



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

GROUP OVERSEAS TRAVEL PROTECTOR

UIN: IFFTGOP26043V012526

Policy Wording

PREAMBLE

IFFCO-TOKIO General Insurance Company Limited (herein called "We") and the Master Policyholder (as named in the Policy Schedule, herein called "You") agree that We will indemnify or otherwise compensate the Insured member(s), in accordance with, and subject to the terms and conditions of this Policy, and in consideration of the payment of premium to Us. The Proposal Form by or on behalf of the Insured member(s) shall be the basis of the contract.

The Schedule/ Certificate of Insurance shall form part of this Policy and for purposes policy wording and schedule/ Certificate of Insurance shall be read together.

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

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

DEFINITIONS

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Adventure Sports** means any sport or activity, which is potentially dangerous to the Insured Member whether he is trained or not. Such sport/activity includes (but not limited to) stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighbing/ 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, animal 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 racing, motor rallying, parachuting, paragliding/ parapenting, para-jumping, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, deep-sea diving, river rafting, 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 or wrestling of any type.
3. **Age:** It means age of the Insured Member on last birthday as on date of commencement of the Policy.
4. **Air Travel** shall mean travel by an airline/ aircraft, licensed by the competent authority for carriage of passengers.

5. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy in the Indian context.
6. **Any One Illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
7. **Assistance Service Provider** means such person or persons/ entity as may be appointed by the Company from time to time to provide assistance to the Insured Member in terms of this Policy.
8. **Baggage and Personal Effects** shall mean luggage and personal possessions, whether belonging to and/ or in the lawful custody of the Insured Member during the Trip.
9. **Burglary** shall mean any theft following upon actual, forcible and violent entry of and/ or exit from the Premises of the Insured Member with intent to commit a felony and includes housebreaking.
10. **Checked In Baggage:** It means the baggage handed over by the Insured Member and accepted by the carrier (airline, coach operator, ferry company) for transportation in the same carrier in which the Insured Member is going to travel and for which the carrier has issued a baggage receipt.
11. **Common Carrier** shall mean any commercial public airline, railway, bus transport, or water borne vessel (which shall include ocean going and/ or coastal vessels and/ or vessels engaged for official or personal purposes), operating under license issued by the appropriate authority for transportation of passengers and/ or cargo.
12. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
13. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly:** Anomaly which is not in the visible and accessible parts of the body
 - b. **External Congenital Anomaly:** Anomaly which is in the visible and accessible parts of the body.
14. **Country of Residence** shall mean Republic of India.
15. **Daycare 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 a fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. Maintains daily records of patients and shall make these accessible to Our authorized personnel.

16. **Day Care Treatment** means medical treatment, and/or surgical procedure which:
- I. Is undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 (twenty-four) hrs. because of technological advancement, and
 - II. Which would have otherwise required a hospitalization of more than 24 (twenty four) hours.

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

17. **Deductible**- It is a cost-sharing requirement of the policy that provides that the Insurer will not be liable for a specified amount or for a specified number of days/ hours which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.
18. **Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
19. **Dental Practitioner** shall mean a person legally qualified to practice in dental medicine or surgery duly licensed by his respective jurisdiction provided that this person is not a member of family of the Insured Member.
20. **Dependent Child** - A dependent child refers to a child (natural or legally adopted), who is financially dependent on the primary Insured Member and does not have his/her independent sources of income.
21. **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. **Hijack** shall mean any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of Common Carrier in which the Insured Member is travelling.
23. **Hospital/ Nursing Home** means any institution that is generally recognised as a hospital in the foreign country concerned and it is established for indoor care and treatment of sickness or injuries and is under the constant direction of a Physician. Further this institution has sufficient diagnostic and therapeutic facilities at its disposal and restricts the treatment it provides to methods scientifically recognized and clinically tested in that country.
24. **Hospitalization** means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.
25. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- i. **Acute Condition** means a disease, illness or injury that is likely to response 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** means a disease, illness, or injury that has one or more of the following characteristics:
- a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests.
 - b) It needs ongoing or long-term control or relief of symptoms.
 - c) It requires rehabilitation for the patient or for the patient to be special trained to cope with it.
 - d) It continues indefinitely.
 - e) It recurs or is likely to recur.
26. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
27. **Inpatient Care** means treatment for which the Insured Member has to stay in a hospital for more than 24 (twenty four) hours for a covered event.
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. **Immediate family member** shall mean member of the Insured Member's immediate family i.e the Insured Member's spouse, child, parents, in-laws who reside in the same country as the Insured Member.
30. **Insured Member means** the Person(s) named as Insured Member(s) in the Certificate of Insurance attached to the policy.
31. **Market Value** : It means the replacement value of insured property or item as new at the time of damage less due allowance for betterment, wear and tear and/ or depreciation OR the value which can be realized from the market for such insured property immediately before the occurrence of damage, whichever is lower.
32. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
33. **Medical expenses** means those expenses that an Insured Member 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 Member had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
34. **Medically Necessary Treatment**—Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- a. Is required for the medical management of the illness or injury suffered by the Insured Member;
 - b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. Must have been prescribed by a medical practitioner,

