



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

TRAVEL PROTECTOR POLICY WORDING

PREAMBLE

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for the purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule, We will indemnify/ pay to You or to the insured person or his/ her legal representatives, as the case may be, in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the Policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/ or insured person have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

The Policy is based on the information which has been given to Us about the insured person pertaining to the risk insured under the Policy and the truth of this information shall be condition precedent to Your or the insured person's right to recover under this Policy.

DEFINITION OF WORDS

1. **Proposal**: It means any signed proposal by filling up the questionnaires and declarations, written statements and any information including the Medical History and Physician's Report and Certificate in addition thereto supplied to Us by You.
2. **Policy**: It means the Policy booklet, the Schedule and any applicable Endorsement or memoranda. The Policy contains details of the extent of cover available to the insured person, what is excluded from the cover and the conditions on which the Policy is issued.
3. **Schedule**: It means the latest Schedule issued by Us as part of the Policy. It provides details of the Policy, of the insured person and the level of cover the insured person has.
4. **Sum Insured**: It means the monetary amount of coverage shown against the insured person.
5. **We / Our / Us**: It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LTD.
6. **You / Your**: It means the insured person named in the Schedule.
7. **Insured Person**: It means the person proposed for insurance coverage with Us by You for whom the appropriate premium has been paid, on the condition that the permanent place of residence of this insured person is in Republic of India.
8. **Loss**: It means loss or damage
9. **Injury**: It means accidental physical bodily harm excluding illness or disease, solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
10. **Disease**: It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the period of insurance and which requires treatment by a medical practitioner.

11. **Hospital:** It 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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- I. has at least 10(ten) in-patient beds, in those towns having a population of less than 10,00,000 (ten lakhs) and at least 15(fifteen) inpatient beds in all other places;
 - II. has qualified nursing staff under its employment round the clock;
 - 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 will make these accessible to our authorized personnel.
12. **Air Travel:** It means that the insured person is in or boarding an aircraft for the purpose of flying therein or alighting therefrom following a flight.
13. **Hijack:** It means that there is any unlawful seizure or exercise of control by force or violence or threat of force or violence and with wrongful intent of an air or sea common carrier.
14. **Relative / Relation:** It means the insured person's legal spouse, parent, parent-in-law, grandparent, grandparent-in-law, child, brother, sister, brother or sister-in-law, niece or nephew.
15. **Trip:** It means pre-booked and pre-planned travel out of and back to the Republic of India.
16. **Treatment:** It means the surgical or medical procedures, the sole purpose of which is the cure or relief from acute pain or distress for disease/ illness / injury first manifested / occurring during the period of insurance.
17. **Pre-Existing Condition:** It means the chronic illnesses and consequences of such illnesses existing or known at the commencement of the stay abroad, even if they had not been treated, or for illnesses treated or for which medical advice have been sought in the last six months before commencement of the stay abroad including their consequences.
18. **Valuables:** It means photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewellery, furs and articles made of precious stones and metals.
19. **Checked Baggage:** It means the baggage handed over by the insured person and accepted by the carrier (airline, coach operator, ferry company) for transportation in the same carrier in which the insured person is going to travel and for which the carrier has issued a baggage receipt.
20. **Money:** It means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, postal orders, current postage stamps that are not part of a collection and luncheon voucher.
21. **Physician:** It means a person legally qualified to practice in medicine or surgery duly licensed by his respective jurisdiction provided that this person is not a member of Your family or that of the insured person.
22. **A) Paramount:** It means Paramount Healthcare Management Pvt. Ltd. , 401-402 Sumer Plaza, Marol Maroshi Road, Marol, Andheri East Mumbai 400059
B) Europ Assistance: It means Europ Assistance India Pvt. Ltd., Star Hub Building No. 2, 7th Floor, Near ITC Maratha Hotel, Sahar, Andheri East, Mumbai- 400059
(Note: TPA applicable as mentioned in the Policy Schedule)
23. **Insured Event:** It means the medically imperative curative treatment of an insured person for an illness or the consequences of an accident. The insured event begins with the commencement of the curative treatment and ends when on the strength of medical findings, there is no longer any need for treatment. If the curative treatment needs to be extended to an illness or the consequence of an accident that is not causally related to the already treated one, a new insured event shall be deemed to have occurred. The insured event is also deemed to include necessary transportation home (repatriation) for the purposes of the aforementioned medically necessary treatment.
24. **Finalisation of the insurance contract:** It means that:
- a. The Insurance Policy must be concluded prior to the trip abroad by means of the Proposal Form provided for this purpose. Insurance policies that are taken after the commencement of the trip are deemed to be invalid.
 - b. The Insurance Policy comes into effect when the Insurance Policy Schedule is issued, which will be done only on acceptance of the Proposal by Us and payment of the full premium by You.

