

COMPLETE TRAVELCARE INSURANCE

POLICY WORDINGS

A. SCHEDULE

B. PREAMBLE

This Policy is a contract of insurance between You and Us which is subject to the receipt of premium as specified in the Policy Schedule in full in respect of the Insured Persons and the terms, conditions and exclusions of this Policy. The group administrator's/Master Policyholder's role is that of only a facilitator in offering a group cover and facilitating insurance services including claims from a central point. This Policy is valid for the period as specified in the Policy Schedule or the Certificate of Insurance.

The Extension Coverages to the Base cover are provided on payment of additional premium and subject to the terms and conditions and exclusions as stated in the Policy Wordings. These Extensions shall be available only if the same has been specifically mentioned in the Policy Schedule/Certificate of Insurance

C. DEFINITIONS

Standard Definition:

1. Accident/Accidental means a sudden, unforeseen, and involuntary event caused by external, visible, and violent means.
2. Adventure Sports means Recreational activities perceived as involving a high degree of risk. These activities involve either or speed, height, a high level of physical exertion, and highly specialized gear.
3. Age means the age of the Insured Person on his completed birthday as per the English calendar, regardless of the actual time of birth at the time of Policy inception.
4. Ambulance means a motor vehicle operated by a licensed/authorized service provider and equipped for taking ill or injured people requiring medical attention to and from Hospital in emergencies.
5. Assistance Company means with whom the Company contracts, as an independent contractor, to provide travel related emergency assistance services.
6. Act of Terrorism means an Act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group(s) of Persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intension to influence any government and/or to put the public, or any section of the public in fear.
7. AYUSH Hospital: An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - i) Central or State Government AYUSH Hospital; or
 - ii) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

- iii) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
- a. Having at least 5 in-patient beds;
 - b. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - c. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - d. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
8. AYUSH Day Care Centre: AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
- i) Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
9. Burglary means an act involving the unauthorized and forcible entry to or exit from the Insured Person's Usual place of Residence with an intent of committing a Theft.
10. Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
11. Common Carrier means any public road, rail or water conveyance or Scheduled Airline, which is operating under a valid license from the relevant authority for the Transportation of fare paying passengers.
12. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
13. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position
- a) Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body.
14. Co-payment means a cost sharing requirement under a health insurance policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A Co-payment does not reduce the Sum Insured.
15. Cumulative Bonus: Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
16. Day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
- i) has qualified nursing staff under its employment;
 - ii) has qualified medical practitioner/s in charge;
 - iii) has fully equipped operation theatre of its own where surgical procedures are carried out

- iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
17. Day care treatment means medical treatment, and/or surgical procedure which is:
- i) undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - ii) which would have otherwise required hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
18. Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies/travel policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
19. Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
20. Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
21. Domiciliary Hospitalization: Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - ii) the patient takes treatment at home on account of non-availability of room in a hospital.
22. Emergency care (Emergency) means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
23. Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
24. Hospital: A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Policy Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
25. Hospitalization: Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
26. Illness / Disease shall mean a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- i) 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.
- ii) 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 comes back or is likely to recur.
27. Injury shall mean 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.
28. 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.
29. Maternity expenses shall include:
- i) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - ii) Expenses towards lawful medical termination of pregnancy during the policy period.
30. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
31. 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.
32. Migration: "Migration" means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
33. New-Born Baby: New-born baby means baby born during the Policy Period and is aged upto 90 days.
34. Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.
35. Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
36. OPD treatment: OPD treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
37. Portability: "Portability" means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
38. Pre-hospitalization Medical Expenses: Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

- ii) The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
39. Pre Existing Disease means any condition, ailment, Injury or disease:
- I. That is/are diagnosed by a Medical Practitioner within 48 months prior to the effective date of the Policy issued by the Company or its reinstatement; or
 - II. For which medical advice or treatment was recommended by, or received from, a Medical Practitioner within 48 months prior to the effective date of the Policy issued by the Company; or its reinstatement.
40. Post-hospitalization Medical Expenses: Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- i) Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - ii) The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
41. 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.
42. Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
43. Subrogation: Subrogation means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
44. 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.
45. Policy Period means the time during which this Policy is in effect. Such period commences from the Policy Period Start Date and ends on the Policy Period End Date and specifically appears in the Policy Schedule.
46. Unproven/ Experimental treatment is treatment, including drug Experimental therapy, which is based on established medical practice of particular country. These treatments are excluded under the policy

Specific Definition:

1. Adventure Sports: Adventure Sports means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes racing and competitions, stunt activities of any kind, adventure racing, base jumping, blathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting, wrestling and activities of similar nature.
2. Annual Multi Trip Cover: Annual Multi Trip Cover means a Certificate of Insurance under which there can be more than one Coverage Period during the Policy Period, subject to the maximum period of time per trip specified in the Certificate of Insurance. The Certificate of Insurance will specify if Annual Multi Trip Cover applies to the Insured Person.
3. Assistance Service Provider: Assistance Service Provider means the service provider specified in the Certificate of Insurance, appointed by Us from time to time.

4. **Catastrophe:** Catastrophe is an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption in travel schedules.
5. **Cover Option:** Cover Option means an additional benefit available under the applicable Benefit which applies to the Insured Person. The Certificate of Insurance will specify the Cover Options which are applicable to the Insured Person under the Policy.
6. **Certificate of Insurance:** Certificate of Insurance means the certificate issued to the Insured Person confirming the Insured Person's cover under the Policy
7. **Checked-In Baggage:** Checked-In Baggage means the baggage entrusted by the Insured Person and accepted by a Common Carrier for transportation for which a baggage receipt is issued to the Insured Person by the Common Carrier, excluding all items that are carried/ transported under a Contract of Affreightment.
8. **Commencement Date:** Commencement Date means the start date of the Policy as specified in the Policy Schedule.
9. **Common Death or Disability Sum Insured** means the amount specified in the Policy Schedule / Certificate of Insurance cumulatively against Benefit 1.1 (Accidental Death Benefit), Benefit 1.2 (Permanent and Total Disability), Benefit 1.3 (Permanent Partial Disability) and Benefit 1.4 (Temporary Total Disability) that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person under such Benefits during the Coverage Period.
10. **Country of Residence:** Country of Residence means the country in which the Insured Person is currently residing as specified in the Insured Person's correspondence address in the Certificate of Insurance.
11. **City of Residence:** City of Residence means the city, town or village in India in which the Insured Person or Insured Person's Immediate Relative is currently residing.
12. **Coverage Period:** Coverage Period means the period specified in the Certificate of Insurance which commences on the coverage commencement date specified in the Certificate of Insurance and ends on the coverage expiry date specified in the Certificate of Insurance.
13. **Defence Costs:** Defence Costs are reasonable costs necessarily incurred in defending the Insured Person against any civil proceeding initiated against him/her during the Travel Period.
14. **Educational Institution:** Educational Institution means any registered and accredited educational institution which is duly licensed to provide educational services by trained or qualified teacher and where the Insured Person is registered as a full-time student.
15. **EMI(s) or EMI Amount(s):** EMI(s) or EMI Amount(s) means and includes the amount of monthly payment required to repay the Principal Outstanding Amount and any applicable interest by the Insured Person, as set forth in the amortization chart referred to in the relevant Loan agreement (or any amendments thereto) between the bank/financial institution and the Insured Person as on the date of any occurrence or event which gives rise to a claim under this Policy.
16. **Event:** Event means any official sporting occasion, music concert, exhibition, educational / cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction where admission is only by way of tickets sold in advance.
17. **Expected Days of Visa Arrival:** Expected Days of Visa Arrival means the expected number of days given by the Authority by which the visa is expected after completing all the documentation process.
18. **Geographical Scope:** Geographical Scope means the countries or geographical boundaries in which the coverage of the Insured Person under the Certificate of Insurance is valid. The Certificate of Insurance will specify whether the Geographical Scope for the Insured Person is Overseas, or Domestic, or Overseas + Domestic.

- 19. Life Threatening Medical Condition:** Life Threatening Medical Condition means medical condition suffered by the Insured Person which has the following characteristics:
- i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate);
or
 - ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or
 - iii. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ failures and requires interpretation of multiple physiological parameters and application of advanced technology; or
 - iv. Critical care being provided in critical care area such as coronary care unit, Intensive Care Unit, respiratory care unit, or the emergency department; And certified by the attending Medical Practitioner as a Life-Threatening Medical Condition
- 20. Notification of Claim:** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 21. Nominee:** Nominee means the person named in the Certificate of Insurance to receive the benefits due under the Policy on the death of the Insured Person.
- 22. Notification of Claim:** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 23. Policy:** Policy means the statements in the proposal form/personal statement, these terms and conditions, the Cover Options (if any), endorsements (if any), annexures to the Policy, the Policy Schedule (as amended from time to time), and the Certificates of Insurance issued to the Insured Persons.
- 24. Policy Period:** Policy Period means the period between the Commencement Date and the expiry date of the Policy as specified in the Policy Schedule.
- 25. Policy Schedule:** Policy Schedule means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period, special conditions, and the limits to which Benefits under the Policy are subject to, and as may be amended from time by way of endorsements made to or on it, and where more than one, then the latest in time
- 26. Reasonable and Customary Charges:** Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
- 27. Single Trip Cover:** Single Trip Cover means a Certificate of Insurance under which there cannot be more than one Travel Period during the Policy Period. The Certificate of Insurance will specify if Single Trip Cover applies to the Insured Person.
- 28. Sum Insured:** Sum Insured means the amount specified in the Certificate of Insurance against an Benefit, Cover Option or set of Benefits respectively that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person under that Benefit(s)/Cover Option during the Coverage Period.
If the Policy is issued on a corporate floater basis, a Corporate Floater Sum Insured of the amount specified in the Certificate of Insurance will be available to each Insured Person covered under corporate floater during the Coverage Period, once the Sum Insured available against the respective Benefit(s)/Cover Option is exhausted for such respective Insured Person, per the terms and conditions of the Policy.
- 29. Travel Period** means the period mentioned in the Policy Schedule/ the time Insured person leaves his residence and comes back to his residence.
- 30. Trip** means journey which commences from a Road Location, Sea port / Airport and reaches another Sea Port Airport, Road location starting within the Policy Period.

- 31. Waiting Period:** Waiting Period means a time-bound exclusion period related to condition(s) specified in the Policy Schedule/Certificate of Insurance which shall be served before a claim related to such condition becomes admissible. No Waiting Periods shall be applicable in case of subsequent Renewals, subject to no break-in Policy.

D. COVERAGES

a. Base Cover

Coverages mentioned under this section under the Policy are Mandatory in nature. One of these Benefits needs to be in-force and opted by the Insured Person to be eligible for any other Benefits provided in the Policy.

1. In Hospital Medical Expenses - (Accident & Sickness)

The Company will reimburse the necessary and Reasonable Medical expenses incurred up to the Sum Insured stated in the Schedule, if an Insured Person sustains Bodily Injury or sudden unexpected Sickness during the travel period requiring hospitalisation. The Deductible, if applicable, shall be deducted from the Compensation payable.

Special Conditions:

- 1) Such Hospitalization is advised by treating Medical Practitioner.
- 2) Covered expenses may include:
 - Hospital room and board charges.
 - Doctors' fees for attending physician and specialists.
 - Surgery and anesthesia charges.
 - Diagnostic tests and laboratory examinations.
 - Ambulance transportation to and from the hospital.
 - Prescription medications and medical supplies.
 - Reasonable charges for other medically necessary services incurred during the hospital stay.

Specific Exclusions:

- Pre-existing medical conditions or chronic illnesses requiring treatment.
- Routine or preventive care, vaccinations, or immunizations.
- Elective or cosmetic surgery, unless medically necessary due to an accident.
- Pregnancy, childbirth, or related complications.
- Mental or nervous disorders, stress, or anxiety.
- Dental treatment, except for emergency surgery due to accidental injury.
- Expenses covered by other insurance plans.
- Expenses arising from participation in hazardous activities or illegal acts.
- War, terrorism, or natural disasters.
- Physiotherapy treatment
- Out-Patient (OPD) Treatment
- Day Care treatment cover unless same is specifically opted by the Insured as an extension.
- Pre-hospitalization and Post- Hospitalization medical expenses unless same is specifically opted by the Insured as an extension.

