(Other Than That Which Forms Part Of Bed Charge)	Patient Diet provided by hospital is payable
106	Blanket/Warmer Blanket Administrative Or Non-Medical Charges	Not Payable- part of room charges
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges And Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Convenyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related To Prescription On Discharge	To be claimed by patient under Post Hosp where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (Not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable upto 24 hrs, shifting charges not payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
External Durable Devices		
131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable

133	Commode	Not Payable
134	CPAP/ CAPD Equipments Device	Not Payable
135	Infusion Pump - Cost Device	Not Payable
136	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
137	Pulseoxymeter Charges Device	Not Payable
138	Spacer	Not Payable
139	Spirometre Device	Not Payable
140	Sp0 2prob E	Not Payable
141	Nebulizer Kit	Not Payable
142	Steam Inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable (paid by patient)
145	Cervical Collar	Not Payable
146	Splint	Not Payable
147	Diabetic Foot Wear	Not Payable
148	Knee Braces (Long/ Short/ Hinged)	Not Payable
149	Knee Immobilizer/Shoulder Immobilizer	Not Payable
150	Lumbosacral Belt	Essential and should be paid specifically for cases who have undergone surgery of lumbar
151	Nimbus Bed Or Water Or Air Bed Charges	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	Ambulance Collar	Not Payable
153	Ambulance Equipment	Not Payable
154	Microsheild	Not Payable
155	Abdominal Binder	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc. obstruction,
Items Payable If Supported By A Prescription		
156	Betadine \ Hydrogen Peroxide\Spirit\Disinfectants Etc	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	Private Nurses Charges- Special Nursing Charges	Post hospitalization nursing charges not Payable
158	Nutrition Planning Charges - Dietician Charges diet Charges	Patient Diet provided by hospital is payable
159	Sugar Free Tablets	Payable -Sugar free variants of admissible medicines are not excluded
160	Creams Powders Lotions (Toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Payable when prescribed
161	Digestion Gels	Payable when prescribed

162	ECG Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	Gloves Sterilized Gloves	payable /unsterilized gloves not payable
164	HIV Kit	Payable - payable Preoperative screening
165	Listerine/ Antiseptic Mouthwash	Payable when prescribed
166	Lozenges	Payable when prescribed
167	Mouth Paint	Payable when prescribed
168	Nebulisation Kit	If used during hospitalization is payable reasonably
169	Novarapid	Payable when prescribed
170	Volini Gel/ Analgesic Gel	Payable when prescribed
171	Zytee Gel	Payable when prescribed
172	Vaccination Charges	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	Ahd	Not Payable - Part of Hospital's internal Cost
174	Alcohol Swabes	Not Payable - Part of Hospital's internal Cost
175	Scrub Solution/Sterillium	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	Vaccine Charges For Baby	Payable as per Plan
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA Charges	Not Payable
179	Visco Belt Charges	Not Payable
180	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
181	Examination Gloves	Not Payable
182	Kidney Tray	Not Payable
183	Mask	Not Payable
184	Ounce Glass	Not Payable
185	Outstation Consultant's/ Surgeon's Fees	Not payable, except for telemedicine consultations where covered by policy
186	Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Should be payable in case of PIVI) requiring traction as this is generally not reused
189	Referral Doctor's Fees	Not Payable
190	Accu Check (Glucometry/ Strips)	Not payable pre-hospitalisation or post hospitalisation / Reports and Charts required / Device not payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable
193	Trolley Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable as per Plan
196	Tegaderm / Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs

197	Urine Bag	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	Softovac	Not Payable
199	Stockings	Essential for case like CABG etc. where it should be paid.

Council for Insurance Ombudsmen

Contact details:

Address:

Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

INSURANCE OMBUDSMAN OFFICE LIST

The contact details of **Insurance Ombudsman Office** details are as below:

<https://www.cioins.co.in/ContactUs>

WHAT IF I EVER NEED TO COMPLAIN?

We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.

In all instances, call our Customer Services at our Chennai office at 1860 258 0000 or e-mail at care@royalsundaram.in or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611