- 26. Period of Insurance:** This is valid from the commencement to the end of the insurance cover and this duration is shown on the Schedule of the Policy:
- (a) **Commencement of the Insurance Cover:** The Insurance Cover begins on the day specified in the Policy Schedule, but not before the finalisation of the insurance contract and not before the international border is crossed to go abroad.
- (b) **End of the Insurance Cover:** The Insurance Cover terminates (i) with the end of the insurance period or (ii) with the end of the period abroad, whichever is earlier. The period abroad shall be deemed to end when the insured person crosses the international border into the country whose nationality he / she possesses or in which he / she has a main place of residence. However, in case of transportation home on the advice of the Medical Assistance Teams of Paramount Health Services/ Europ Assistance, the coverage for treatment will be as provided in Section 1 under Item 3 of "What is Covered" i.e. the balance period plus 30 days.
- (c) **Automatic Extension of Period of Insurance**
- (i) The period of insurance is automatically extended for the period not exceeding 7(seven) days, and without any extra charge, if necessitated by the delay of public transport services beyond the control of the insured person for which he/ she is not able to commence the return journey.
- (ii) Further, if an injury/ illness/ accident covered under the Policy is contracted during the Insurance Period and continues beyond the expiry date of this Policy which necessitates curative treatment beyond the end of Insurance Period, Our liability to pay benefits within the scope of this Policy shall extend for a further 30 days in case of the Specified Trip Policy and 60 days in case of the Annual Cover in so far as it can be proved that transportation home is not possible. If any new illness/ injury is proved to have been contracted beyond the expiry date of the Policy, treatment for the same would not be covered.
- 27. Reasonable and Customary charges:** It 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 .
- 28. Insurance Period:** It means the period for which the premium is paid and it will be the same as the Period of Insurance in case of the Specified Trip Policy and in case of the Annual Cover it will be the maximum days specified per trip.
- 29. Contribution:** It means essentially our right to call upon other insurers, liable to the same insured person, to share the cost of an indemnity claim on a rateable proportion of Sum Insured.
- 30. Dental Treatment :** It means treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- 31. Hospitalisation:** It means admission in a Hospital for Inpatient Care for consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24(twenty four) consecutive hours.
- 32. Medical Expenses:** It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of 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.
- 33. Medically Necessary:** Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- I. is required for the medical management of the illness or injury suffered by the insured person;
 - II. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - III. must have been prescribed by a medical practitioner
 - IV. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