2. In Hospital Medical Expenses - (Accident Only)

The Company will reimburse the necessary and Reasonable Medical expenses incurred up to the Sum Insured stated in the Schedule, if an Insured Person sustains Bodily Injury during the travel period requiring hospitalisation. The Deductible, if applicable, shall be deducted from the Compensation payable.

Special Conditions:

- 1) Such Hospitalization is advised by treating Medical Practitioner.
- 2) Covered expenses may include:
 - Hospital room and board charges.
 - Doctors' fees for attending physician and specialists.
 - Surgery and anesthesia charges.
 - Diagnostic tests and laboratory examinations.
 - Ambulance transportation to and from the hospital.
 - Prescription medications and medical supplies.
 - Reasonable charges for other medically necessary services incurred during the hospital stay.

Specific Exclusions:

- All expenses related to sudden and unexpected illness or pre-existing medical conditions.
- Routine or preventive care, vaccinations, or immunizations.
- Elective or cosmetic surgery, unless medically necessary due to the accident.
- Pregnancy, childbirth, or related complications.
- Mental or nervous disorders, stress, or anxiety.
- Dental treatment, except for emergency surgery due to the accident.
- Expenses covered by other insurance plans.
- Expenses arising from participation in hazardous activities or illegal acts.
- War, terrorism, or natural disasters.
- Physiotherapy treatment
- Out-Patient (OPD) Treatment
- Day Care treatment cover unless same is specifically opted by the Insured as an extension.
- Pre-hospitalization and Post- Hospitalization medical expenses unless same is specifically opted by the Insured as an extension.

3. Emergency Dental Expenses

The Company will pay for Dental Treatment of an Insured person during the Travel Period, which is Medically Necessary and as advised by treating Medical Practitioner up to per incident limit as shown in the Policy Schedule / Certificate of Insurance.

Exclusions Specific to this coverage addition to general exclusion:

- I. Any Pre-existing Disease and /or any complications arising from it.
- II. Fixation of tooth or teeth bridge(s).
- III. Dental Crowning, bridging and bracing.
- IV. Orthodontic treatment and any treatment related to degenerative or oncological diseases.

4. Hospital Daily Cash

The Company will pay to an Insured Person the daily benefit amount specified in Policy schedule, if he/she is hospitalized due to an Illness or Injury contracted during the Policy Period. This daily benefit is towards each continuous and completed period of 24 hours of Hospitalization to cover incidental expenses related to hospitalization like [but not restricted to] attendants' accommodation, food and transport.

5. Accidental Death

The Company shall pay 100% of the Sum Insured specified against this Benefit in the Policy Certificate, If an Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident,

This Benefit shall be payable subject to the following:

1. The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.
2. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

6. Permanent Total Disablement (PTD)

The Company shall pay the percentage of the Sum Insured as is specified in the table of benefits If an Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in Permanent Total Disablement of the Insured Person which is of the nature specified in the table of benefits below within 365 days from the date of the Accident.

Sr No	Table of Benefits	Percentage of Sum Insured Payable
1	Total and irrecoverable loss of sight in both eyes	100%
2	Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
3	Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
4	Total and irrecoverable loss of sight in one eye and loss of a Limb	100%
5	Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye	100%

6	Total and irrecoverable loss of hearing in both ears and loss of speech	100%
7	Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye	100%
8	Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever	100%

For the purpose of this Benefit:

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

This Benefit shall be payable subject to the following:

1. If more than one Injury of the nature specified in the table above results from any one Accident, only the amount for any one Injury will be payable.
2. The Sum Insured shall be payable to the Insured Person or his/her nominee or legal representative, as the case may be.
3. For disablement other than physical separation of limb/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement and the Company is satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;
4. Cover under this Benefit is only available if Benefit a.5 (Accidental Death) is in-force and opted for by the Insured Person.
5. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

7. Permanent Partial Disablement (PPD)

The Company shall pay the percentage of the Sum Insured as is specified in the table of benefits, If an Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in Permanent Partial Disablement of the Insured Person which is of the nature specified in the table of benefits below within 365 days from the date of the Accident.

Sr No	Nature of Permanent Total Disablement	Percentage of Sum Insured
1	Loss of sight in one eye or loss by physical separation of one hand or one foot	50%
2	Loss of use of one hand or one foot without physical Separation	50%
3	Loss of speech	50%
4	Loss of toes - all	20%
5	Loss of toes great - both phalanges	5%
6	Loss of toes great - one phalanx	2%
7	Loss of toes other than great, if more than one toe lost: each	2%
8	Loss of hearing - both ears	75%
9	Loss of hearing - one ear	30%
10	Loss of four fingers and thumb of one hand	50%
11	Loss of four fingers of one hand	40%
12	Loss of thumb - both phalanges	25%
13	Loss of thumb - one phalanx	10%

14	Loss of index finger - three phalanges	15%
15	Loss of index finger - two phalanges	10%
16	Loss of index finger - one phalanx	5%
17	Loss of middle finger or ring finger or little finger- Three phalanges	10%
18	Loss of middle finger or ring finger or little finger - two phalanges	7%
19	Loss of middle finger or ring finger or little finger - one phalanx	3%
20	Loss of metacarpals - first or second (additional) or third, fourth or fifth (additional)	3%
21	Any other Permanent Partial Disablement	Percentage as assessed by a Physician and / or empaneled. Medical Practitioner of the Company/ EASP

This Benefit shall be payable subject to the following:

1. If more than one Injury of the same nature specified in the table above results from any one Accident, only the amount for any one Injury, whichever is the largest, will be payable.
2. The Sum Insured shall be payable to the Insured Person or his/her nominee or legal representative, as the case may be.
3. For disablement other than physical separation of limb/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and the Company is satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.
4. Cover under this Benefit is only available if Benefit a.5 (Accidental Death) is in-force and opted for by the Insured Person.

Specific Conditions: (Applicable to Benefit a.5,a.6,a.7)

1. Capital Sum Insured means the maximum amount of Basic Personal Accident Benefit to which an Insured Person is eligible under Benefit a.5,a.6,a.7 (AD, PTD, PPD), If Capital Sum Insured is opted for above set of benefit/s the maximum liability for any one or all claims in a Policy Period will be limited to the Capital Sum Insured/ Aggregate limit as specified in the Policy Certificate for that Insured Person.
2. If the Insured Person suffers a partial loss or partial impairment of the function of any one of the parts of the body or senses, the appropriate proportion of the percentage stated in the corresponding table of benefits will be considered for payment.
3. If the Insured Person suffers a loss that is not of the nature specified in the corresponding table of benefits, the governing factor in determining the degree of disability and the amount payable, if any, will be the degree to which the normal physical or mental capabilities are impaired, as ascertained by an independent Medical Practitioners.
4. In the event of PPD and PTD, the Insured Person will be under the following obligations:
 - (a) To have himself/herself examined by the empaneled Medical Practitioners appointed by the Company/EASP. Any costs incurred thereof shall be borne by the Company.
 - (b) To authorize the attending Medical Practitioners providing treatment or giving expert opinion, and any other concerned Medical Practitioner, organization or entity to supply the Company any information that may be deemed necessary by the Company to assess the condition of the Insured Person.
 - (c) If the above obligations are not met with by the Insured Person due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

8. Death & Disability (Common Carrier)

If during the Period of Insurance an Insured Person is riding as a passenger in or on, boarding or alighting from a Common Carrier and sustains Bodily Injury which directly and independently of all other causes results within twelve (12) calendar months of the Accident in death, then the Company agrees to pay to the Insured Person's Beneficiary or legal representative Compensation stated in the Schedule.

If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit a.5 (Accidental Death Benefit), Benefit a.6 (Permanent Total Disability), Benefit a.7 (Permanent Partial Disability) and Benefit b.7 (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

9. Delay of Checked-in Baggage

The Company shall pay fixed Amount OR reimburse either the reasonable costs necessarily incurred towards emergency purchases of toiletries, medication and clothing up to the limit of Sum Insured specified against this Benefit in the Policy Certificate OR the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier in the event of delay in scheduled arrival of the Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier.

The cover is applicable only at the Intended Destinations and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the City of Origin, or any other Port in India/ Country of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, a Deductible of the number of hours specified in the Policy Certificate shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's Intended Destination.
2. The Company is provided with a proof of such delay in writing from the Common Carrier.
3. The Company is provided with the receipts of the purchase of toiletries, medication and clothing that the Insured Person needed to buy in the duration of such delay.
4. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.
5. In the event of simultaneous claims under this Benefit as well as under Benefit a.10 (Total Loss of Checked-in Baggage), the higher of the claims shall be payable by the Company in respect of the same item (s) of Checked-in Baggage during any one Period Of Insurance.

10. Total loss of Checked-in Baggage

The Company shall reimburse the Insured Person for the Market Value of such Checked-in Baggage upto the limit of Sum Insured specified against this Benefit in the Policy Certificate, In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier.

For the purpose of this Benefit, "Market Value" refers to the sum required to purchase new items of the same kind and quality as those contained in the Checked-in Baggage, less an amount representing wear and tear, depreciation and usage at the time of the loss.

The cover is applicable only at the Intended Destinations and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the City of Origin, or any other Port in India/ Country of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the claim.
2. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.
3. Our maximum liability under this Benefit in respect of any one Checked-in Baggage, in case more than one bag has been checked- in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the maximum liability is upto 100% of the applicable Sum Insured.
4. The Company has been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked- in Baggage in its custody.
5. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.
6. Any partial loss of the items contained within the Checked-in Baggage, not amounting to a total and complete loss of such Checked-in Baggage, shall not be payable.
7. In the event of simultaneous claims under this Benefit as well as under Benefit a.9 (Delay of Checked-in Baggage), the higher of the claims shall be payable by the Company in respect of the same item (s) of Checked-in Baggage during any one Period Of Insurance

11.Common Carrier Cancellation/Interruption

The Company will pay the amount up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, if the Insured Person's booked and confirmed journey is cancelled/interrupted, prior to the scheduled departure by the Common Carrier due to following covered events.

Carrier cancellation: This includes flight cancellations, train cancellations, cruise cancellations OR any other common carrier cancellations etc., due to:

- Bad weather conditions (e.g., storms, fog, volcanic eruptions)
- Mechanical breakdowns or technical issues
- Strikes or industrial action by carrier employees
- Political unrest or terrorist activity
- Natural disasters (e.g., earthquakes, floods)
- Any other unforeseen event beyond the carrier's reasonable control

Carrier interruption: This includes significant delays or disruptions to your journey caused by:

- Mechanical breakdowns or technical issues requiring repairs
- Adverse weather conditions impacting the route
- Involuntary rerouting or diversion
- Missing connections due to carrier delays
- Other unforeseen events beyond the carrier's reasonable control

This Benefit will be payable provided that the Insured Person provides Us with a written proof from the Common Carrier of the cancellation of the journey.

For indemnity component, coverage will be restricted to any reasonable and necessary expenses incurred by the Insured Person for any alternate travel book expenses arising out of above-mentioned covered events, subject to specific coverage limits, deductibles as specified in the Policy Schedule / Certificate of Insurance.

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

12. Common Carrier Delay/ Trip Delay

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

if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Air traffic congestion.
3. Any Strike, riots, industrial action at the Port or relating to the Common Carrier
4. Accidental or mechanical failure, or any technical problem in the Common Carrier

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the length of the delay
- b. The delay is not due to the late arrival of the Insured Person

13. Visa Rejection/Denial

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

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

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

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

14. Bounced Bookings Of Hotel And Airline

The Company shall pay or reimburse the below stated expenses, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate, If the Insured Person is denied a confirmed accommodation booking at the Intended Destination, whilst on a Trip, at the sole instance of the accommodation provider due to over-booking for the following:

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

A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

15. Hotel Cancellation

The Company shall reimburse the difference in costs towards any alternate accommodation booking made by the Insured Person or a fixed amount, as specified in the Policy Schedule or Certificate of Insurance due to any cancellation of the Insured Person's booked and confirmed accommodation by a hotel or any other provider of accommodation.

This Benefit will be payable provided that:

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

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

- a. Any cancellation caused directly or indirectly by government regulations or control;
- b. Any loss due to the Insured Person's failure to adhere to the rules and/or any internal policy of the hotel/any other provider of accommodation.
- c. Any loss which will be paid or refunded by hotel, agent or any other provider of accommodation.
- d. Any loss paid under Base Coverage a.16 Ticket cancellation for medical reason – Flight, Bus and Train towards same Hotel cancellation would be deducted from Sum Insured of this coverage.

