



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

OVERSEAS TRAVEL PROTECTOR
UIN: IFFTIOIP27045V012627

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Overseas Travel Protector	
2	Policy number	_____	
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured (Basis) (Along with amount)	Sum Insured as mentioned in the Policy Schedule (Individual)	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	The following coverages change as per the selected plan, please refer your Policy Schedule for the available coverages: Section-1-Emergency Medical Coverage 1A. Medical Expenses Including OPD 1B. Medical Evacuation 1C: Transportation to the Country of Residence 1D:Balance Period of Policy + 30 days 1E:Repatriation of Mortal Remains Section-2: Hospital Daily Allowance Section 3-Dental Treatment Section 4-Personal Accident Section 5-Accidental Death (Common Carrier) Section-6-Compassionate Visit Section-7-Return of Minor Child(ren) Section-8-Trip Cancellation and Interruption Section 9-Trip Delay Section 10-Missed Flight Connection Section-11-Total Loss of Checked In Baggage Section 12-Delay of Checked In Baggage Section 13-Loss of Passport,International Driving Licence or Any other Government IDs Section 14-Loss of Baggage and Personal Belongings Section 15-Personal Liability Section 16-Hijack Distress Allowance Section 17-Financial Assistance Section 18-Bounced Booking of Airline/Hotel	Benefits Covered Under the Policy

		Section 19-Emergency Hotel Accommodation Section 20-Fire Cover (Home Building and Contents) Section 21-Burglary Cover for Home Contents Section 22-Automatic Trip Extension Section 23-Refund of Visa Fee Section 24-Adventure Sports	
6	Exclusions (what the policy does not cover)	1. For any claim relating to events occurring before the commencement of the cover (Not Applicable for Section-23). 2. For any claim if the Insured Member – a) Is travelling against the advice of a physician. b) Is receiving or on a waiting list for specified medical treatment declared in a physician's report or certificate or c) Has received terminal prognosis for a medical condition. d) Is taking part in a naval, military or air force operation. 3. For any claim arising out of illnesses or accidents that the Insured Member has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol). 4. For illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority. 5. Claims arising out of Congenital Anomaly, 6. For any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from: a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. 7. Any sporting risk in so far as they involve, the training or participation in competitions of professional or semi-professional sportsmen or women or riding or driving in any form of race or competition. 8. Any claim arising out of Insured Member's participation as a professional or semi-professional in hazardous or Adventure sports. 9. Any claim arising out of Insured Member's participation in Adventure sports as a non-professional. 10. For any claim arising from or consequent upon any Insured Member committing or attempting to commit a breach of law with criminal intent.	General Exclusions
7	Waiting period • Time period during	Not Applicable	