SCOPE OF BENEFITS

SECTION 1 – HEALTH COVER



| WHAT IS COVERED | WHAT IS NOT COVERED |
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| <p>If the insured person falls ill or contracts any disease or sustains an accident whilst abroad during the Period of Insurance, then We will reimburse the following costs:</p> <p>1. Medical Expenses: Costs incurred for medically necessary treatment during a temporary stay abroad less the deductible stated in the Schedule. Within the meaning of these coverages, treatment is deemed to include only the following :</p> <ol style="list-style-type: none"> Out patient treatment. In patient treatment in a local hospital at the place the insured person is staying or at the nearest suitable hospital. Medical aid that is necessary as part of the treatment for broken limbs or injuries (e.g. plaster casts, bandages and walking aids) prescribed by a physician. Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a physician. X-Ray, Diagnostic tests. Cost of transportation including necessary medical care enroute by recognized emergency services for medical attention at the nearest hospital or from the nearest available physician. Cost of being transferred to a special clinic if this is medically necessary and prescribed by a Physician. Life saving unforeseen emergency measures or measures solely designed to relieve acute pain provided to the insured person by medical assistance for disease / accident including their consequences arising out of a pre-existing condition. This coverage is specifically subject to General Exclusions (2) of this Policy and will not include "Transportation" described in Item 3 of "What Is Covered" of Section 1 of the Health Cover of this Policy. <p>2. Dental treatment: In principle for only acute anaesthetic treatment of a natural tooth or teeth upto the maximum limit shown in the Schedule. However dental treatment rendered necessary as a result of a covered accident shall be up to the maximum limit of medical expenses and deductible shown in the Schedule.</p> <p>3. Transportation:</p> <ol style="list-style-type: none"> Extra costs of medically necessary and prescribed transportation from the foreign country to the insured person's permanent country of residence provided that - <ol style="list-style-type: none"> Extra costs in the event of transportation home are the additional costs arising for the return journey home as a consequence of the insured event. | <p>We will not pay:</p> <ol style="list-style-type: none"> For deductible mentioned in the Schedule except in case of Hospital Daily Allowance. For treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad. Medical expenses / services, the need for which arises out of a pre-existing condition. For a treatment which could reasonably be delayed until the insured person's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating physicians and Paramount Health Services/Europ Assistance Medical Team. For treatment of orthopedic, degenerative or oncologic diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain. For charges in excess of reasonable and customary charges. For any costs incurred in connection with cancer treatment, unless the medical assistance provided abroad involves unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain. For treatments relating to the removal of physical flaws or anomalies (cosmetic treatment). For any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution. For any costs related to mental or psychiatric disorders. For pregnancy, childbirth and their consequences. In the event of acute complications in the course of pregnancy however, We will indemnify within the scope of the Policy, medical measures to directly avert danger to the life of the mother and / or child, on the condition that the pregnant woman has not reached the age of 38 and the 30th week of the pregnancy is not yet completed. For medical treatment of typical complaints suffered during pregnancy and their consequences, including changes in the chronic conditions as a result of pregnancy For check ups during pregnancy or treatment of the pregnancy. For treatment by relatives. For rehabilitation and physiotherapy or the costs of prostheses (artificial limbs etc.) For any other costs not listed as indemnifiable under "What is Covered". For any claim in respect of Hospital Daily Allowance for the first 48 hours |

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| <p>ii) If the insured person is transportable from a medical point of view, it is the decision of Paramount Health Services/ Europ Assistance whether the insured person is repatriated to India or not.</p> <p>(b) Additional extra costs for an accompanying person, if it is medically necessary or officially required that the insured person be accompanied in this way.</p> <p>(c) In the event of the death of the insured person due to illness/ injuries covered on the trip abroad, extra costs of transporting the mortal remains of the deceased back home or up to an equivalent amount for a local burial or cremation in the country where the death occurred up to the limit stipulated in the Schedule.</p> <p>3. Balance Period of Policy + 30 days: If Paramount Health Services/ Europ Assistance advises that the continued treatment in the Republic of India is appropriate, then We will pay the medical expenses incurred in India for the same illness/ bodily injury contracted abroad following the transportation home at the usual customary level, for treatment received within the Insurance Period or for a maximum of 30 days beyond the Insurance Period provided the disease/ injury/ illness is contracted within the Insurance Period.</p> <p>4. Hospital Daily Allowance: In the event of the insured person being hospitalised for a period of more than 48 hours and also if We have accepted a liability under the Medical Expenses cover aforementioned, then We will pay You / insured person US \$ 30 for each day the insured person stays in a hospital subject to the maximum limit as mentioned in the Schedule.</p> | |
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SECTION 2 – TOTAL LOSS OF BAGGAGE INCLUDING DELAY OF BAGGAGE

| WHAT IS COVERED | WHAT IS NOT COVERED |
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| <p>We will reimburse for total loss of baggage caused by a carrier (i.e. airline, coach operator, ferry company etc.) up to the limits stipulated in the Schedule provided that:</p> <ol style="list-style-type: none"> 1. The amount payable in respect of any one article, pair or set is limited to the amount stated in the Schedule. 2. You made a report to the Police within 24 hours after You become aware of the loss. 3. You provide all the Reports concerning the loss to Paramount Health Services/ Europ Assistance. 4. We will pay the benefit on Market Value. Market Value is the sum required to purchase new items of the same kind and quality less a figure representing the condition of the articles insured (age, wear, usage etc.) <p><u>Additional Benefits: (Delay of Baggage)</u> We will pay up to the limit of cover shown in the</p> | <p>We will not pay –</p> <ol style="list-style-type: none"> 1. For valuables and money as defined, all kinds of securities and tickets. The valuables should at all times be carried on the insured person. 2. For loss of property unless the Property Irregularity Report has been obtained from the carrier after the discovery of loss by the insured person. 3. For any partial loss. However loss of individual units of baggage will be considered as a total loss. 4. For items valued in excess of US \$ 100 without proof of ownership. 5. For losses arising from any delay, detention, confiscation or distribution by custom s officials or other public authorities. |