16. Ticket cancellation for medical reason – Flight, Bus and Train

The Company will pay the expenses incurred by you will be eligible for reimbursement of the non-refundable portion of your flight, Bus and Train ticket booking, up to the specified Sum Insured in the Policy Schedule / Certificate of Insurance, if an Insured Person's journey is unavoidably cancelled (whether wholly or in part) during the Coverage Period due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for a minimum period of 24 Hours or the number of hours, as specified in the Policy Schedule / Certificate of Insurance;
- b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person, leading to emergency Hospitalisation for a minimum period of 24 Hours or the number of hours, as specified in the Policy Schedule / Certificate of Insurance;

17. Study Interruption

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

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

This Benefit will be payable provided that:

- a. The Educational Institution raised a demand for such fees and the same is paid by the Insured Person for the repeated semester.
- b. We shall not liable to pay any amount refunded by the Educational Institution.

b. Extensions

1. Emergency Medical Evacuation

The Company will reimburse Covered Expenses incurred when an Injury or Illness during a Trip necessitates an Insured Person's Emergency Medical Evacuation. This extension is in addition to the base coverage of emergency medical expenses provided under this policy.

Specific Conditions:

An Emergency Medical Evacuation must be

- a. recommended by the attending Medical Practitioner who certifies that the severity or

b. the nature of Insured Person's Injury or Illness warrants Insured Person's Emergency Medical Evacuation arranged and authorized in advance by the Assistance Company.

Covered Expenses means expenses, which are incurred for Transportation and medical treatment, including medical services and medical supplies for Insured Person's Emergency Medical Evacuation. All Transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route possible.

There is no separate sum insured for this extension. Coverage is subject to the overall limits of the emergency medical expenses section of the policy.

2. Repatriation of Mortal Remains

The Company will pay the expenses incurred up to the Sum Insured Covered within In Hospital Medical Expenses - (Accident & Sickness)/In Hospital Medical Expenses - (Accident Only), as specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death of the Insured Person during the Travel Period to the residence of the Insured Person in the City of Residence, in case of death due to Injury or Illness suffered or contracted during the Travel Period.

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

3. Day Care Treatment Cover

The Company will indemnify the Medical Expenses incurred towards the Day Care Treatment or Surgery undertaken that requires less than 24 hours Hospitalization due to advancement in technology and which is undertaken by an Insured Person in a Hospital / Nursing Home / Day Care Centre for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance Covered within In Hospital Medical Expenses - (Accident & Sickness).

Any treatment in Out-Patient department is not covered under this Benefit.

4. OPD Treatment

The Company will reimburse the costs incurred on Medical Expenses to Insured Person if requires OPD Treatment for any of the treatments/tests/consultations due to Injury or Illness, suffered or contracted during the Travel Period, as specified in the Policy Schedule/ Certificate of Insurance, Covered within In Hospital Medical Expenses - (Accident & Sickness)/In Hospital Medical Expenses - (Accident Only).

This Benefit will be payable provided that:

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

5. Pre-hospitalization Medical Expenses:

The Company will pay Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person Covered within Hospital Medical Expenses - (Accident & Sickness)/In Hospital Medical Expenses - (Accident Only) provided that:

- i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii) The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

6. Post-hospitalization Medical Expenses:

The Company will pay Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital, Covered within In Hospital Medical Expenses - (Accident & Sickness)/In Hospital Medical Expenses - (Accident Only). provided that:

- i) Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii) The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

7. Temporary Total Disability

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

This Benefit will be payable provided that:

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

8. Pre-Existing Disease Cover for a Life Threatening Condition

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

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

- i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).

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

This Cover Option will be payable provided that:

- a. Our or Our Assistance Service Provider's approval is obtained within 48 hours of the commencement of the Insured Person's Hospitalization;
- b. Exclusion E.1.2 shall not apply only to the extent of cover under this Cover Option

9. New Born Baby Medical Expenses

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

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

10. Maternity Expenses

This cover specifically applies to student travel plan, the company will reimburse the Medical Expenses incurred during the Coverage Period in the event of Hospitalization of an Insured Person for delivery of a baby and/or related to a Medically Necessary Treatment following a pregnancy and/or lawful medical termination of pregnancy. We shall not be liable to indemnify any costs under this Cover Option for the following:

- a. Medical Expenses incurred in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future illnesses.
- b. Our liability to make any payment under this Benefit shall commence only after completion of the 12 months Waiting Period, before such occurrence.
- c. Medical Expenses for ectopic pregnancy.
- d. Complications arising as a result of infertility treatment (assisted conception).

11. Vision Care

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

12. Mental & Nervous Disorder

The Company shall pay or reimburse the Medical Expenses incurred, on the recommendation of a Medical Practitioner, up to the Sub-limit as specified against this Benefit in the Policy Certificate, If the Insured Person suffers from an Injury due to an Accident or an Illness, arising from or any mental or nervous disorders or disturbances of consciousness, strokes, fits or convulsions, in a Country of Visit whilst on a Trip and requires Emergency Care,

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

13. Recovery Benefit - Post hospitalisation session based treatment

The Company shall provide coverage for the recovery expenses and therapies Like speech therapy, Physio, Mental physical skill, Repress therapy, psychological therapies etc. up to the maximum limit as specified in the Policy Schedule to treat a disablement due to an accident where treatment continuance is recommended in writing by the Medical Practitioner.

This cover is applicable if it is shown on your policy schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy

14. Health Check up

The Company shall provide coverage for the Health Check-ups/Medical Check-ups up to the maximum limit as specified in the Policy Schedule.

This cover is applicable if it is shown on your policy schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy

15. Corporate Floater

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

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

16. Mobility Cover

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

This Benefit will be payable provided that:

- a. We have accepted a claim under the Benefit a.6 (Permanent Total Disability) or Benefit a.7 (Permanent Partial Disability) or Benefit b.7 (Temporary Total Disability) in respect of that Insured Person;
- b. The amount payable under this Benefit will be in addition to the claim amount admissible under the Benefits specified in condition (a) above.

17. Home Care Treatment

The Company will reimburse the cost incurred towards Home Care Treatment up to the sum insured specified in the Policy Schedule/policy certificate. For the purpose of this benefit, Home Care Treatment means a treatment availed by the Insured Person at home which in normal course would require care and treatment at a Hospital, but it is actually taken at home (Place where client will stay/ Quarantine while Overseas Travel), provided that:

Applicability: Only for Pandemic Disease If declared by World Health Organization (WHO) or Health Authority of India or Health Authority of Country of visit.

- a. The Medical Practitioner advises the Insured Person to undergo Treatment at Home;
- b. There is a continuous active lie of treatment with monitoring of the Health status by a Medical Practitioner for each day through the duration of the Home Care Treatment.
- c. Daily monitoring chart including records of treatment administered duly signed by the treating Doctor is maintained.

18. Waiting period Modification of Pre-existing Disease (24, 12 & nil)

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is modified to 24/12/0 Months.

For the purpose of this extension, Pre-Existing Disease Waiting Period stands modified.

19. Ambulance

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

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

20. Loss of Passport/Identification Documents/International driving License

The Company will pay the legal cost incurred by the Insured Person up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance towards obtaining a duplicate or new passport/

Identification Documents/International driving License during the Travel Period, If the Insured Person loses his/her original passport/ Identification Documents/International driving License during the Travel Period, We shall not be liable to pay any expenses under this Benefit for:

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

21. Replacement and Rearrangement - Business Trip Only

The Company will pay the costs of a direct route economy class airfare or a fixed amount for Business Trip Only, as specified in the Policy Schedule / Certificate of Insurance, for a replacement staff member of Insured Person's organisation to travel from the Country of Residence/City of Residence to the place of the Insured Person visit, in case of death of the Insured Person during the Travel Period.

This Benefit will be payable provided that:

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

22. Missed Connection or Flight

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

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

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

23. Missed Event

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

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof of the missed Event unless this proof is available to Us directly from a reliable source in the public domain;

b. We will pay only those expenses that are in excess of the Deductible. We shall not be liable to pay any expenses for:

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

24. Denied Boarding - Carrier

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

This Benefit will be payable provided that:

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

25. Compassionate Visit

I) The Company shall pay or reimburse the amounts incurred by any one Immediate Family Member for obtaining return tickets in economy class on a Common Carrier to visit the Insured Person, and expenses for the duration of the stay in the Hospital up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate, provided that the attending Medical Practitioner certifies in writing that it is not advisable that the Insured Person travel back to India/ Country of Origin based on the medical condition, and that he/she would benefit from the visit of an Immediate Family Member, If the Insured Person is Hospitalized for more than seven (7) consecutive days in a Country of Visit whilst on a Trip, and no adult Immediate Family Member is present.

II) The Company shall pay or reimburse the amounts incurred by the Insured Person for obtaining return tickets in economy class on a Common Carrier to his usual place of residence to visit the Immediate Family Member up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate, provided that the attending Medical Practitioner certifies in writing that such Immediate Family Member would benefit from the Insured Person's visit., If an Immediate Family Member of the Insured Person is Hospitalized in India/ Country of Origin for more than seven (7) consecutive days or in the event of their death, whilst the Insured Person is in a Country of Visit on a Trip.

This Benefit is payable subject to the following:

1. The Company has accepted a claim under Benefit of In-Patient Hospitalisation Medical Expenses in respect of the Insured Person for the same period of Hospitalization.
2. All the exclusions and Special Conditions applicable to Benefits of In-Patient Hospitalisation Medical Expenses shall also be applicable to this Benefit.

26. Compassionate Visit Stay

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

This Benefit will be payable provided that:

- a. Our liability to make any payment under this Benefit shall commence only after a continuous and completed minimum 7 number of days of Hospitalization of the Insured Person as specified in the Policy Schedule / Certificate of Insurance for each claim;
- b. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule / Certificate of Insurance for each claim;
- c. No Day Care Treatment will be covered under this Benefit.
- d. We shall not be liable to pay any amount under this Benefit after the Insured Person's discharge from Hospital;
- e. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.
- f. This benefit will be payable only if 7 days hospitalisation of Insured person, our liability starts from 8th day of Hospitalisation & onwards.

27. Emergency Visit

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

This Benefit will be payable provided that:

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

28. Hijack Daily Allowance

If during the Period of Insurance an Insured Person is travelling on board a Common Carrier which is Hijacked, then the Company agrees to pay to the Insured Person the Compensation stated in the Policy Schedule / Certificate of Insurance for every six (6) continuous hours upto the maximum number of hours as mentioned in the Policy Schedule / Certificate of Insurance.

Specific Definitions - Hijacked means the unlawful seizure or wrongful exercise of control of a Common Carrier, or the crew thereof.

29. University Insolvency

This cover specifically applies to student Travel Plan,

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

This Benefit will be payable provided that:

a. We shall be liable to pay the reasonable economic cost of accommodation in the same city where the Educational Institution is situated upto the 7 days or the maximum number of days as specified in Policy Schedule / Certificate of Insurance, and the economic class of travel.;

b. We shall not pay the expenses which will be paid or refunded by the Educational Institution.

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

30. Sponsor Protection

This cover is applicable for student travel plan,

The Company shall reimburse the remaining unpaid tuition fee of such Insured Person, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate, In the event of death, due to an Injury arising from an Accident, of the education sponsor of an Insured Person, who is a student pursuing an educational course as a full time student in an educational institution in the Country of Visit during the Period of Insurance.

This Benefit shall be payable subject to the following:

1. Such education sponsor's name should be specified in the Insured Person's school/university enrolment form.

2. Only the tuition fee amounts mentioned on the official invoice (s) issued by said educational institution and any corresponding statement of refund of fee shall be the basis of settlement of a claim under this Benefit.

3. The reimbursement shall be made by the Company only upon submission of an official Death Certificate and statement of the treating Medical Practitioner of such education sponsor evidencing the cause of death, and a valid proof of death. Any statement or certification provided by an Immediate Family Member as a treating Medical Practitioner is not permitted.