- d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
35. **Missed Flight** shall mean the failure of the Insured Member to travel by a flight being part of the Trip as per the Certificate of Insurance.
36. **Minor Child(ren)** is/ are the child(ren) of the Insured Member including stepchild/ stepchildren of the Insured Member and child/ children legally adopted by the Insured Member below the age of 18 years.
37. **Money** shall mean and include coins, currency notes, traveler's cheques and credit cards/debit cards, and shall not include any form of cheques, banker's cheques, bank pay orders or demand drafts.
38. **Notification of Claim** is the process of intimating a claim to Us or our TPA through any of the recognized modes of communication.
39. **Out-Patient (OPD) treatment** means treatment in which the Insured Member 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 Member is not admitted as a day care or in-patient.
40. **Pre-existing Disease**
It means any condition, ailment, injury or disease:
a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
41. **Physician/ Medical Practitioner/ Doctor** 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 family of the Insured Member.
42. **Policy** means these Policy wordings, the Policy Schedule/ Certificate of Insurance and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available, what is excluded from the cover and the terms & conditions on which the Policy is issued .
43. **Policy Period/ Period of Insurance** means period as mentioned in the Schedule/ Certificate of Insurance for which the Policy is issued.
44. **Proposal** means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.
45. **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.

46. **Room rent** It means the amount charged by a hospital towards room and boarding expenses and shall include the associated medical expenses.
47. **Policy Schedule/ Certificate of Insurance** means the Policy Schedule/ Certificate of Insurance attached to and forming part of Policy.
48. **Self-Care** means all the steps taken by an individual for his/her well-being. It shall include the steps taken towards emotional, physical, psychological and spiritual health.
49. **Sum Insured** means the maximum amount of coverage, as specified against each Section in the Policy Schedule/ Certificate of Insurance which represents Our maximum liability for any and all claims made during the Period of Insurance under that Section.
50. **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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
51. **Terrorism/Terrorist Incident** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.
52. **Trip:** It means pre-booked and pre-planned travel out of and back to the Republic of India.
53. **Trip Duration** means the length of time period commencing from the date when the Insured Member travels out of the Country of Residence of the Insured Member and ending on the date of return to any first port of the Country of Residence of the Insured Member, both days inclusive and calculated according to the local time of the Country of Residence of the Insured Member.
54. **Unproven/Experimental treatment** is treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
55. **Valuables** shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewellery and gems, furs and articles made of precious stones and metals.
56. **We/Our/Us/Insurer/ Company** means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**
57. **You/Your** means the Master Policyholder.

BENEFITS COVERED UNDER THE POLICY

SECTION 1 –EMERGENCY MEDICAL COVERAGE

Coverage

If the Insured Member falls ill or contracts any disease or sustains an accident whilst abroad during the Period of Insurance, then We will reimburse the following costs upto the maximum limit shown in the Schedule/Certificate of Insurance:

1A. MEDICAL EXPENSES INCLUDING OPD

Costs incurred for medically necessary treatment during a temporary stay abroad less the deductible stated in the Schedule/ Certificate of Insurance. Within the meaning of these coverages, treatment is deemed to include only the following :

- a) Out patient treatment.
- b) In patient treatment in a local hospital at the place the Insured Member is staying or at the nearest suitable hospital.
- c) 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.
- d) Diagnostic tests as part of the medically necessary treatment.
- e) Lifesaving unforeseen emergency measures or measures solely designed to relieve acute pain provided to the Insured Member 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.
- f) Cost of transportation, including necessary medical care, by recognized medical service providers for medical attention to the nearest hospital or to the nearest Medical Practitioner or to a special clinic if prescribed by a Medical Practitioner.