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| <p>Schedule for costs of necessary emergency purchases of essential items in the event of the insured person suffering a temporary loss of his / her baggage while being transported during the journey provided that:</p> <ol style="list-style-type: none"> The delay of baggage is more than 12 hours from the scheduled arrival time at the destination and relates to delivery of baggage that has been checked in by the carrier. You give Us written proof of delay from the carrier. You give Us the receipts of the essential personal items You buy. Any claim under this additional benefit will be offset against any claim payable under Total Loss of Baggage. | |
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SECTION 3 HIJACK DISTRESS ALLOWANCE

| WHAT IS COVERED | WHAT IS NOT COVERED |
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| <p>In the event of air or sea common carrier in which You or the insured person is travelling is hijacked on the trip abroad during the Period of Insurance for more than 12 hours, and the journey is interrupted, then We will pay US \$ 125 for each day to each insured person up to the maximum limit mentioned in the Schedule.</p> | <p>We will not pay for:</p> <ol style="list-style-type: none"> First 12 hours of hijacking More than US \$ 875 in respect of one insured person during the Period of Insurance. Any claim where the insured person is considered as the principal or accessory in the hijacking. Any claim as a consequence of change in the direction of the route of the carrier due to traffic, weather, fuel shortage, technical snag or security reasons. |



SECTION 4. LOSS OF PASSPORT

| WHAT IS COVERED | WHAT IS NOT COVERED |
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| <p>In the event that the passport belonging to the insured person is lost, We will pay up to the limit stipulated in the Policy Schedule for the reimbursement of actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport.</p> | <p>We will not pay for:</p> <ol style="list-style-type: none"> Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities. Loss of the passport due to theft unless it has been reported to the Police within 24 hours of You or the insured person becoming aware of the theft and a written Police Report obtained. Loss of the passport due to it being left unattended or forgotten by You or the insured person in a public place or public transport, hotel or apartment. Loss or theft of the passport from a private place or from a private vehicle unless it was located in a locked hotel room or apartment and forcible and violent entry was used to gain access to it. |

SECTION 5. FINANCIAL EMERGENCY ASSISTANCE COVER.



| WHAT IS COVERED | WHAT IS NOT COVERED |
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| In the event of the insured person getting into a financial emergency due to theft, pilferage, robbery, dacoity of his travel funds, We will pay up to the amount stipulated in the Schedule. | <p>We will not pay for:</p> <ul style="list-style-type: none">i. Any claim reported in excess of 30 days after the occurrence of the incident, giving rise to a claim.ii. Any loss or shortage due to currency fluctuation, errors, omission, exchange loss or depreciation in value.iii. Any loss not reported to the Police having jurisdiction at the place of loss within 24 hours of the incident and a written Report obtained.iv. Any claim in respect of loss of travellers' cheques not immediately reported to the local branches or agents of the issuing authority.v. Loss of money not kept in the personal custody of the insured person. |