31. Home Insurance Cover (Theft)

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

This Benefit will be payable provided that:

a. The Insured Person provides Us with a copy of the police complaint reporting the incident;

b. The Insured Person provides Us with a written proof of ownership for any item stolen valued at more than the amount specified in the Certificate of Insurance.

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

a. Any loss which is recovered subsequently;

b. Any loss of Valuables, Money, any kinds of securities or tickets; c. Any loss due to any wilfull act or omission of the Insured Person; d. Any consequential loss or damage of any kind;

e. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

32. Personal Liability & Bail Bond

Personal Liability- The Company shall reimburse any actual legal liability including Defence Costs, incurred by the Insured Person in his/her private capacity to pay Damages to such third party up to the limit of Sum Insured specified against this Benefit in the Policy Certificate, In the event of any third party's death, Injury or property being damaged whilst on a Trip in the Country of Visit.

For the purpose of this Benefit, Damages mean any sums payable following a judgments or award in the Country of Visit, but shall not include fines, penalties, punitive or exemplary damages, any amount towards bail, surety or guarantee or of similar nature, any non-pecuniary relief, or any other amount for which an Insured Person is not financially liable, or which is without legal recourse to the Insured, or any matter that may be deemed to be uninsurable under Indian law.

This Benefit shall be payable subject to the following:

1. The Company is given immediate written notice of any event that may give rise to a claim under this Benefit.
2. The Insured Person does not incur any Defence Costs or expenses, admit liability or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to such claim without Our prior written consent.
3. The Insured Person shall be liable to pay any Damages falling due under this Benefit, and the Company shall only be liable for reimbursement of such Damages incurred with the Company's prior written consent. Such 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 with applicable jurisdiction.
4. The Insured Person is obligated to defend himself/herself in any ensuing civil proceedings.
5. The Company shall be entitled, but not obligated to, at any time to take over and conduct the defence and/or settlement of any action or claim in the name of the Insured Person and shall be entitled at all times to relinquish such control. In the event the Company, in its sole discretion, chooses to exercise its right in pursuance of this condition, 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.
6. The Company shall be entitled to receive any cooperation and assistance it may require from the Insured Person during the defence of settlement of such action or claim under this Benefit.
7. The Company shall not settle any claim without the express consent of the Insured Person, but if the Insured Person refuses an available settlement recommended by the Company, then the Company's liability shall be restricted to the amount by which such claim could have been settled;
8. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

Bail Bond- The Company shall provide the payment of bail amount to the appropriate authority/court on behalf of the Insured/ Insured Person up to the limit of Sum Insured specified against this Benefit in the Policy Certificate. If the Insured/ Insured Person is arrested or detained by Police or Judicial authorities, for any bailable offence whilst on a trip abroad covered by this Policy.

A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This Benefit shall be payable subject to the following:

- i. The Company shall pay or arrange to pay through Emergency Assistance Service Provider to the Judicial Authority / Court directly on behalf of the Insured/Insured Person, the bail amount.
- ii. This benefit would be for bailable offences only.
- iii. The Insured shall appear in the Court on the date specified by the Court for trial and judgment.

If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured/Insured Person or otherwise for breach of the terms of such bail bond, then the amount of the bail bond will require to be repaid by the Insured to the Company within 1 month after the bail bond is forfeited and if the Company so deems necessary (whether on expiry of such 1 month or otherwise), the Insured will be liable to repay the bail amount together with

interest thereon at 10% p.a. from the date of payment by the Company to the Court until receipt thereof from the Insured/ Insured Person, and all costs reasonably incurred by the Company in such behalf.

iv. In case of death of the Insured Person, at the first instance, the Immediate Family Member, and in case, where there is no Immediate Family Member, the Insured Sponsor, if any, will be liable to produce the death certificate or the necessary documents, as per the local law, in the Court within 1 month (of such death) for the release of the bail amount to Emergency Service Provider. In case the Insured fails to do so, it is hereby agreed that the Company would have full right and authority to recover the bail amount from the Insured.

v. The amount will be refunded to the Company or Emergency Assistance Service Provider by the Court with which it was deposited as soon as the Court releases the bail amount with which the deposit was made. In no case the amount will be paid out to the Insured/Insured Person.

vi. In the event the Court releases the bail amount to the Company / Emergency Assistance Service Provider and the bail amount has already been recovered from the estate of the Insured, it shall be paid back to the Insured's legal heir.

vii. The judgment shall have no bearing on the refund of the deposit to the Company or Emergency Assistance Service Provider. If the Court imposes any penalty or fine on the Insured/Insured Person at the time of interim order or final judgment, then in that case the Insured Person will not be at the liberty to get the fine deducted or adjusted from the bail amount which was deposited by the Company or Emergency Assistance Service Provider.

33. Hardship Allowance

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

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

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

34. Income Protection Cover

The Company will pay the daily allowance amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed day, on which the Insured Person is unable to carry out his/her regular employment, business or professional activity due to an Illness or Injury leading to hospitalization more than 3 days or daycare procedure/treatment leading to rest more than 3 days, suffered or contracted during the Coverage Period.

This benefit will be payable provided that:

a. Our liability to make any payment under this benefit shall commence only after a continuous and completed minimum number of days of inability of carrying out employment or business or professional activity as specified in the Certificate of Insurance, for each claim.

b. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for each Coverage Period.

c. We shall not be liable to make any payment under this benefit if the loss is explicitly paid/covered by the employer, contracted party or any other business partner for the Insured Person's inability to carry out his/her regular employment, business or professional activity due to such Illness or Injury.

d. This benefit will not be applicable for students

35. EMI Protection

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to Injury or Illness (leading to hospitalization number of days specified in policy schedule or daycare procedure/treatment leading to medically unfit to perform his/her Job/duties for number of days as specified in the policy), suffered or contracted during the Travel Period, then We will pay an amount equal to the EMI Amount which is due on the Insured's outstanding Loan for the number of months immediately following the date of such occurrence, as is specified in the Policy Schedule / Certificate of Insurance, subject to this amount not exceeding the amount specified in the Policy Schedule / Certificate of Insurance.

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

This Benefit will be payable provided that:

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

36. Fraudulent Charges (Payment Card Security)

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

This Benefit will be payable provided that:

- a. The loss/theft is reported to the issuing bank or the mobile wallet company within 24 hours of discovery of the loss/theft or the number of days from the event of loss/theft occurs as specified in the Policy Schedule / Certificate of Insurance.
- b. The evidence is provided that the issuing bank and/or the mobile wallet company is not reimbursing the Insured Person for the fraudulent transaction.
- c. The Insured Person has complied with all applicable terms and conditions required to be complied with, by the issuing bank or the mobile wallet company.
- d. The Insured Person lodges an FIR / official police complaint report detailing the Unauthorized theft of funds within 72 hours upon discovery of the breach by the Insured Person or the number of days from the event of loss/theft occurs specified in the Policy Schedule / Certificate of Insurance.

For the purpose of this Benefit:

- a. Hacking means improper access by a third party using improper means.
- b. Unauthorized Access means improper access by a third party using usual means but without the consent of the Insured Person. Unauthorized transactions do not include any e-mail spoofing and phishing attack conditions. We shall not be liable to reimburse any expenses under this Benefit for:
 - a. The Insured Person's gross negligence in taking precautions to safeguard his/her personal information or data, credit/debit Cards and or mobile wallet's security details and any electronic communication.
 - b. Any unauthorised charges incurred after 12 hours of the Insured Person reporting the loss/theft to the issuing bank or the mobile wallet company.

- c. Fraudulent withdrawal of funds via ATM made through any credit/debit cards by a third party.
- d. Theft of funds due to stolen computer/laptop or mobile.
- e. Circumstances or incidents that existed prior to inception of the Travel Period.
- f. Any acts committed by You of an Immediate Relative of the Insured Person, a resident of the Insured Person's household, or by any person who was entrusted with such card by the Insured Person.

37. Political Risk & CAT

This policy extension provides coverage for unforeseen events related to Political Risk and Catastrophic Events (CAT) that may disrupt your insured group travel arrangements.

II. Covered Events

A. Political Risk

- This includes armed conflict, insurrection, riots, and terrorism that directly impact your travel itinerary or destination.
- Coverage applies if your travel conveyance (e.g., airplane, ship) is hijacked or suffers piracy during the insured trip.
- This covers situations where you or any insured traveler is denied entry into the planned destination country due to political reasons or unforeseen changes in visa regulations.

B. Catastrophic Events (CAT)

- This includes coverage for trip disruptions or additional expenses caused by natural disasters like earthquakes, hurricanes, floods, wildfires, volcanic eruptions, etc., at the destination.
- Coverage applies if a major outbreak of infectious disease at the destination forces trip cancellation or necessitates emergency medical evacuation.
- This covers situations where essential transportation infrastructure (e.g., airports, roads) is significantly damaged by unforeseen events, impeding travel to or from the destination.

III. Specific Exclusions

Following certain events may not be covered under this policy:

- Events reasonably foreseeable at the time of booking: If political instability or natural disaster warnings were widely known before booking the trip, coverage may not apply.
- Events relating to Nuclear, chemical, or biological incidents are often excluded due to their catastrophic nature and potential for widespread impact.
- Minor delays or cancellations due to routine weather conditions, strikes, or mechanical issues are typically not covered.

38. Pet Cover

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

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

This Benefit will be payable provided that:

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

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

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

39. Trip Curtailment and Interruption

The Company shall reimburse the loss of any bookings made in advance towards travel, accommodation, visa charges, sightseeing, and Cruise, which is either paid by the Insured Person or contracted to be paid by the Insured Person, which are not recoverable from any other source, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate, due to one of the circumstances specified below, In the event of any unavoidable curtailment of the Insured Person's booked and confirmed Trip.

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person or his/her Immediate Family Member, leading to Emergency Hospitalization for minimum period of 48 hours, whilst the Insured Person is on a Trip;
- b. The hijack of a Common Carrier in which the Insured Person is traveling whilst on a Trip, for more than 12 hours.

40. Upgradation to Business Class

The Company will pay for Cost incurred in respect of the Insured Person's up-gradation to a business class air ticket, provided that If a covered member requires hospitalization for a minimum of seven consecutive days during the trip and needs to be repatriated to their home country, the policy will cover the reasonable cost of upgrading their return flight ticket to Business Class from the point of hospitalization subject to a doctor's certificate confirming the medical need for repatriation.

Based on exceptional circumstances such as a severe injury, illness, or death of a close family member during the trip, the insurer may, at its discretion, consider covering the cost of upgrading the affected member(s) to Business Class for compassionate reasons.

Benefits and Coverage Limits:

- The maximum upgrade benefit per insured member will be [amount or percentage of original ticket cost].
- Upgrade costs will be reimbursed only for confirmed Business Class seats on the same airline or a comparable alternative flight.
- Upgrades are subject to seat availability at the time of request.
- This benefit is not available for pre-booked Business Class tickets or if Business Class upgrade options are already included in the original travel arrangements.

Specific Exclusions:

- Upgradation expenses due to pre-existing medical conditions or known health risks are not covered.
- Upgrade costs incurred due to personal preferences or convenience are not covered.
- Upgradation is not available if the group travel arrangements already include pre-booked Business Class travel for eligible members.
- Certain covered events, such as pandemics or widespread travel disruptions, may have specific limitations or exclusions related to upgrade coverage.

41. Emergency Cash

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

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

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

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

42. HOLE-IN-ONE

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

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

43. Golf Equipment Cover

The Company shall reimburse the Market Value of such Golf Equipment, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate, In the event of Theft of or damage to the Insured Person's own or hired Golf Equipment in a Country of Visit whilst on a Trip.

For the purpose of this Benefit, "Market Value" refers to the sum required to purchase new Golf Equipment of the same kind and quality as those damaged or stolen due to Theft, less an amount representing wear and tear and depreciation as per the age of such Golf Equipment, and usage at the time of the loss.

For the purpose of this Benefit, "Golf Equipment" means any golf clubs or golf bags, including any accessories or attachments.