1B. MEDICAL EVACUATION

We shall also indemnify the Insured Member for the cost incurred for an ambulance or any other transportation and evacuation services, including necessary medical care en- route, reasonably incurred forming part of the treatment for any Illness contracted or Injury sustained whilst on Trip abroad during the Period of Insurance. These transportation expenses would be limited to transporting the Insured Member from the place of contracting/ sustaining Illness/ Injury to the nearest appropriate Hospital or to nearest available physician. Provided that such costs are certified and authorized by the Assistance Service Provider and/ or by Us.

1C. TRANSPORTATION TO THE COUNTRY OF RESIDENCE

- a) Extra costs of medically necessary and prescribed transportation from the foreign country to the Insured Member's permanent country of residence provided that -
 - i 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.
 - ii If the Insured Member is transportable from a medical point of view, it is Our/Assistance Provider's decision whether the Insured Member is to be repatriated to India or not.

- b) Reasonable Additional extra costs for an accompanying person, if it is medically necessary or officially required that the Insured Member be accompanied in this way.

1D. BALANCE PERIOD OF POLICY + 30 DAYS

If We/Assistance provider 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 Period of Insurance, provided the disease/ injury/ illness is contracted within the Insurance Period.

1E. REPATRIATION OF MORTAL REMAINS

In the event of the death of the Insured Member 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/ Certificate of Insurance.

Note: Sum Insured of Section:1E-‘Repatriation of Mortal Remains’ would be independent of Section 1-‘Emergency Medical Coverage’ Sum Insured.

Conditions

Sub-limit:

For persons aged 61 years and above, the maximum eligible medical expenses per sickness, disease or accident sustained or contracted within the period of insurance whilst on the trip abroad, that may lead to one or more medical expenses and/ or hospitalization expenses are as follows, irrespective of the plan/ option purchased. These limits are further restricted to the maximum sum insured specified in the Schedule/ Certificate of Insurance. The following limits are applicable for various types of medical expenses:

- Hospital Room and boarding- maximum USD 1,800 per day up to 30 days
- Intensive care unit - maximum USD 3,250 per day up to 7 day
- Surgery* - maximum up to USD 15, 000
- Anaesthetist services - up to 25% of surgical treatment
- Medical Practitioner's visit fees - maximum USD 100 per day per visit up to 10 visits
- Diagnostic and Radiology services - maximum USD1000
- Ambulance services** - maximum USD 500
- Miscellaneous expenses*** - maximum of USD 2, 000
- Mental Rehabilitation Expenses will be covered up to 25% of ‘Section-1:Emergency Medical Coverage’ Sum Insured or USD 50,000 whichever is lower

For the purpose of application of the above sub-limits,

*Surgery: Includes Operation room charges, Surgeon fee and Implant charges

**Ambulance Services: Includes Cost of transportation to hospital and Paramedic services

***Miscellaneous expenses: Includes but not limited to cost of medicines/ Pharmacy/ Drugs/ Supplies, nursing charges, External medical appliances as prescribed by a Physician as necessary and essential as part of the treatment on actual, Blood storage & processing charges, other services which are not part of any other above given heads.

NOTE: The above mentioned Sub-limits shall not be applicable for Schengen Countries. The discretion to waive off sub-limits lies with us, wherever similar requirements arise for any other country of visit.

Exclusions

We will not pay:

- a) For deductible mentioned in the Schedule/ Certificate of Insurance.
- b) For treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad.
- c) For Medical expenses / services, the need for which arises out of a pre-existing condition, whether declared or not.
- d) For a treatment which could reasonably be delayed until the Insured Member'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 Us/ Assistance Service provider.
- e) For treatment of orthopedic, degenerative or oncologic diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured Member's life or measures solely designed to relieve the acute pain and in any case, excluding chemotherapy or radiotherapy expenses.
- f) Alternative Treatments including but not limited to Naturopathy treatment, ayurvedic/Yoga/homeopathic/unani medicine, acupressure, acupuncture, magnetic and such other therapies.
- g) For charges in excess of reasonable and customary charges.
- h) For expenses on cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or as part of medically necessary treatment to remove a direct and immediate health risk to the Insured Member. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- i) For any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home, rehabilitation and respite care. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- j) 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.
- k) For medical treatment of typical complaints suffered during pregnancy and their consequences, including changes in the chronic conditions as a result of pregnancy.
- l) For Maternity expenses:
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- m) For treatment by relatives.
- n) For rehabilitation and physiotherapy or the costs of prostheses/artificial limbs or any Services provided by chiropractor.