SECTION 6. PERSONAL LIABILITY



| WHAT IS COVERED | WHAT IS NOT COVERED |
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| <p>In the event the insured person becomes legally liable to a third party under statutory liability provisions in private law for an incident which results in death, injury or damage to the health of a person or damage to his/ her properties, We will pay up to the limit stipulated in the Schedule provided that the incident takes place on a trip abroad during the Period of Insurance.</p> | <p>We will not pay for:</p> <ul style="list-style-type: none"> I. Any claim up to the deductible stated in the Schedule. The deductible will apply to each insured event and shall be borne by the insured person. II. Any claim arising from employer's liability or contractual liability or through special promises made by the insured person. III. Any claim of personal liability of the insured person towards his/ her family, relations and travelling companions, whether personal or official. IV. Any claim resulting from transmission of an illness or disease by the insured person. V. Any claim or damage resulting from professional activities by the insured person. VI. Any claim for liability arising directly or indirectly from or due to: <ul style="list-style-type: none"> a) As a keeper or owner of animals. b) Ownership, possession of vehicles, aircrafts, watercrafts, or activities of the insured person in parachuting, hang-gliding, hot air ballooning or use of firearms. c) Any willful, malicious or unlawful act. d) Insanity, the use of any alcohol/ drugs (except as medically prescribed) or drug addiction. e) Any supply of goods or services. f) Any ownership or occupation of land or buildings other than the occupation only of any temporary residence. |

Limit of Liability:

Our liability for this Section shall be limited to the maximum per insured trip equal to the Sum Insured mentioned in the Schedule.

SPECIAL CONDITIONS:

1. Our liability comprises checking the question of personal liability, contesting unjustified claims and providing indemnity for damages which You or the insured person has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by Us or under a judicial decision.
2. If there is a legal action with the claimant or his/ her heirs or assignees over a personal liability claim, We may conduct the legal action at Our expenses in the name of the insured person and You or the insured person will allow us to do so.
3. If an event insured against occurs which may result in a personal liability claim falling within the cover provided and if there are criminal proceedings relating to this event and if in these proceedings, We wish to appoint a defence counsel for You or the insured person or approve such an appointment, We will pay the costs of this counsel.
4. If We wish to settle a personal liability claim by accepting liability or making an out of court settlement and cannot do so due to resistance by the insured person, We shall not be liable to pay the extra expenditure incurred from the date of refusal in respect of main sum, interest and cost.

SECTION 7: PERSONAL ACCIDENT



DEFINITIONS

1. **Insured Person**
It shall mean You, Your partners, directors or Your employees aged between 18 (eighteen) years and 70 (seventy) years permanently working with You and named in the Schedule relating to this Section.
2. **Injury**
It means accidental physical bodily harm excluding illness or disease, solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
3. **Loss of limb(s)**
It shall mean physical separation of one or more hands or feet or permanent and total loss of use of one or more hands or feet.
4. **Physical separation:**
It shall mean separation of the hand at or above the wrist and/or of the foot at or above the ankle respectively.
5. **Permanent Total Disablement:**
The bodily injury which as its direct consequence immediately or in foreseeable future will entirely prevent the Insured Person from engaging in any kind of occupation, profession or business for which the Insured Person is reasonably qualified by education, training or experience.
6. **Temporary Total Disablement**
The bodily injury which as its direct consequence will prevent the Insured Person from engaging in all types of occupation or any employment whatsoever for a period not exceeding 104(one hundred and four) weeks from the date of injury to the time the Insured Person is fit enough to resume duty or engage in any kind of occupation as certified by Medical Practitioner.
7. **Accident**
It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
8. **Medical Practitioner**
A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
9. **Notification of Claim**
It means the process of notifying a claim to us by specifying the timelines as well as the address / telephone number to which it should be notified.

| WHAT IS COVERED | WHAT IS NOT COVERED |
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| <p>If the insured person meets with an accident on a trip abroad which leads to death or subsequent disablement of the insured person, We will provide insurance services to the insured person in the following way:</p> <ol style="list-style-type: none"> 1. <u>Death of insured person:</u> If following an accident that causes death of the insured person within one year from the date of accident, We will pay to the legal heirs of the insured person the Sum Insured mentioned in the Schedule. 2. <u>Permanent disablement of the insured person:</u> If following an accident which causes permanent impairment of the insured person's | <p>We will not pay for:</p> <ol style="list-style-type: none"> 1. Accidents due to mental disorders or disturbances of consciousness, strokes, fits which affect the entire body and pathological disturbances caused by the mental reaction. 2. Damage to health caused by curative measures, radiation, infection and poisoning except where these arise from an accident. 3. Any payment under this Section during any one Period of Insurance by which Our liability in that period would exceed the sum payable in the event of death. 4. More than US \$ 5000 in respect of death if the insured person is below the age of 16 years at the time of effecting this insurance. |