This Benefit shall be payable subject to the following:

- a. Any loss due to Theft or damage to the Insured Person's Golf Equipment by a Common Carrier shall be reported to the Common Carrier or travel provider immediately on the occurrence of the incident.
- b. Any Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
- c. The Insured Person must keep the damaged Golf Equipment for the Company's inspection (or its authorized representative) at any time after the loss is reported.
- d. The Insured Person shall be required to surrender the said damaged Golf Equipment to the Company on demand by them at the time of final settlement of a claim under this Benefit, or an appropriate salvage value shall be deducted from the claim amount payable.
- e. If the claim involves a part of a set of such Golf Equipment, the Company's liability shall be limited to the value of that part which has been damaged or lost during the Trip.
- f. Receipts for items lost, stolen or damaged or proof of ownership should be preserved properly by the Insured Person so as to substantiate his/her claim.
- g. The Insured Person shall preserve all his/her recovery rights against any third party involved, and shall subrogate the same to the Company at the time of settlement of claim.

44. Return of Minor Child

The Company shall pay or reimburse either of the following expenses in relation to a Minor Dependent Child covered under this Policy, provided they are not accompanied by any other adult Immediate Family Member, up to the Sum Insured specified against this Benefit in the Policy Certificate, based on the option of his/her legally appointed guardian, as specified in the Policy Certificate, If an Insured Person contracts an Illness or suffers an Injury due to an Accident in a Country of Visit whilst on a Trip, and that Injury solely and directly results in death of the Insured Person whilst on a Trip.

1. Expenses incurred on travel bookings for return of the Minor Dependent Child to any Port in India/ Country of Origin,
2. Expenses incurred on travel bookings for transportation of an Immediate Family Member, relative or any other attendant reasonably deemed to be required for the safety and welfare of the Minor Dependent Child, to the Country of Visit, and return to India/ Country of Origin.

"Minor Dependent Child" means a child of the Insured Person whether natural or legally adopted, who is (i) less than age 18 years (or as specified in Policy Certificate) as of the commencement of the Trip, and (ii) does not have his/her independent source of income and is financially dependent on the Insured Person.

This Benefit shall be payable subject to the following:

1. Any amount payable for expenses incurred on travel bookings, shall not exceed the cost of an economy tier airfare by the most direct route per booking.

2. The Company's liability under this Benefit, in respect of any one claim or all claims made under this Benefit during the Period Of Insurance, shall be restricted only for two Minor Dependent Child(ren), and shall always be subject to the Sum Insured specified against this Benefit in the Policy Certificate.

45. Accompaniment of Minor Child

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

46. Key Replacement

The Company shall pay the cost or reimburse expenses of replacement of key in relation to Any loss or damage or theft, directly or indirectly caused following the use of the key of said residence or its premises or any duplicate thereof belonging to the Insured Person, unless such key has been obtained by any incident of assault or violence or any threat thereof

47. Adventure Sports

The Company shall pay or reimburse the Medical Expenses incurred, on the recommendation of a Medical Practitioner, up to Sub-limit as specified against this Benefit in the Policy Certificate, If an Insured Person suffers an Injury due to an Accident in a Country of Visit whilst on a Trip arising out of the Insured Person engaging in any Adventure Sport which is carried out in accordance with the guidelines, codes of good practice and any recommendations for safe practices as laid down by the applicable governing body or sports authority and requires Emergency Care.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

48. Pandemic Cover

The Company will pay the Sum Insured as a lump sum amount mentioned in the Policy Schedule in case the Insured Person is diagnosed as suffering from the Pandemic Diseases provided it occurs or manifests itself during the policy period as a first incidence.

The benefit will be payable after waiting period as mentioned in the Policy Schedule. Subject to terms and conditions of the policy.

For the purpose of above optional coverage: Pandemic Disease means infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption. (As declared by World Health Organization / Health Authority of Country of visit/ Health Authority of India)

49. Terrorism Cover

The Company will pay the lumpsum amount for the loss caused due to damage or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

This warranty excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

50. Doctor on Call

The Company or Our Assistance Service Provider will provide for a telephonic consultation to the Insured Person, from a general Medical Practitioner empanelled with Us.

51. Medical Assistance Services

The Company or Our Assistance Service Provider will provide assistance or advice to the Insured person, of the description specified below, in relation to a medical emergency

- Medical Practitioner/Hospital Referral -

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

- Arrangement of Hospital Admission

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

- Arrangements of Appointments with local Medical Practitioners for Treatment

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

- Medical Translation Service

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

- Delivery of Essential Medicine

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

52. Legal assistance

The Company shall reimburse the, In the event of death, Injury or property being damaged, of insured person, whilst on a Trip in the Country of Visit.

legal costs and expenses incurred by the Insured/ Insured Person or the legal representative of the Insured Person, as the case may be, towards claims from third parties for compensation for accidental death or disablement arising due to an injury whilst on a trip abroad up to the limit of Sum Insured specified against this Benefit in the Policy Certificate.

53. Medical E- Opinion

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

54. Delivery of Essential Medicine

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

55. Emergency translation

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

56. Trip Support/Information (General Assistance)

The Company will provide support or Information on trip as mentioned bellow

"Verified information": Any information you require while travelling can be provided to you through our active call services. In addition, we are always available to provide you with the current news, suggestions, and additional guidance to make your travel enjoyable and convenient

Transit assistance: When you are in transit through air, road, or rail, we navigate you through possibly confusing situations, and help you receive the best information and direction to solve your distress

Theft: In a situation where you are a victim of theft, our ground assistance helps you file a First Information Report at the nearest police station, and guides you to a convenient point of solution (domestic and international)"

57. Arranging medical evacuation or repatriation

The Company will provide Assistance and coordination for medical evacuation and repatriation of remains.

58. Home Care Assistance (Nurse at home arrangement)

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

59. Arrangement of Parent Accommodation

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

60. Arrangement of Compassionate Visit

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

61. Emergency Document Delivery

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

62. 24*7 global assistance hotline

The Company or Our Assistance Service Provider shall assist the Insured Person to Assistance service global line for any emergency.

63. Emergency travel assistance

The Company or Our Assistance Service Provider will provide assistance In case of wallet lost, arrangements can be done for hotel booking and flight bookings – domestic and international during Travel Emergency situations.

64. Travel and weather alerts

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

65. Bag search / tag Services

The Company or Our Assistance Service Provider will arrange for helps locating missed baggage

66. Home Rental Damage Coverage

The Company at Our option, will pay a fixed amount up to the sum insured specified in policy schedule/certificate against the rental home/property damaged or destroyed, or any part thereof at country of visit, We shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall We be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage nor more than the Sum Insured by Us thereon.

Covered perils typically include:

- Fire
- Accidental damage (e.g., burst pipes, water leaks)
- Theft
- Vandalism

67. Sports Equipment Coverage

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

This Benefit will be payable provided that:

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

68. Roadside Assistance/ Road Trip Assistance

This optional extension provides comprehensive Roadside Assistance and Road Trip Assistance services to insured members during their road trips within a designated geographical area under the Group Travel Insurance Policy.

Coverages:

- Covered for Maximum of two consecutive days per road trip
- Dedicated RSA hotline for prompt support

Covered Services:

- Mechanical Breakdown or Puncture Repair: On-site repair or towing to the nearest repair facility.
- Fuel Delivery: Emergency fuel if stranded due to running out.
- Battery Jumpstart: Assistance in restarting the vehicle with a flat battery.
- Locksmith Services: Help regaining access if keys are lost or locked inside.
- Tyre Replacement: Assistance with changing a flat tyre or arranging for a replacement.
- Vehicle Recovery: Towing or transportation in case of accident or breakdown.
- Alternative Travel Arrangements: Arranging for alternate transportation (taxi, rental car) to reach the destination if the vehicle is immobilized.
- Trip Continuation Assistance: Help with finding alternative accommodation or activities in case of extended delays.
- Emergency Message Relay: Relaying urgent messages to family or authorities.

Specific limits may apply to certain services

Specific Exclusions:

- Pre-existing mechanical issues or breakdowns known at trip initiation.
- Services due to driver negligence, misuse, or traffic violation.
- Accidents covered by the main travel insurance or comprehensive vehicle insurance.
- Services unavailable in remote or inaccessible areas.
- Expenses exceeding policy limits or incurred outside the designated area.

69. Sports Event/Musical Event/ Art Event Covers

This policy extension provides optional coverage for unforeseen circumstances that may disrupt Insured's participation as a performer in Sports, Music, or Art Events during their travel.

Covered Events:

- Coverage for pre-paid, non-refundable expenses (tickets, travel, accommodation) if the event is cancelled due to unforeseen circumstances (weather, venue issues, security threats, artist/speaker cancellation).
- Reimbursement for reasonable additional expenses incurred if the event is postponed, requiring changes to travel or accommodation arrangements.
- Coverage for additional travel and accommodation costs in case the event is relocated to a different city or venue.
- Reimbursement for medical expenses incurred by an insured member during the event if requiring unplanned medical attention.
- The specific benefits and coverage limits will vary depending on the chosen policy and premium paid.

Specific Exclusions:

- Events cancelled due to known risks or foreseeable circumstances (e.g., strike)
- Expenses due to pre-existing medical conditions or participant negligence
- Losses covered by other insurance policies (e.g., comprehensive medical insurance)

70. Digital Nomad Coverage

In the event of Theft of the Insured Person's Mobile Phone in the Country of Visit whilst on a Trip, the Company shall reimburse the Market Value of such Digital Nomad up to the limit of Sum Insured specified against this Benefit in the Policy Certificate:

For the purpose of this Benefit, Digital Nomad shall mean any handheld Digital Nomad excluding any accessories or attachments that come as standard equipment with such devices.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new Digital Nomad of the same kind and quality as the Digital Nomad in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such Digital Nomad calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

- a. Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
- b. The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such Digital Nomad or document evidencing the authorized custody of the same, if such Mobile Phone is provided by his/her employer/business organization.
- c. The Company is satisfied that the Insured Person took reasonable care to protect his/her Mobile Phone and did not in any way expose the Digital Nomad to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.
- d. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

71. Pet Relocation

This optional extension provides comprehensive coverage for the unforeseen events your pets might encounter during their relocation as part of your insured travel.

Covered Risks:

- Coverage for costs associated with locating and reuniting with your pet if it gets lost or separated during transportation or in the new destination.
- Reimbursement for emergency veterinary expenses incurred by your pet during the relocation process or immediately after arrival at the new destination.
- Coverage for unexpected quarantine expenses mandated by the destination country due to unforeseen circumstances.
- Reimbursement for associated costs if your pet is denied entry at the destination country due to unforeseen issues with documentation or health requirements.
- The specific benefits and coverage limits will vary depending on the chosen policy and premium paid.

Specific Exclusions:

- Pre-existing medical conditions known at the time of booking
- Routine veterinary care or preventative treatments
- Events due to negligence or owner's failure to follow regulations
- Losses covered by other insurance policies (e.g., pet health insurance)

72. Cancer Screening & Mammographic Examination

This optional extension provides coverage for the cost of cancer screening and mammographic examinations undergone by insured members during their international travel.

Covered Services:

- Coverage for the reasonable cost of recommended cancer screening tests (e.g., colonoscopy, prostate exam) for covered individuals upon medical advice during the insured trip.

- Coverage for the cost of a mammogram for female insured members upon medical advice during the travel period.
- Reimbursement will be based on the usual and customary charges for the specific screening services at the destination country.
- Policy limits may apply to the covered amount for each service per trip.

Specific Exclusions:

- Services for pre-existing or known medical conditions are not covered.
- Routine check-ups or non-recommended screening tests are not covered.
- Services obtained outside the insured travel period or destination country are not covered.
- Expenses exceeding the policy limits or due to negligence are not covered.