	which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage.																																																																																
8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	1) For life threatening conditions which falls under PED, the following sub-limits shall apply based on the Section Sum Insured on the all plans other than Senior Citizen Plans - <table><tr><td rowspan="2">Section 1 - Emergency Medical Coverage</td><td colspan="7">Section Sum Insured (USD)</td></tr><tr><td>10,00,000</td><td>7,50,000</td><td>5,00,000</td><td>2,50,000</td><td>1,00,000</td><td>50,000</td><td>25,000</td></tr><tr><td rowspan="2">PED sub limit for life threatening conditions</td><td colspan="7">Sub-limit (USD)</td></tr><tr><td>20,000</td><td>15,000</td><td>12,500</td><td>10,000</td><td>5,000</td><td>2,500</td><td>1,000</td></tr></table> 2. For life threatening conditions which fall under PED, the following sub-limits shall apply based on the Section Sum Insured on the Senior Citizen Plans – <table><tr><td>Plan Name</td><td>Senior 50</td><td>Senior 100</td><td>Super Senior 50</td></tr><tr><td rowspan="2">Section 1 - Emergency Medical Coverage</td><td colspan="3">Section Sum Insured (USD)</td></tr><tr><td>50,000</td><td>1,00,000</td><td>50,000</td></tr><tr><td rowspan="2">PED sub limit for life threatening conditions</td><td colspan="3">Sub-limit (USD)</td></tr><tr><td>2,500</td><td>3,000</td><td>1,500</td></tr></table> 3. Other Sub-limits (not applicable if without sub limits plans are chosen) <table><tr><td>Sublimits applicable on IPD Treatment & Day Care Treatment & OPD</td><td>Bronze 25, Bronze 50, Silver 50, Silver 100, Senior 50, Senior 100, Super Senior 50</td><td>Gold 250</td><td>Gold 500, Platinum 500, Platinum 750</td><td>Platinum 1000</td></tr><tr><td>Hospital Room Rent and Boarding expenses</td><td>USD 1500 Per Day up to 30 Days</td><td>USD 1750 Per Day up to 30 Days</td><td>USD 2000 Per Day up to 30 Days</td><td>USD 2500 Per Day up to 30 Days</td></tr><tr><td>Emergency Room Services</td><td>USD 1500</td><td>USD 1750</td><td>USD 2000</td><td>USD 2500</td></tr><tr><td>ICU Charges</td><td>USD 3000 Per Day up to 7 Days</td><td>USD 3250 Per Day up to 7 Days</td><td>USD 3750 Per Day up to 10 Days</td><td>USD 4000 Per Day up to 10 Days</td></tr><tr><td>Surgical Treatment Expense</td><td>USD 12500 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services</td><td>USD 13000 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services</td><td>USD 15000 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services</td><td>USD 22500 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services</td></tr><tr><td>Physician Consultation</td><td>USD 125 Per Day up to 10</td><td>USD 175 Per Day up to 10</td><td>USD 250 Per Day up to 10</td><td>USD 350 Per Day up to 10</td></tr></table>	Section 1 - Emergency Medical Coverage	Section Sum Insured (USD)							10,00,000	7,50,000	5,00,000	2,50,000	1,00,000	50,000	25,000	PED sub limit for life threatening conditions	Sub-limit (USD)							20,000	15,000	12,500	10,000	5,000	2,500	1,000	Plan Name	Senior 50	Senior 100	Super Senior 50	Section 1 - Emergency Medical Coverage	Section Sum Insured (USD)			50,000	1,00,000	50,000	PED sub limit for life threatening conditions	Sub-limit (USD)			2,500	3,000	1,500	Sublimits applicable on IPD Treatment & Day Care Treatment & OPD	Bronze 25, Bronze 50, Silver 50, Silver 100, Senior 50, Senior 100, Super Senior 50	Gold 250	Gold 500, Platinum 500, Platinum 750	Platinum 1000	Hospital Room Rent and Boarding expenses	USD 1500 Per Day up to 30 Days	USD 1750 Per Day up to 30 Days	USD 2000 Per Day up to 30 Days	USD 2500 Per Day up to 30 Days	Emergency Room Services	USD 1500	USD 1750	USD 2000	USD 2500	ICU Charges	USD 3000 Per Day up to 7 Days	USD 3250 Per Day up to 7 Days	USD 3750 Per Day up to 10 Days	USD 4000 Per Day up to 10 Days	Surgical Treatment Expense	USD 12500 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 13000 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 15000 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 22500 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	Physician Consultation	USD 125 Per Day up to 10	USD 175 Per Day up to 10	USD 250 Per Day up to 10	USD 350 Per Day up to 10	Benefits Covered under the Policy- Section 1
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		Charges	visits	visits	visits	visits
		Diagnostic Tests	Up to USD 750	Up to USD 1000	Up to USD 1500	Up to USD 2500
		Ambulance Service (Not applicable for OPD)	Up to USD 500	Up to USD 600	Up to USD 750	Up to USD 1000
		Pharmacy	Up to USD 2000	Up to USD 2000	Up to USD 2000	Up to USD 2000
		Miscellaneous Expenses	Up to USD 500	Up to USD 500	Up to USD 500	Up to USD 500
		Cases with package rates where individual line item billing are not available, the below shall be paid				
		Non Surgical	USD 13000	USD 15000	USD 17500	USD 20000
		Emergency Room Services	USD 27500	USD 30000	USD 35000	USD 45000
		Not Applicable				
		S. No.	Benefits		Deductible	
		1	Emergency Medical Coverage		100	
		2	Dental Treatment		10% of Claim amount subject to min of \$50	
		3	Trip Cancellation & Interruption		100	
		4	Trip Delay		4 Hrs	
		5	Delay of Checked-in Baggage-Benefit		4 Hrs	
		6	Hijack Distress Allowance		12 Hrs	
		7	Bounced Booking of Airline / Hotel		10% of claim amount, subject to min USD 50	
		8	Personal Liability		5% of claim amount	
		9	Emergency Hotel Accommodation		10% of claim amount, subject to min USD 50	
		10	Burglary Cover for Home Contents		5% of claim amount, subject to min Rs 5k	
		11	Automatic Trip Extension		As per applicable section	
		12	Adventure Sports		As per applicable section	

	iv. Any other limit (as applicable)	Not Applicable	
9	Claims/Claims Procedure	Turn Around Time (TAT) for claims settlement: i. TAT for preauthorization of cashless facility:_____ ii. TAT for cashless final bill authorization: _____ <i>Provide the details /web link for following:</i> i. Helpline number of the insurer 1800-103-5499 ii. Details of TPA:_____ iii. Downloading/getting claim form:_____	
10	Policy Servicing	Call center number of the insurer 1800-103-5499 Details of TPA:_____ Details of Company officials_____	
11	Grievances/Complaints	Details of - Grievance Redressal Officer of the insurer Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 E-mail: chiefgrievanceofficer@iffcotokio.co.in - Insurance company grievance portal/ Department: https://www.iffcotokio.co.in/contactus/customer-services/grievanceredressal Mail ID- support@iffcotokio.co.in Toll free Number-1800-103-5499 - Ombudsman: https://www.cioins.co.in/Ombudsman	
12	Things to remember	<u>Extension of Policy (Not Applicable for Annual Multi Trip Policy)</u> The Specific Trip policy may be extended for a period not exceeding 180 days upon receipt of your written request and payment of the applicable additional premium. Any extension, if accepted by Us would be subject to the medical condition and claim history of the Insured Member(s) and will be at Our discretion	

13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Material Information includes: i. Any change in health condition may/may not needing an active line of treatment. ii. Any change in Demographic Details	
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Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

To access your CIS, please login into your account in our website:
<https://www.iffcotokio.co.in/>

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.