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| <p>mental or physical capabilities, We will pay the following benefits depending upon the degree of disablement as provided in the Table of Benefits provided that:</p> <p>a) The disablement must occur within a year of the accident</p> <p>b) The disablement must be confirmed and claimed for prior to the expiry of a further period of 3 months</p> | <p>5. Any other claim after a claim for death has been admitted and becomes payable.</p> <p>6. Any claim which arises out of an accident where the cause has to do with the operation of an aircraft or which occurs during parachuting except when the insured person is flying as a passenger on a multi engine aircraft.</p> <p>7. Any claim arising out of an accident relating to pregnancy or childbirth, venereal disease or infirmity.</p> |
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| TABLE OF BENEFITS | PERCENTAGE OF SUM INSURED MENTIONED IN THE SCHEDULE |
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| 1. Death | 100 |
| 2. Loss or Inability to function of | |
| a) An arm at the shoulder joint | 70 |
| b) An arm to a point above the elbow joint | 65 |
| c) An arm below the elbow joint | 60 |
| d) A hand at the wrist | 55 |
| e) A thumb | 20 |
| f) An index finger | 10 |
| g) Any other finger | 5 |
| h) A leg above the center of the femur | 70 |
| i) A leg up to a point below the femur | 65 |
| j) A leg to a point below the knee | 50 |
| k) A leg up to the center of the tibia | 45 |
| l) A foot at the ankle | 40 |
| m) A big toe | 5 |
| n) Some other toe | 2 |
| o) An eye | 50 |
| p) Hearing in one ear | 30 |
| q) Sense of smell | 10 |
| r) Sense of taste | 5 |

SPECIAL CONDITIONS APPLYING TO THE PERSONAL ACCIDENT SECTION

- In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the Table of Benefits will be considered by the Medical Team of Paramount Health Services/ Europ Assistance.
- If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but not exceeding 100% of the Sum Insured stated in the Schedule.
- If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in such a case will be how far normal physical or mental capabilities are impaired, solely from a medical point of view as ascertained by Paramount Health Services/ Europ Assistance.
- If the accident affects any physical or mental function, which was already impaired beforehand, a deduction will be made equal in amount to this prior disablement.
- If the insured person dies for a reason unconnected with the accident within a year of the accident or for whatever reasons after more than a year from the accident, and if a claim for disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have been expected to exist from the findings of the last medical examination made.
- In the event of permanent disablement, the insured person will be under obligation:
 - To have himself / herself examined by doctors appointed by Us or on Our behalf and We will pay the costs involved thereof.
 - To authorize doctors providing treatments or giving expert opinion, other insurers and any other authority to supply Us any information that may be required. If the obligations are not met with due to whatsoever reasons, We may be relieved of Our liability to pay.
- In the event of permanent disablement, a disablement payment cannot be claimed prior to completion of the healing process or within one year of occurrence of the accident, whichever is earlier.

GENERAL EXCLUSIONS (WHAT IS NOT COVERED BY THE WHOLE POLICY):

We will not pay:

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.
 - 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 Immuno Deficiency Virus) and / or any HIV related illness including AIDS (Acquired Immuno 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 CONDITIONS (APPLICABLE TO THE WHOLE POLICY)

1. **Reasonable Precautions** You / insured person shall take all reasonable precautions to prevent injury, illness, disease and damage in order to minimize claims. Failure to do so will prejudice the insured person's claim under this Policy.
2. **Validity:** The Policy will be valid only if the insured person commences the journey within 14 days of the first day of insurance as indicated in the Policy Schedule.
3. **Misdescription** The Policy shall be void and all premium paid by You to Us will be forfeited in the event of a misrepresentation or concealment of any material information.
4. **Changes in Circumstances** You must inform Us, as soon as reasonably possible of any change in information You have provided to Us about the insured person which may affect the insurance cover provided.
5. **Disclosure to information norm:**
 - a. This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact
6. **Free Lookup 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
7. **Renewal:**
- a. It means the terms on which the contract of insurance can be renewed on mutual consent.