73. Loss of Laptop, Tablet, Mobile, Phone, Camera

In the event of Theft of the Insured Person's Mobile Phone in the Country of Visit whilst on a Trip, the Company shall reimburse the Market Value of such Laptop, Tablet, Mobile, Phone, Camera up to the limit of Sum Insured specified against this Benefit in the Policy Certificate:

For the purpose of this Benefit, Laptop, Tablet, Mobile, Phone, Camera shall mean any handheld Laptop, Tablet, Mobile, Phone, Camera excluding any accessories or attachments that come as standard equipment with such devices.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new Laptop, Tablet, Mobile, Phone, Camera of the same kind and quality as the Laptop, Tablet, Mobile, Phone, Camera in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such Laptop, Tablet, Mobile, Phone, Camera calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

- Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
- The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such Laptop, Tablet, Mobile, Phone, Camera or document evidencing the authorized custody of the same, if such Mobile Phone is provided by his/her employer/business organization.
- The Company is satisfied that the Insured Person took reasonable care to protect his/her Mobile Phone and did not in any way expose the Laptop, Tablet, Mobile, Phone, Camera to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.
- A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

74. STD cover

The Company shall pay or reimburse the Medical Expenses incurred, up to the Sub-limit as specified against this Benefit in the Policy Certificate, If the Insured Person suffers an Illness or Injury, in a Country of Visit whilst on a Trip, which is directly or indirectly attributable to any sexually transmitted disease, including HIV (Human Immunodeficiency Virus) and/or any HIV related illness, AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused, and requires Emergency Care, on the recommendation of the EASP and the Medical Practitioner.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

75. Substance & Alcohol Abuse

The Company shall pay or reimburse the Medical Expenses incurred on the recommendation of a Medical Practitioner, up to the Sub-limit as specified against this Benefit in the Policy Certificate, If the Insured Person suffers from any mental or nervous disorders or disturbances of consciousness, strokes, fits or convulsions due to alcoholism and/or drug dependency, in a Country of Visit whilst on a Trip and requires Emergency Care.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

76. Medical Sub-limit Cover

The Company's liability under Benefit In-Patient Hospitalisation - Medical Expenses, during a Trip shall be Sub-limited basis one or combination of following parameter/s as opted under the Policy:

- i. Sum Insured for Medical Expenses
- ii. Age of the Insured Member
- iii. Illness/ Injury or both
- iv. With/ Without medical reports
- v. Area of Cover
- vi. Disease Category
- vii. Per Claim/ Per Insured/ Per Policy Sub limit amount chosen (Minimum limit USD 100, Maximum up to Sum Insured)

In case multiple parameters opted for sub-limits are applicable to a single claim then the lower value of the sublimit shall apply.

The Sub-limits under this cover shall not be applicable in Schengen Countries/ Plan.

Cover under this Benefit is only available if base Benefit In-Patient Hospitalisation - Medical Expenses is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit In-Patient Hospitalisation - Medical Expenses in the Policy Certificate.

77. Emergency Accommodation

In the event of the Insured Person's intended place of accommodation in the Country of Visit being rendered uninhabitable due to fire, flood, earthquake, storm, hurricane, explosion, or outbreak of major infectious illnesses, the Company shall reimburse the difference in costs towards any alternate accommodation booking made by the Insured Person in the Country of Visit, up to the limit of Sum Insured limited to a maximum amount per night, specified against this Benefit in the Policy Certificate.

The alternate accommodation booked by the Insured Person under this Benefit should be of a similar and comparable class or costs.

78. University Excess Medical Cover

This cover specifically applies to Student Plan, In the event of a claim payable during the Period of Insurance under any insurance policy issued by a foreign insurance company to an Insured Person, who is a student pursuing an educational course as a full time student in an educational institution in the Country of Visit during the Period of Insurance, whilst such Insured Person is on a Trip, and where such claim is covered under Benefit I (Medical Expenses), then the Company shall reimburse the excess amount above the deductible that the Insured Person is liable to bear. Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

A Deductible of an amount specified as Sum Insured against this cover in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

79. Physiotherapy: -

The Company will reimburse up to Sum Insured as mentioned in the Schedule / Certificate of Insurance for Physiotherapy sessions recommended by the attending Physician/Surgeon. Such Covers would be applicable immediately following the Insured Persons discharge/ Treatment from Hospital and The Company has accepted Insured Person's Accidental Medical Expense, Inpatient Claim in this Policy. Physiotherapy sessions should start within 1 month from the date of Incident up to maximum sessions stated in the Schedule.

E. Exclusions:

1. Standard Exclusions:

Without prejudice to anything contained in this Policy, the Company shall not be liable to make any payment for any claim under this Policy, directly or indirectly for, caused by, arising from or in any way attributable to any of the following, unless specifically stated otherwise in the Schedule or Policy Certificate to the Policy

1. Any claim relating to events occurring before the Coverage Commencement Date or otherwise outside of the Period of Insurance.
2. Pre-existing Diseases Waiting Period - Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
3. Any claim if the Insured Person –
 - a. Is travelling against the advice of a Medical Practitioner;
 - b. Is receiving, or is on any waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate;
 - c. Has received terminal prognosis for a medical condition;
4. Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells.

5. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
6. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
7. Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy, surrogate or vicarious pregnancy.
- 8.. Routine medical, eye examinations, cost of spectacles, laser Surgery for cosmetic purposes or corrective Surgeries or contact lenses.
9. Ear examinations, cost of hearing aids or cochlear implants.
10. Vaccinations except post-bite Treatment.
11. Any physical, psychiatric or psychological examinations or testing, any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.
12. Laser Surgery for Treatment of focal error correction other than for focal error of +/- 7 or more and is a Medically Necessary Treatment.
13. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all Illness / Injury caused by and/or related to HIV. Any loss arising directly or indirectly from any Injury, Illness, death, loss, expenses, or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused, except to the extent it is expressly specified to be covered under any opted Benefits to this Policy.
14. All sexually transmitted diseases including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis and any condition directly or indirectly caused by or associated with them.
15. Vitamins and tonics unless forming part of Treatment for Illness or Injury and prescribed by a Medical Practitioner.
16. Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any external devices used during or after Treatment.
17. Artificial life maintenance, including life support machine use, where such Treatment will not result in recovery or restoration of the previous state of health.
18. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD).
19. Any expenses incurred in connection to Treatment for general debility, ageing, convalescence, sanatorium Treatment, rehabilitation measures, private duty nursing, respite care, health resort, run down condition or rest cure.
20. Sterility, fertility, infertility including IVF and other assisted conception procedures and its complications, subfertility, impotency, venereal disease.
21. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
22. Ailment requiring Treatment due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and Treatment for de-addiction, or rehabilitation.

23. Any Illness or Hospitalization arising or resulting from the Insured Person or any of his family members committing any breach of law with criminal intent.
24. Any Treatment received in convalescent homes, convalescent Hospitals, health hydros or nature cure clinics.
25. Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness/ Injury for which the Insured Person was Hospitalised.
26. Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital.
27. Any Cosmetic Surgery, aesthetic Treatment unless forming part of Treatment for cancer or burns, any elective Surgery or cosmetic procedure that improve physical appearance, Surgery for sex change or Treatment of obesity/morbid obesity (unless certified to be life threatening) and weight control programs, or Treatment/Surgery / complications/Illness arising as a consequence thereof.
28. Any robotic, remote Surgery or Treatment using cyber knife.
29. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and Treatment even if the same requires confinement at a Hospital.
30. Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
31. Any form of Alternative Treatment:
 - i) AYUSH Treatment;
 - ii) Hydrotherapy, Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine.
32. Injury caused whilst flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.
33. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
34. All non-medical expenses including convenience items for personal comfort not consistent with or incidental to the diagnosis and Treatment of the Illness/Injury for which the Insured Person was Hospitalised, ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer /thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses.
35. For complete list of non-medical expenses, please refer to the Annexure I “Non-Medical Expenses” and also on Our website.
36. Any opted Deductible amount or percentage of admissible claim under Sub Limit if applicable and as specified in the Policy Schedule/ Policy Certificate to this Policy.
37. No claim will be paid arising from suicide, attempted suicide or willfully or self-inflicted Injury or Illness, anxiety, stress or depression.
38. Any External Congenital Anomalies or any consequence thereof.
39. Any Illness and Accidents as a result of war and warlike occurrence or invasion, acts of foreign enemies, hostilities (whether war de declared or not), civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority, and and participation of the Insured Person in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
40. Any claim arising out of sporting activities in so far as they involve in Adventure Sports, the training or participation in competitions of Professional or Semi-Professional Sportspersons.

41. Any claim which arises out of an Accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured Person is flying as a passenger in a scheduled aircraft duly licensed to carry passengers.
42. Any claim arising due to the Insured Person when he/she is under the influence of intoxication, liquor or drugs.
43. Any losses arising from Accidents on motorized two wheeled vehicles, unless at the time of such Accident, (i) the person driving the vehicle is duly qualified and in possession of a current full International Driving License, (ii) the Insured Person is wearing a safety crash helmet, and (iii) such losses arise from Accidents on motorized two wheeled vehicles over 50 cc in engine capacity.
45. No claims will be paid for losses arising directly or indirectly from engaging in any manual work or hazardous occupation, unnecessary self-exposure to perils (except in an attempt to save another human's life).
46. Treatment which could be reasonably delayed until the Insured Person's return to India/ Country of Origin. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner, EASP and the Company, and shall be in accordance with accepted standards of medical care.
47. Any charges in excess of any Reasonable and Customary Charges incurred for an emergency treatment on account of an Insured Event.
48. Any expenses incurred in connection with rest or recuperation taken by an Insured Person at a spa or health resort, rehabilitation clinic, or related to the treatment of alcoholism or drug dependency.
49. We shall not be obliged to make any payment that is brought about as a consequence of deliberate failure to seek or follow medical advice, or to intentional delay to circumvent the policy term and condition.
50. Maternity, child birth and any related complications, including any changes affecting other chronic conditions of the Insured Person as a result of the pregnancy. This exclusion shall however not apply in following cases:
- i. Ectopic Pregnancy, which is proved by diagnostic means and certified as being a Life Threatening Condition by the attending Medical Practitioner.
 - ii. Any unforeseen emergency measures to save the Insured Person or the child's life in the event of any acute complications, provided that such Insured Person has not completed the age of 38 years and the 30th week of the pregnancy is not completed at the time of such emergency treatment.

2. Specific Exclusions:

In addition to the exclusions that are applicable under the specific Benefits of the Policy as specified in this Policy, the following exclusions apply to all Benefits under the Policy except to the extent it is expressly specified to be covered under any opted Benefits to this Policy.

1) Exclusions Specific to Medical Expenses

In addition to the standard Exclusions listed in this Policy, We shall not cover any Medical Expenses related to:

- i. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health.
- ii. Dental treatment, dentures or Dental / Oral Surgery, unless caused by Hospitalisation arising out of an Injury. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
- iii. Elective, cosmetic, or plastic surgery, except because of an Injury caused by a covered Accident.
- iv. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
- v. Treatment of acne.
- vi. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof, except as the result of Accident.
- vii. Organ transplants that are considered experimental in nature.
- viii. Childcare including general medical examination and immunization.

- ix. Expenses which are not exclusively medical in nature.
- x. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof unless caused by Hospitalisation arising out of an Injury.
- xi. Treatment provided in a government Hospital or services for which no charge is normally made.
- xii. Expenses related to the treatment for correction of eye sight due to refractive error.
- xiii. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
- xiv. Bone marrow transplant in blood disorders.
- xv. Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells.

2) Exclusions Specific to Benefits AD, PTD & PPD:

The Company shall not be liable to make any payment for any claim under Benefits a.7, a.8, a.9 in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
2. Any claim subsequent to a claim made under Benefit a.1 (Accidental Death) has been admitted by the Company and becomes payable.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
4. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, commercial aircraft.
5. Any consequential loss or damage cost or expense of whatsoever nature.
6. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease.
7. Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

3) Exclusions Specific to Benefit of Delay of Checked-in Baggage:

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

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by the Company.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.
3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
5. Any delay while the Insured Person is in India/ Country of Origin.
6. Loss due to complete/partial damage of the Checked-in Baggage.
7. Any exclusion mentioned in the "General Exclusions" Section of this Policy.