- o) For any other costs not listed as indemnifiable under "Coverage".
- p) For Vaccination and inoculation of any kind, unless it is post animal bite.
- q) For Self-inflicted Illness or Injury.
- r) The Cost of spectacles/ contact lenses, hearing aid.
- s) For Hospitalisation expenses of donor.
- t) For Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
- u) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.
- v) For Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor.
 - 2) The surgery/Procedure conducted should be supported by clinical protocols.
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) Greater than or equal to 40 or
 - b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
- w) For Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- x) Personal comfort, convenience and hygiene related items and services.
- y) For Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- z) Treatment for any dental Illness/ Injury except in case of accident resulting in in-patient hospitalisation.
- aa) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- bb) Investigation & Evaluation:
 - i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- cc) Sterility and Infertility - Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization.
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI.
 - iii. Gestational Surrogacy.
 - iv. Reversal of sterilization.
- dd) Refractive Error -Expenses related to the treatment for correction of eye sight.
- ee) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.
- ff) Any expense on procedure and treatment including acupressure, acupuncture and magnetic.

- gg) All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or servicing including ayah/ barber, cosmetics and napkins.
- hh) Domiciliary Hospitalization.
- ii) Any other exclusions mentioned in General Exclusions.

SECTION 2 - HOSPITAL DAILY ALLOWANCE

Definition

Quarantine means isolation at the place of visit of an individual due to diagnosis of the disease whilst on an Insured Journey provided such disease has been declared as a pandemic.

Coverage

In the event of the Insured Member being hospitalized during the Trip abroad, for a period of more than the deductible mentioned in the Schedule/Certificate of Insurance and also if We have accepted a liability under 'Section 1A: Medical Expenses including OPD' cover aforementioned, then We will pay Insured Member the amount mentioned in Schedule/ Certificate of Insurance for each day the Insured Member stays in a hospital subject to the maximum limit as mentioned in the Schedule/ Certificate of Insurance.

Exclusions

- a) We will not pay for any claim in respect of Hospital Daily Allowance for the deductible days mentioned in the Schedule/ Certificate of Insurance.
- b) Quarantine on the advice of a Medical Practitioner or Government authorities.
- c) Any other exclusions mentioned in General Exclusions.

SECTION 3 - DENTAL TREATMENT

Coverage

We will pay the expenses incurred by the Insured Member upto the maximum limit shown in the Schedule/Certificate of Insurance, whilst abroad, during the Period of Insurance, on dental treatment received under anesthesia following sudden acute pain to one or more of Insured Member's natural teeth.

Claim deductible

As mentioned on the Policy Schedule/Certificate of Insurance.

Exclusions

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

- a) Any Deductible amount as mentioned in the Policy Schedule/Certificate of Insurance.
- b) Any treatment of a Pre-existing Condition.
- c) Cementing or fixation of tooth or teeth bridge/s .
- d) Treatment of orthopedic, degenerative or oncological diseases.

- e) Beauty and/ or cosmetic treatment and/ or reconstructive plastic surgery in any form or manner.
- f) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

SECTION 4 - PERSONAL ACCIDENT

Coverage

If the Insured Member meets with an accident on a trip abroad which leads to disablement or death of the Insured Member, We will provide the below coverages:

- a) **Death of Insured Member:** We shall pay the Sum Insured as stated in Policy Schedule/ Certificate of Insurance if the death of the Insured Member is resulted within a period of 365 days from the date of the Injury, and if such Injury shall be the sole and direct cause of the death of the Insured Member and is sustained by the Insured Member during the Trip.
- b) **Permanent Disablement**
We shall pay the following percentage of Capital Sum Insured, specified in the Policy Schedule/ Certificate of Insurance, if the Insured Member suffers Permanent Disablement of the nature specified below solely and directly due to an Accident during the Trip, provided that the Permanent Disablement shall occur within 365 days from the date of the Accident.