8. **Claim 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 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. **Claims Settlement**

- a. **Direct Payment:** If the procedure stated under 5(a) above is complied with, Paramount Health Services/ Europ Assistance will give a benefit guarantee to the provider for the costs of hospitalisation, transportation by emergency services, transportation home for insured person and any covered accompanying person, transportation of the mortal remains and local burial listed under Section I (What Is Covered) and also in case of claims arising out of Financial Emergency listed under Section 5 and Personal Liability listed under Section 6 of the Policy. These costs will be settled directly by Paramount Health Services/ Europ Assistance on Our behalf and for Our account. You shall release physicians and providers contacted by Paramount Health Services/ Europ Assistance from their duty not to disclose information about the insured person's case.
- b. **Reimbursement:**
 - (i) If the procedures stated under 5 (a) above are not complied with, the reasons for this shall have to be given to Us by You. After examining the facts and establishing liability to pay indemnification, Paramount Health Services/ Europ Assistance will reimburse You for the costs listed under 6(a) above on Our behalf and for Our account.
 - (ii) Besides the above, if both You / insured person and Paramount Health Services/ Europ Assistance agree that even though the procedure under 5 (a) is complied with, the claim

- should be settled on a reimbursement basis by Paramount Health Services/ Europ Assistance, then it will be done so accordingly.
- (iii) The claim will also be settled on reimbursement basis by Paramount Health Services/ Europ Assistance for costs incurred for pharmaceuticals, other out patient treatment and hospital daily allowance benefit under Section 1.
- (iv) Further, the claims for benefits listed under other Sections i.e. Sections 2,3,4 and 7 will also be settled by Paramount Health Services/ Europ Assistance.

We shall only be liable to pay indemnification or benefit if, besides proof of insurance cover, the documentary proof required under Items (i) to (vii) below is provided to Us.

Bills and vouchers in support of any claim shall become Our property.

- i) The original bills and vouchers must be submitted.
- ii) Bills/ vouchers/ reports/ discharge summary must contain the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed, the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed.
- iii) A claim for reimbursement of the costs of transporting home mortal remains or the costs of burial abroad must be substantiated by an official death certificate and a physician's statement giving the cause of death. A claim for reimbursement of the costs of transportation home must be substantiated by the submission of the bill/ voucher and a medical statement indicating the illness. The medical statement should certify the medical necessity of the transportation. Medical statements from relations or spouses will not be accepted.
- iv. 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, period of hijacking. In rare cases, We may consider other supporting documents such as Report issued by the airlines, newspaper reports, TV and other media coverage with regard to the hijacking incident.
- v. It is provided that for any claim under Loss of Passport, the basis of settlement will be the cost of replacing the passport inclusive of the application money, fees, stamps, cost of a professional accountant, solicitor and other incidental costs but excluding any transportation cost and time delay which are necessary for the purpose of getting the duplicate or fresh passport.
- vi. A claim under Hospital Daily Allowance is payable only in respect of insured person(s) between the ages of 21 – 60 years provided that they are earning which should be proved by a salary / income certificate of the insured person.
- vii. If Paramount Health Services/ Europ Assistance requests that bills / vouchers in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by the insured person / You.
 - (a) Reimbursement of all claims by Paramount Health Services/ Europ Assistance will be in Indian Rupees at the exchange rate applicable on the date the amount is billed. If, however, it can be proved that the necessary foreign currency to pay the bill was obtained at a less favourable rate, this will be taken as the applicable exchange rate.
 - (b) The cost of the translations that have to be made by Paramount Health Services/ Europ Assistance will be deducted from the insurance claim.

10. Obligations:

- I. Claims for insurance benefits must be submitted to Paramount Health Services/ Europ Assistance not later than one month after the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains / burial.
- II. You or the insured person shall provide Paramount Health Services/ Europ Assistance on demand any information that is required to determine the occurrence of the insured event or our liability to pay the

- benefits. In particular, at the request of Paramount Health Services/ Europ Assistance, proof shall be furnished of the actual commencement date of the trip abroad.
- III. If requested to do so by Paramount Health Services/ Europ Assistance, You or the insured person shall authorize Paramount Health Services/ Europ Assistance to obtain all the information considered necessary from third parties (physicians, dentists, alternative practitioners, medical institutions of any kind, insurance companies, health or pension offices) and release these parties from their obligation not to disclose information.
 - IV. If requested to do so by Paramount Health Services/ Europ Assistance, the insured person is obliged to undergo a medical examination by a physician designated by Paramount Health Services/ Europ Assistance.
 - V. Paramount Health Services/ Europ Assistance is authorised by You to take all measures that are suitable for loss prevention and claim minimisation which includes the insured person's transportation back home with simultaneous consideration of the insured person's interests.
 - VI. We shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached.