4) Exclusions Specific to Benefit of Total Loss of Checked-in Baggage:

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

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by the Company.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.
3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
5. Any Checked-in Baggage loss while the Insured Person is in India/ Country of Origin.
6. Any exclusion mentioned in the "General Exclusions" Section of this Policy

5) Exclusions Specific to benefit of Personal Liability & Bail Bond:

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

1. Any claim arising from the Insured Person's personal contractual liability or through promises made by the Insured Person.
2. Any actual or alleged liability of the Insured Person towards any Immediate Family Members, relatives and Travelling Companions, or colleagues, whether personal or official.
3. Any claim resulting from transmission of an Illness by the Insured Person.
4. Any claim for damage resulting from participation of the Insured Person in any professional sports or Adventure Sports.
5. Any claim for liability, arising directly or indirectly, from or due to:
 - a) Possession of animals, birds, reptiles, insects etc. and their by- products like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
 - b) ownership or possession of vehicles, aircrafts, water crafts, or activities of the Insured Person involving parachuting, hand-gliding, hot air ballooning or use of fire arms.
 - c) Any willful, negligent, malicious or unlawful act, error or omission. d) Any supply of goods or services on the part of the Insured Person.
 - e) The Insured Person's involvement in any activities of commerce or occupation.
6. Any ownership or occupation of land or buildings other than the occupation of any booked accommodation in the Country of Visit.
7. Any exclusion mentioned in the 'General Exclusions' Section of this Policy.
8. All non-bailable offences as per the local law of the country in which the incident has taken place whilst the Insured is on a trip abroad
9. Any exclusion mentioned in the "General Exclusions" section of this Policy

6) Exclusions Specific to benefit of Golf Equipment Cover

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

- a. Any loss due to Theft or damage to the Insured Person's Golf Equipment by a Common Carrier, if no written PIR (Property Irregularity Report) is issued by the airline or obtained by the Insured Person.
- b. Theft of Golf Equipment which is not reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, or for which no written police report is obtained.
- c. Loss or damage caused by wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
- d. Loss or damage to Golf Equipment left unattended at any place.
- e. Any loss or damage to the Golf Equipment due to confiscation or detention by any authority other than airline.
- f. Any amount of loss which is refundable from any other source whatsoever it may be.
- g. Any loss falling under the 'General Exclusions' Section of the Policy

7) Exclusions Specific to benefit of Loss of Laptop, Tablet, Mobile, Phone, Camera

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

- I. Any Theft of Mobile Phone after 5 years from the date of its original purchase from a retailer/wholesaler/original equipment manufacturer.
- II. Laptop, Tablet, Mobile, Phone, Camera being left unattended by the Insured Person.
- III. Laptop, Tablet, Mobile, Phone, Camera packed in any Checked-In Baggage
- IV. Any Lost accessories or attachments
- V. Any internal or external damage caused to the Laptop, Tablet, Mobile, Phone, Camera, either due to mishandling of such Mobile Phone or otherwise on account of either the Insured Person or any other party involved in any Theft

8) Specific Exclusion:

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

- I. Visa application was submitted prior to issuance of Policy
- II. Missed pre-scheduled Appointment
- III. Past or current criminal Actions
- IV. Insufficient/ False Travel Document or income document
- V. Insufficient explanation for the purpose and circumstances of the planned stay
- VI. Damaged Passport
- VII. Passport Invalidation
- VIII. Lack to prove the travel itinerary
- IX. Invalid letter of reference
- X. Insufficient means of subsistence
- XI. Unacceptable birth or marriage certificate
- XII. Lacking to present a proof of accommodation

F. Claims Procedure

F.1. Claim Intimation & Assistance

Insured Person can notify a **Claim** by calling the The Company / Assistance Company **Contact center at +911244498766** Or email at **FGA@IN.FALCK.COM**

The Company's Assistance Company Service Center is equipped to provide **Insured Person** with the necessary guidance in **Insured Person's** situation and will direct **Insured Person** on **Claims** procedure.

Please refer the check list of documents required as per coverage under the policy for claim.

Note: **The Company** may call for additional documents/ information as relevant.

If any Hospital does not submit a bill to Insured Person for the treatment/service rendered, please intimate The Company's Service Center before Insured Person leave the Hospital.

Kindly submit all the requested documents at the address mentioned below:

Universal Sampo General Insurance Co. Ltd.

Claims Department- Travel

C/o Falck India Pvt Ltd

Upper Floor, The Peach Tree, Block – C, Sushant Lok –I, Sector 43, Gurgaon

Haryana -122015

F.2. Claim Notification

It is a condition precedent to **The Company's** liability hereunder that notice of **Claim** must be given by the **Insured Person** to **The Company/** Assistance company within seven (7) days after an actual or potential loss occurs or as soon as reasonably possible and in any event no later than (30) Days after an actual or potential loss occurs.

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

For details on the **Claims** procedures and requirements or any assistance during the process, **The Company /** Assistance Company may be contacted at **The Company's/ Assistance Company service** call center on the number as specified below.

The Company's / Assistance Contact **center at +911244498766** Or email at **FGA@IN.FALCK.COM**

In case of **Claim** the **Insured Person** must:

- take immediate steps to protect, save and/or recover the covered property.
- give immediate notice to the carrier or bailee who is or may be liable for the loss or damage.
- notify the police or other appropriate authority in the case of **Robbery** or **Theft** within 24 hours.

F.3. Scrutiny of Claim Documents

The Company / Assistance Company shall scrutinize the **Claim** and accompanying documents. Any deficiency of documents shall be intimated to **Insured Person**

F.4. Other Claims Requirements:

- a. If any **Claim** is not made within the time period set out for claim notification or submission, **The Company** condones such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.
- b. **The Company / Assistance Company** representatives must be given all cooperation in investigating the **Claim** in order to assess **The Company's** liability and quantum in respect of such **Claim**.
- c. If requested by **The Company** and at **The Company's** cost, the **Insured Person** must submit to medical examination by **The Company** nominated **Medical Practitioner** as often as **The Company** consider reasonable and necessary and **The Company** representatives must be permitted to inspect the Medical and **Hospitalization** records pertaining to the **Insured Person's Injury** and treatment and to investigate the facts surrounding the **Claim**.
- d. The directions, advice and guidance of the treating **Medical Practitioner** shall be strictly followed. **The Company** shall not be obliged to make any payments that are brought about or contributed to as a consequence or failure to follow such directions, advice or guidance.

F.5. Claims Payment:

- a. **The Company** shall be under no obligation to make any payment under this **Policy** unless **The Company** have received all premium payments in full and on time in respect of the **Insured Person's Cover** under the In-built Coverage and all applicable Coverages and all payments have been realized. **The Company** shall settle or reject a **Claim**, as the case may be, within 30 days from the date of receipt of last necessary document.
- b. In the case of delay in the payment of a **Claim**, **the Company** shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of **Claim** at a rate 2% above the bank rate.
- c. However, where the circumstances of a **Claim** warrant an investigation in the opinion of **the Company**, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **the Company** shall settle the **Claim** within 45 days from the date of receipt of last necessary document.
- d. In case of delay beyond stipulated 45 days **the company** shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of **Claim**.
- e. All **Claims** will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of **Policy** holders Interests Regulation), 2017
- f. The payment of any **Claim** under this Coverage will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for **Claims** payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion.
- g. Payment of Claims: All payments to be made by **the Company** shall be paid to **Insured Person** in the **Policy** and such payments shall be subject to the laws and regulations then in effect in the **Policy**.
- h. Admissibility of Claim: any **Claim** to be admissible under this **Policy**, the Date of loss should be within the **Policy** Period unless otherwise provided.

G. Terms and Conditions

The due observance and fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be Condition Precedent to the Company's liability under the Policy.

1. **Single Trip Cover** can be issued for a single Trip not exceeding 365 consecutive days including departure from and return to the Insured Person's place of residence. This limit shall not apply for Policies covering

individual students pursuing an educational course as a full time student in an educational institution and the course duration is above the limit specified.

2. **Multi Trip Cover** can be issued for a period of one year or less covering multiple single Trips within the specified Period of Insurance, with the total duration of each and every single Trip, including departure from and return to the Insured Person's place of residence, not exceeding the number of travel days as specified in the Policy Certificate.

3. The Insured Person's cover under the Policy shall not attach to any Trip that has already commenced prior to the Policy Period Commencement Date, or has commenced prior to the Coverage Commencement Date specified in the Policy Certificate.

4. **Extension of the Period of Insurance** of the Policy during the duration of the Trip can be done only at the sole discretion of the Company, depending upon the risk factors.

a) If the Insured Person does not declare the full current facts or declare wrong facts or misrepresents any material fact while requesting for extension of the Period of Insurance, any extension of such a Policy if granted shall be deemed to be invalid, from the time of such extension. No refund of premium will be given in case of any extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Period of Insurance.

b) The premium payable for the extension of the Policy during the Trip Duration shall be the premium payable for the overall Period of Insurance (including the extension) less the initial premium already paid.

5. This Policy shall be available for a one-way travel also, including travel for the purposes of immigration to a Country of Visit, with a condition for maximum Period of Insurance limited to the number of days specified in the Policy Certificate. In such cases, the definition of Trip in Section 2 of the Policy (Definitions) shall stand amended in accordance.

6. The Insured Person shall provide the Company with the details of the Trip and other information as may be required by the Company from time to time.

7. **Deductible** will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same Benefit more than once.

8. **Obligations of the Insured Person:**

a. Insured Person shall provide to the Company or the EASP appointed by the Company, on demand any information that is required to determine the occurrence of the Insured Event or the Company's liability to pay the benefits.

b. If requested to do so by the Company or the EASP appointed by the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by the EASP, as often as the Company considers necessary, for the purpose of settlement of claims only. The cost towards the medical examination shall be borne by the Company.

c. The Company or the EASP appointed by the Company is authorized to take all measures that are suitable for loss prevention and claim minimization which includes the Insured Person's transportation back to India/ Country of Origin. The transportation of the Insured person back to India/ Country of Origin shall be done only on agreement and confirmation from the attending Medical Practitioner/ the Company's empanelled Medical Practitioner that the Insured Person is capable of being transported to India/ Country of Origin.

- d. The Company shall be released from any obligation to pay benefits under this Policy, if any, of the aforementioned obligations are breached by the Insured Person.
- e. The premium charged for the base medical expenses shall be based on the number of travel days insured under each Section at the commencement of the Period of Insurance, as declared by the Insured Person.

- 9. Multiple Claims:** In the event of a claim being payable under multiple Benefits under this Policy, the Company's liability will be restricted to the highest amount/ limit/sub-limit/Aggregate limit payable under each Benefit and as specified under the Policy Certificate. Where an event qualifies for indemnity claim under more than one cover with respect to the same risk the insured will be eligible for claim against any one of the covers.
10. In case an Insured Event covered under any opted Benefit, occurs prior to the date of purchase of this Policy or an advance warning is publicly issued by the relevant authorities of the likelihood of such an event or occurrence taking place prior to the date of purchase of this Policy, the Company shall not be liable to pay any claims arising from such Insured Event or Benefits.
11. **Duty of Disclosure** - Disclosure to Information Norm
The Policy shall be null and void and the Company shall have no liability to make payment of any claims under any Benefits under this Policy in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars 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 device being used by the Insured Person or any one acting on his/their behalf to obtain any benefit under this Policy. The premium paid shall be forfeited to the Company on such cancellation of the Policy.
12. **Maintenance of Records:** The Insured Person shall maintain all records and books of accounts reasonably required in an accurate manner
13. **Parties to the Contract** - The only parties to this contract are the Policyholder and Us.
14. **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.
15. **Geography:**
The geographical scope of this policy applies to events limited to the Geographical Area of Cover opted and which are specified in the Policy Schedule/ Policy Certificate.
16. **Eligibility:**
- I. Policy shall be offered on Single Trip/ Multi Trip (Annual) Basis.
 - II. Number of days per Trip for Multi Trip Option can be opted as specified in policy schedule
 - III. Premium Payment Frequency available under the policy is: Monthly/Quarterly/Half yearly/ Yearly
 - IV. Insured Age at Entry: Minimum: 1day and Maximum: 85 Years.
 - V. To be eligible for coverage under the Policy, the Insured Person must be-

A group member/ Employee of the Policyholder or non-employer group enrolled member.

VI. The relationships which may be covered under the Policy are -

The Employee's/member's legal Spouse, Dependent parents, son, daughter, brother and sister of the Employee/member who are children of the same parents, grandparents, grandchildren, parent in laws, son in law, daughter in law, uncle, aunt, niece and nephew, etc.

VII. Area/s of Cover:

- Worldwide
- Worldwide excluding US & Canada
- Asia Pacific
- Schengen excluding US & Canada
- Schengen including US & Canada
- MDV (Marhaba Dubai Visa)

For a specific group, the area of cover may be limited to any particular country or region from above list of Area of Cover.

17. **Insured Person:**

Only those persons named as an Insured Person in the Policy Certificate shall be covered under this Policy. Any person may be added as an Insured Person during the Policy Period after his application has been accepted by the Company, additional premium to be paid and the Company has issued an endorsement confirming the addition of such person as an Insured Person under this Policy.

