CUSTOMER INFORMATION SHEET

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	REFER TO POLICY CLAUSE NUMBER
1	**Name of the Product/Policy**	TRAVEL PROTECTOR POLICY WORDING **UIN - IRDAN106P0015V01200102**	
2	**Policy Number**		
3	**Type of Insurance Product/Policy**	**Indemnity.**	
4	**Sum Insured(Basis)**	**Rs. Xxxxxx (Individual)**	
5	**Policy Coverage(What Policy Covers?) (Policy Clause Number/s)**	Policy covers ; **a)Health Cover, including Dental Treatment and Transportation of Mortal Remains or Local Burial.** **b) Total Loss of Baggage Including Delay of Baggage.** c) **Hijack Distress Allowance.** d) **Loss of Passport.** **e) Financial Emergency Assistance Cover.** **f) Personal Liability.** **g) Personal Accident.**	**Refer policy wordings scope of benefits;** **Section 1; Table- what is covered.** **Section 2: Table – what is covered.** **Section 3: Table – what is covered.** **Section 4: Table – what is covered.** **Section 5: Table – what is covered.** **Section 6: Table – what is covered.** **Section 7: Table – what is covered**

6	**Exclusions (what policy does not cover)**	Policy does not covers; A. Health Cover; i) **Travel for the purpose of treatment** ii) **Pre-existing condition, except for life saving measures** iii) **Non urgent treatment** iv) **Orthopedic, degenerative or oncologic diseases** v) **Expense in excess of customary and reasonable charges** vi) **Treatment by relatives** i) **Cosmetic treatment, rest cures, health resort** ii) **Mental or psychiatric disorders** iii) **Pregnancy cases, except for life saving measures, provided Insured Person is below 38 years of age and under 30th week of pregnancy** iv) **Artificial limbs, rehabilitation and physiotherapy.** B. **Loss of Baggage;** i. **Partial loss/damage (individual units of baggage are covered)** **ii.Loss arising from delay, detention or confiscation by customs officials or other public authorities.** **iii.Loss of valuables, money, tickets, all kind of securities, etc.** **iv.Loss of property unless Property Irregularity Report (PIR) has been obtained from the Carrier.** **C. Hijack Distress Allowance;** **i. First 12 hours of hijacking** **ii. If the Insured Person is considered as the principal or accessory in the hijacking.** **D . Loss of Passport;** ▪ **Loss of passport due to** **i. delay / confiscation / detention by customs, police or public authorities**	**Refer policy wordings scope of benefits;** **Section 1; Table- what is not covered.** **Section 2; Table- what is not covered.** **Section 3; Table- what is not covered.**

		ii. if left unattended/ forgotten in a public place or public transport, hotel or apartment iii.theft from private vehicle or private place of stay, unless forcible / violent entry involved ▪ Theft not reported to the Police within 24 hours.	Section 4; Table- what is not covered.
		E. . Financial Emergency Assistance; i. Claims reported to Insurer after 30 days of incident giving rise to a claim ii.Loss not reported to Police within 24 hours iii. Loss of money not kept in personal custody.	Section 5; Table- what is not covered.
		F. Personal Liability; i. Liability claims of relatives, family, travel companions ii. Professional liability, Employer's liability iii. Liability due to ownership of animal, vehicle, air/water craft iv.Wilful or unlawful acts, insanity, use of alcohol/drugs v. Supply of goods or services.	Section 6; Table- what is not covered.
		G. Personal Accident; • Mental disorder, pregnancy and childbirth • Connected with aircraft operation, except as a passenger • More than US $ 5000 for death claims in respect of passengers below 16 years under all Plans	
		General Exclusions: 1. For any claim relating to events occurring before the commencement of the cover. 2. For any claim if the insured person – a) Is travelling against the advice of a physician.	Section 7

			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 person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol). 4. For any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Imnuno Deficiency Virus) and / or any HIV related illness including AIDS (Acquired Imuno Deficiency Syndrome) and / or any mutant derivative or variations thereof howsoever caused. 5. 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. 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. For any claim arising out of sporting risk in so far as they involve the training or participation in competitions of professional or semi professional sportsmen or women (unless declared beforehand) and necessary additional premium paid.	**General Exclusions** **(What is not covered by the whole Policy):**