S. No.	Loss Covered	Percentage of Capital Sum Insured
a)	Loss of Use/ Physical Separation:	
	Total and irrecoverable loss of sight of both eyes or	100%
	Physical separation or loss of use of both hands or feet or	100%
	Physical separation or loss of use of one hand and one foot or	100%
	loss of sight of one eye and Physical separation or loss of use of hand or foot	100%
	One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	Loss of toes – all	20%
	Great both phalanges	5%
	Great – one phalanx	2%
	Other than great if more than one toe lost	1%
b)	Loss of Use of both ears	50%
c)	Loss of Use of one ear	20%
d)	Loss of four fingers and thumb of one hand	40%
e)	Loss of four fingers	35%
f)	Loss of thumb	
	- both phalanges	25%
	- one phalanx	10%

g)	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
h)	Loss of middle finger – three phalanges two phalanges one phalanx	6% 4% 2%
i)	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%
j)	Loss of little finger – three phalanges two phalanges one phalanx	4% 3% 2%
k)	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
l)	Any other permanent partial disablement	Percentage as assessed by the physician (abroad) or a Government Authority such as Chief Medical Officer or equivalent of a district (if assess in the Republic of India).

Conditions

- Upon happening of any event, which is likely to give rise to a claim under this Benefit, the Insured Member or his/ her representative shall give immediate intimation to Us or the Assistance Service Provider.
- The Insured Member or his/ her representative shall arrange for immediate treatment of the Insured Member in a Hospital and produce all such records of treatment to Us in support of the claim.
- Any claim for death of the Insured Member shall be duly supported by a death certificate issued by the Hospital in the country of Accident or Country of Residence of the Insured Member, as the case may be. Post mortem certificate if required by the Us shall also be submitted, wherever postmortem is conducted.
- The claim for permanent disability shall be duly supported by the disability certificate issued by the Hospital/ Medical Practitioner specifying the nature of disability and the percentage of disablement.
- No claim for death or disability under this Policy shall be considered unless death or disability results within 365 days from the date of Injury that led to the death or disability. To this extent the certificate obtained from the Medical Practitioner should clearly relate the death/ disability to the Accident in question.
- 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 Our Assistance Service Provider.
- 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/ Certificate of Insurance.
- Our maximum liability shall be restricted to 100% of the Sum Insured, in case the claim gets triggered in Permanent Disablement as well as Death.

- i) 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 the Assistance Service Provider.
- j) 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 based on point of view of the Assistance Service Provider.
- k) If the Insured Member dies due to a reason unconnected with the accident within a year of the accident, and if a claim for disablement payment had arisen, then the claim shall be payable based on the degree of disablement mentioned in the last medical examination report, provided that the cause of the disablement is the covered accident.

Exclusions

We shall not be liable for:

- a) Amounts related to Medical Expenses.
- b) Payment of compensation in respect of death or disability, other than arising out of an accident.
- c) Damage to health caused by curative measures, radiation, infection and poisoning except where these arise from an accident.
- d) 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.
- e) Any other claim under this Section, after a claim for death has been admitted and becomes payable.
- f) 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 Member is flying as a passenger on a multi engine aircraft.
- g) Any claim arising out of an accident relating to pregnancy or childbirth, venereal disease or infirmity.
- h) Arising from intentional self Injury/ suicide/ attempted suicide arising from or resulting directly or indirectly from any Illness unless such Illness arose directly as a consequence of an Accident.
- i) Whilst the Insured Member is under the influence of intoxicating liquor/ drugs.
- j) Whilst engaging in aviation/ ballooning/ while mounting into or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise).
- k) Directly or indirectly occasioned by, happening through or in consequence of war, invasion, act of foreign enemy, hostilities (whether was be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
- l) Directly or indirectly caused by or contributed by:
 - i. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
 - ii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- m) Any other exclusions mentioned in General Exclusions.

SECTION 5 - ACCIDENTAL DEATH (COMMON CARRIER)

Coverage

We will pay the Sum Insured as mentioned in the Schedule/ Certificate of Insurance, if the Insured Member suffers an Injury due to an Accident that occurs during the trip, while the Insured Member is travelling as a fare paying passenger on a Common Carrier or while boarding or alighting from any common carrier and that Injury solely and directly results in the Insured Member's death within 365 days from the date of the Accident.