18. **Endorsements to the Policy:**

The Policy will allow the following endorsements during the Policy Period. Any request for endorsement must be made only in writing by the Policyholder. Any endorsement would be effective from the date of the request received from You, or the date of receipt of premium, whichever is later other than for change in date of birth or gender which will be with effect from the Inception Date.

19. **Premium:**

The premium payable under this policy shall be paid in accordance with the schedule of payments agreed between the Policyholder and Us. No receipt for premium shall be valid except on the official form of Insurer signed by a duly authorized official of Insurer. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the Policyholder in so far as they relate to anything to be done or complied with by the Policyholder shall be a condition precedent to any liability of Insurer to make any payment under this policy. Premium payments under this Policy will be allowed monthly/quarterly/half yearly or in the form of annual payments.

20. **Currency:**

The monetary limits applicable to this policy will be expressed as the currency specified in the Policy Certificate. Claims paid on a local currency will be converted to INR at the spot exchange rate on the date of payment of expenses.

21. **Addition and Deletion of a Member:**

We shall include/exclude a group member/ Employee of the Policyholder or non-employer group enrolled member or Dependent as an Insured Person under the Policy in accordance with the following procedure:

(a) Additions- Any person may be added to the Policy as an Insured Person during the Policy Period provided that the application for cover has been accepted by Us, additional premium on pro-rata basis applied on the risk coverage duration for the Insured Person has been received by Us and We have issued an endorsement confirming the addition of such person as an Insured Person.

(b) Deletions- Any Insured Person who is covered under the Policy may be deleted upon Your request during the Policy Period. Refund of premium can be made on pro-rata basis, provided that no claim is paid/ outstanding in respect of that Insured Person or his/her Dependents.

In case of refund of premium being generated on the Policy due to deletion of an Insured Person, the same will be refunded or adjusted against future premium instalments due on the Policy.

Throughout the Policy Period, the Policyholder will notify Us of all and any changes in the membership of the Policy in the same month in which the change occurs.

22. Loadings and / or exclusion:

On change of the Insured Person's risk profile or the parameters on which premium is derived the coverage under this Policy may cease, unless specifically agreed by the Company. However, in such cases, the Company may underwrite the case in line with the underwriting policy of the product.

23. Waiting Period:

All claims payable with respect to a Pre-Existing Illness or any conditions declared and/or accepted at the time of proposal / application will be subject to a Waiting Period as specified in the Policy Certificate.

24. Material change:

The Insured Person shall immediately notify the Company in writing of any material change in the risk such as change in occupation, Trip Duration, Country of Visit and Intended Destinations, correction in age, etc., at his own expense, and take such additional precautions as are required to be taken as circumstances may require to ensure safety and containing the circumstances that may give rise to a claim under this Policy. The Company may adjust the scope of cover and / or premium if necessary, accordingly. The liability of Company shall continue only if there is a written acceptance on the part of the Company through a valid endorsement.

25. Fraudulent Claims:

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits and the premium paid under this Policy shall be forfeited by the Insured Person.

The Company will have the right to reclaim all amounts and benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under the Condition for "Disclosure to Information Norm" under this Policy.

26. No constructive Notice:

Any knowledge or information of any circumstance or condition in connection with the Insured Person in possession of the Company or any official of the Company shall not be held to be a notice, or to bind or prejudicially affect the Company, notwithstanding subsequent acceptance of any premium.

27. Notice of charge:

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person or his/her nominees or the legal representative, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

In the cases of delay in payment of any claim that has been admitted as payable by the Company under this Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, the Company shall pay interest at a rate which is 2% above the bank rate where “bank rate” shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.

28. Special Provisions:

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. The special Provision shall be within the purview of Policy Terms and Conditions.

29. Changes to the terms and conditions of the policy:

We can end the policy or change any of the terms and conditions relating to the policy subject to IRDAI approval. If the policy changes because of new laws, We will write and tell the Policyholder. In all circumstances, We will give the following notice:

- I. for changes to the list of benefits, at least 90 days' notice in writing;
- II. for changes to the policy terms and conditions, or ending the plan, at least 90 days' notice in writing.
The change will take place, failing which the plan will end on the next renewal.

30. Electronic Transaction:

The Insured Person agrees to adhere to the terms and conditions 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 centres, 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.

These terms and conditions shall be within the approved Policy Terms and Conditions.

However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI (Protection of Policyholders Interests) Regulations 2017, as may be amended from time to time. All conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form, all necessary disclosures on terms, conditions and major exclusions shall be made known to the Insured Person.

31. Duties of the Insured Person on occurrence of loss:

On the occurrence of any loss, within the scope of this Policy the Insured Person shall:

- a) Forthwith inform the Company and file/submit a Claim Form in accordance with the attached 'Claim Procedure'.
- b) Allow the Company/EASP appointed Medical Practitioner, or any surveyor or agent of the Company to inspect the lost/damaged properties/premises /goods as well as examine the Insured Person, as deemed reasonably necessary by the Company/EASP.
- c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.

d) Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage (unless reasonably necessary to directly avoid or minimize the quantum of such damage or loss) before the same has been approved by the Company or any of its agents or appointed surveyor.

If the Insured Person does not comply with this provision of this Clause, all benefits under this Policy are liable to be forfeited, at the sole option of the Company.

32. Our Rights on occurrence of any loss or damage:

On the occurrence of any loss or damage have given rise to a claim under this Policy, or circumstances that may give rise to a claim, the Company or its authorized representatives or surveyors may:

- a. enter and/or take possession of the building or premises where the loss or damage has happened;
- b. take possession of or require to be delivered to it any property of the Insured Person in the premises or building at the time of the loss or damage;
- c. keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same; and,
- d. sell any such Property or dispose of the same for account of whom it may concern.

Further, the Insured Person 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/her possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist Us to ascertain in the correctness thereof or the Company's liability under the Policy.

The powers conferred by this condition shall be exercisable by the Company at any time until notice in writing is given by the Insured Person that he/she makes no claim under the Policy, or if any claim is made, until such claim is finally determined or withdrawn. The Company shall not by any act done in the exercise or purported exercise of its powers hereunder incur any liability to the Insured Person or diminish its rights to rely upon any of the conditions of this Policy in answer to any claim. If the Insured Person or any person on his/her behalf shall not comply with the Company's requirement, or shall hinder or obstruct the Company or its representatives or surveyors in the exercise of the powers hereunder, all Benefits and any amounts payable under the Policy shall be forfeited at the Company's sole option.

32. 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 a claim to the Insured Person be permitted at all reasonable times to examine into the circumstances of such loss. The Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

33. Sanctions:

Notwithstanding any provision in this Policy or otherwise, it is agreed that We shall have no liability or obligation where We reasonably believe such would violate any applicable law, regulation or order, including but not limited to, anti-corruption laws and programs imposing financial sanctions on targeted individuals, entities, or nations. The Company shall have no liability or obligation and this Policy shall, at Our election, be deemed void where any actions in furtherance of the Policy is prohibited. Furthermore, We are under no obligation to obtain licenses from any government to enable the extension of coverage in compliance with sanctions laws.

41. Condition of Average:

If any property insured under this Policy shall at the time of loss, or at the commencement of any destruction of or damage to such property by any other peril hereby insured against, be collectively of greater value than the Sum Insured available under the applicable Benefit/Section, then the Insured Person shall be considered as being his/her own insurer for the difference and shall bear a ratable proportion of the loss accordingly. Every Benefit applicable, if more than one, of the Policy shall be separately subject to this condition.

42. Indemnity:

The Company may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing. The Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. In no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage and in any event not more than the Sum Insured available under the applicable Benefit/Section.

If in any case the Company shall be unable to reinstate or repair the insured property/item, because of any law or other regulations in force affecting the insured property or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be falling due under this Policy. However, this condition shall not be applicable to Personal Accident Section of the Policy.

43. 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, and assist and cooperate in any such action of the Company. 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. However, this condition shall not be applicable to Personal Accident Section.

44. Contribution:

If at the time of the happening of any loss or damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured Person or not, then the Company shall not be liable to pay or contribute more than its ratable proportion of any loss or damage. However, this Section shall not be applicable to Personal Accident Section, and any other Benefits offered on a fixed benefit basis.

45. Multiple Policies:

In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, We shall make the claim payments independent of payments received under other similar policies.

If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any

of his/her policies. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and

46. Cancellation/ Termination of the Policy (Other than cancellation in the Free Look Period)

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

Single Trip - Any Policy / Certificate of Insurance issued under a Single Trip Policy or its extensions are non-cancellable and non-refundable after the commencement of Trip or if any Claim has been lodged under such Policy / Certificate of Insurance.

Policies where the following Coverages are opted no Premium will be refunded:

Coverage - Visa Rejection

Annual Multi Trip - Any Policy / Certificate of Insurance issued under Annual Multi Trip Policy are non-cancellable and non-refundable if any Claim has been lodged under such Policy / Certificate of Insurance.

a. In the event of Cancellation of Policy / Certificate of Insurance prior to commencement of Policy / Cover, the Company will deduct INR. 200/- (Rupees Two Hundred only) towards cancellation charges before refunding the premium amount, subject to there being no Claim made under the Policy / Certificate of Insurance.

b. If Insured Person cancels the Policy / Certificate of Insurance after Policy / Cover Start date, the refund premium shall be computed in accordance with short rate table as mentioned below.

Short rate table –

Period on Risk	% Refund Premium
Up to 1 month	3/4th of the annual rate
Up to 3 months	1/2 of the annual rate
Up to 6 months	1/4th of the annual rate
Exceeding	6 months NI

H. Grievance:

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

Our Grievance Redressal Officer - You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:

Grievance cell - In case of any grievance the insured person may contact the company through:

Website: www.universalsompo.com

Toll free: 1 - 800 - 224030 (For MTNL/BSNL Users) or 1 - 800 – 2004030

E-mail: contactus@universalsompo.com

Courier: Universal Sampo General Insurance Co. Ltd, Unit No- 601 & 602 A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus; Thane- Belapur Road, Airoli- 400708

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 grievance@universalsompo.com
For updated details of grievance officer, kindly refer the link www.universalsompo.com
Grievance may also be lodged at IRDAI Integrated Grievance Management System -
<https://igms.irda.gov.in/>

1. Consumer Affairs Department of IRDAI

- a) In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal - Integrated Grievance Management System (IGMS) by registering Your complaint at igms.irda.gov.in
- b) You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available by clicking here. You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032.
- c) You can visit the portal <http://www.policyholder.gov.in> for more details.

2. Insurance Ombudsman

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at www.generalinsurancecouncil.org.in, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.
IRDAI Integrated Grievance Management System – <https://igms.irda.gov.in/>

The contact details of the Insurance Ombudsman offices are as below

AHMEDABAD - Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06, Email: bimalokpal.ahmedabad@cioins.co.in (Jurisdiction: Gujarat, Dadra & Nagar Haveli, Daman and Diu.)

BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049, Email: bimalokpal.bengaluru@cioins.co.in (Jurisdiction: Karnataka.)

BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market Bhopal (M.P.)-462 003. Tel.: - 0755-2769201/2769202
Email: bimalokpal.bhopal@cioins.co.in (Jurisdiction: Madhya Pradesh and Chattisgarh.)

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

CHANDIGARH - Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17- D, Chandigarh-160 017. Tel.: - 0172- 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in [Jurisdiction: Punjab, Haryana (excluding Gurugram, Faridabad,

Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.]

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

DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110002. Tel.: - 011- 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in (Jurisdiction: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.)

GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, S.S. Road, Guwahati781001 (ASSAM) Tel.: - 0361- 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in (Jurisdiction: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in (Jurisdiction: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.)

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

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

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

LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in (Jurisdiction: Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.)

MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31, Email: bimalokpal.mumbai@cioins.co.in [Jurisdiction: Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).]

NOIDA - Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P - 201301. Tel.: 0120- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in (Jurisdiction: State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura,

Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

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

PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in [Jurisdiction: Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).] The updated details of Insurance Ombudsman offices are also available at the IRDAI website www.irdai.gov.in, or on the website of Council for Insurance Ombudsmen www.cioins.co.in or on the Company's website at www.universalsompo.com

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