11. **Transfer and Set- off of Claims:**

- a) If You or the insured person have claims for damages of a non-insurance nature against third parties, such claims shall be transferred in writing to Us up to the amount for which the reimbursement of costs is made by Us in accordance with the insurance contract. If You or the insured person surrender such a claim or any right serving to secure such a claim without Our consent, then We are released from Our obligation to provide indemnification in so far the insured person could have attained a recovery from the claim or right.
- b) In so far as an insured person receives compensation for costs he / she has incurred either from third parties liable for damages or as a result of other legal circumstances, We are entitled to set off this compensation against the insurance benefits payable.
- c) Claims to the insurance benefits may be neither pledged nor transferred by the insured person.

12. **Fraud:** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without your knowledge or that of insured person, all benefit(s) under this Policy shall be forfeited.

13. **Cancellation:** We may cancel this Policy by sending 15 (fifteen) days notice in writing by recorded delivery to You at Your last known address. You will then be entitled to a pro-rata refund of premium for the un-expired period of this Policy from the date of cancellation, which We are liable to pay on demand.

You may cancel this Policy by sending 15 days written notice to Us. We will then allow a refund after retaining the premium based on following short period table.

| Period of Cover upto | Annual Premium Rate (%) |
|----------------------|-------------------------|
| 15 days | 10% |
| 1 months | 15% |
| 2 months | 30% |
| 3 months | 40% |
| 4 months | 50% |
| 5 months | 60% |
| 6 months | 70% |
| 7 months | 75% |
| 8 months | 80% |
| 9 months | 85% |



This refund of premium is subject to the condition that no claim has been preferred on Us

14. We will not be bound to take notice or be affected by any notice of any trust, charge, licence, assignment or other dealings with or relating to this Policy. Your receipt or the receipt of the Insured person shall in all cases be an effective discharge for Us.
15. **Arbitration** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.
16. No sum payable under this Policy shall carry any interest / penalty.
17. **Contribution:** If, when any claim arises, there is any other insurance covering the same matter (property, interest, liability, cost), we will pay only our rateable proportion. This Condition does not apply to Section 7 (Personal Accident).
18. **Geographical Scope:** The insurance cover applies in the foreign countries stated in the Policy Schedule, except for those countries the citizenships of which the insured person possesses or where the insured person has a permanent place of residence.
19. **Dispute Resolution Procedure:** This contract of insurance includes the following dispute resolution procedure, which is exclusive and a material part of this contract of insurance.
 - a. **Nature of Coverage:** This Policy is not a general health insurance policy. Coverage under the Medical Expenses Section of this insurance is intended for use by the insured person in the event of a sudden and unexpected sickness or accident arising when the insured person is outside the Republic of India on a trip abroad.
 - b. **Choice of Law:** The parties to this Insurance Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy.
20. In the event of the insured person's death, We or Our representatives shall have the right to carry out a post mortem at Our expense.
21. Any claim which has not been conclusively proven or the amount thereof clearly substantiated, shall not be payable.
22. No person shall admit liability or make any offer or promise of payment without Our written consent.
23. This insurance does not operate beyond a period of 125 days of continuous absence of the insured person from the Republic of India unless specifically agreed to by Us.
24. **Withdrawal & Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.


25. **Payment of premium:** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.
26. **Protection of Policy Holder's Interest:** in the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.
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For quick access to policy services, claim intimation and settlement kindly download our Customer App on your mobile from -





 <https://play.google.com/store/apps/details?id=com.iffcotokio.CustomerApp> or
 <https://apps.apple.com/in/app/iffco-tokio-customer/id1346469176#?platform=iphone>

or

Call our toll free number -

 1800-103-5499

You can also follow us on our Social Media pages for regular updates on our new services or features -

 <https://www.facebook.com/iffcotokio>
 <https://www.linkedin.com/company/iffco--tokio-general-insurance-co--ltd-/>
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 <https://www.instagram.com/iffcotokioofficial/>