7.	**General Conditions;**	**Free look up period** a. You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so. b. If you have not made any claim during the free look period, then you shall be entitled to : I. A refund of the premium paid less any expenses incurred by us II. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us III. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges IV. You/the insured shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable (This option is available in case of policies with term of one year or more. . Renewal a. It means the terms on which the contract of insurance can be renewed on mutual consent.	**General Condition 6**

		Cancellation The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period. b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.	**General Condition 7**
		We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.	**General Condition 13**

8	**Financial Limits of Coverage** **i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)**	The policy will pay only up to the limits specified hereunder for the following; As per sum insured and plan opted. Please refer coverages and plan details.	**Point A - Special Inbuilt Benefits** **Point iv – Extensions**

	ii. Co-payment (It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured)		**Point E - Special Inbuilt Benefits**
	iii. Deductible(It is the specified amount: • **Up to which an insurance company will not pay any claim,and** • **Which will be deducted from total claim amount (if claim amount is more than specified amount)**	No Co-payment applicable.	
	iv. Cumulative Bonus.	Excess clause as per policy conditions and coverages (refer policy wordings)	
		Not Applicable	**Point F - Special Inbuilt Benefits**
9	**Claims/Claims Procedure**	a) Procedure in the event of an Accident or Illness: In the event of an accident or sudden illness, You or the insured person shall immediately contact Paramount Health Services/ Europ Assistance stating the details given on the Policy. If it is not possible to make this emergency call before consulting a physician or going to the hospital, You or the insured person shall contact the Alarm Centre as soon as possible. In either case, when being admitted as a patient, the insured person shall show the physician or personnel the Insurance Policy issued to him. Failure to do so may prejudice your claim, as Our liability will only attach in case of Medical	**CLAIM PROCEDURE AND REQUIREMENTS: CLAUSE 10 of General Conditions.**

		Expenses if these are incurred with the approval of Paramount Health Services/ Europ Assistance b) Procedure in case of Loss of Baggage or Passport: The total loss of baggage caused by a carrier has to be reported to them and a Property Irregularity Report (P.I.R.) has to be obtained. Please enclose the original Report together with the ticket(s) and baggage receipt(s) alongwith the Claim Form. The loss of passport has to be reported to the Police authority within 24 hours of discovery and an official Report has to be obtained. Please enclose the original Report with the Claim Form. Failure to do so may prejudice your claim. c) Procedure in case of Financial Emergency: The insured person shall immediately contact Paramount Health Services/ Europ Assistance stating the details given on his / her Insurance Policy along with the Police Report containing the passport number and a written statement narrating the incident of loss i.e. cause, circumstances and the place of loss. Failure to do so may prejudice your claim. d) Procedure in case of Hijacking: It is required that for any claim under hijacking, the incident should be confirmed by the Police. The Police Report should contain details such as the passport number of the insured person and the period of hijack. In rare cases, We may consider the other supporting documents such as a Report issued by the airlines, newspaper reports, TV and other media coverage with regard to the hijacking incident.	
9	**Policy Servicing**	Call Centre Number of the Insurer 1800-103-5499 Details of Company Official	
10	**Grievances/Complaints**	Details of: • Grievance Redressal Officer	**GENERAL CONDITIONS: CLAUSE 29.**

		Address-Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail ID- chiefgrievanceofficer@iffcotokio.co.in • Insurance Company Grievance Portal https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal MailID- support@iffcotokio.co.in Toll free Number-1800-103-5499 • Ombudsman https://www.cioins.co.in/Ombudsman	
11	**Your Obligation**	**Please disclose all 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. Any change in Demographic Details	**GENERAL CONDITIONS: DISCLOSURE NORM**

Declaration by Policy Holder:
I have read the above and confirm having noted the details.

Place:
Date: Signature of the Policy Holder

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

Please go through this Customer Information Sheet. In case of any query or doubt, you may contact our call center at 1800-103-5499.
In case we do not receive any communication from you within the 7 days from the date of the issuance of the policy copy, we presume that you have read the terms and conditions and are in understanding of the coverage.

LEGAL DISCLAIMER NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.