Conditions

- a) Any claim for death of the Insured Member shall be duly supported by a death certificate issued by the Hospital in the country of Accident/ Residence/Death of the Insured Member, as the case may be. Post mortem certificate if required by the Us shall also be submitted, wherever postmortem is conducted.
- b) No claim for death under this Policy shall be considered unless death results within 365 days from the date of Injury that led to the death. To this extent the certificate obtained from the Medical Practitioner should clearly relate the death to the Accident in question.

Exclusions

We shall not be liable for:

- a) Amounts related to Medical Expenses.
- b) Payment of compensation in respect of death, other than arising out of an accident of Common Carrier.
- c) 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 Member is flying as a passenger on a multi engine aircraft.
- d) Any claim arising out of an accident relating to pregnancy or childbirth, venereal disease or infirmity.
- e) Any claim related to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- f) Arising from intentional self Injury/ suicide/ attempted suicide arising from or resulting directly or indirectly from any Illness unless such Illness arose directly as a consequence of an Accident.
- g) Whilst the Insured Member is under the influence of intoxicating liquor/ drugs.
- h) Whilst engaging in aviation/ ballooning/ while mounting into or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise).
- i) Directly or indirectly occasioned by, happening through or in consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
- j) Any other exclusions mentioned in General Exclusions.

SECTION 6 - COMPASSIONATE VISIT**Coverage**

In the event Insured Member is being hospitalized consequent upon any Injury sustained and/or Illness contracted at any place abroad being part of Trip covered and such hospitalization shall in the opinion of the Medical Practitioner attending the Insured Member would extend or it actually extends, beyond 7 days, We will pay upto the Sum Insured mentioned in the Schedule/Certificate of Insurance, for the cost of economy class roundtrip air ticket and accommodation expenses incurred by the person authorized by the Insured Member or his/ her family to visit the Insured Member.

Conditions

- a) Provided there is no other adult traveling companion with the Insured Member.
- b) The Insured Member shall as far as possible seek for such special assistance from any one of his/ her relatives, either at the place of Hospitalisation or any other nearest place.

- c) It is a condition precedent to the Our liability hereunder that the need for such special assistance and consequent visit of any one of the Family members, relative or person authorized by the Insured Member or his/ her family from particular place is also approved by the Assistance Service Provider before the person authorised starts his/her Trip.
- d) The Hospitalisation has been advised by the Medical Practitioner attending on the Insured Member and we have accepted a liability under 'Section 1A - Medical Coverage including OPD'.

Exclusions

Any exclusions mentioned in General Exclusions.

SECTION 7 - RETURN OF MINOR CHILD(REN)

Coverage

In the event of Accidental Injury or Sickness requiring hospitalisation or death of Insured Member whilst on Trip Abroad, We will reimburse the Insured Member up to the Sum Insured shown in the Policy Schedule/ Certificate of Insurance for the following:

- a) the actual travel expenses excluding refund received on scheduled departure tickets to return the Insured Member's minor child(or children) to India.
- b) the actual to and fro travel expenses for a relative/ friend to accompany Insured Member's minor child (or children) to India or Services of escort to accompany the Insured Member's minor child (or children) to India.

Conditions

- a) We will pay for Economy class travel expenses by the most economic route via Common Carrier for a maximum two minor children.
- b) This coverage shall be provided if Insured Member is the only companion of the minor child (or children),
- c) The minor child (or children) is/ are not able to return on the scheduled date due to Insured Member's hospitalization or death.
- d) This benefit will be extended up to 30 days from Expiry Date of Policy Period if the Insured Member continue to be hospitalised as In-Patient beyond Expiry Date of Policy Period.
- e) The Insured Member can claim for Return of Minor Child (or children) once during the trip.
- f) We will pay this for this coverage only if we have accepted a liability under 'Section 1A - Medical Expenses including OPD' or 'Section 4-Personal Accident' for the Insured Member.

Exclusions

Any exclusions mentioned in General Exclusions.

SECTION 8 - TRIP CANCELLATION AND INTERRUPTION

Coverage

We shall indemnify the Insured Member for the financial loss, not recoverable from any source, incurred by the Insured Member arising out of cancellation of the Trip (whether wholly or in part) and solely attributable to and/ or arising out of:

- a) Earthquake.

- b) Storm, Flood, inundation, cyclone, tempest.
- c) Terrorism.
provided that, the named perils herein above (a,b,c) shall take place at and in the vicinity of any port involved in the Insured Member's Trip; and
- d) Travel prohibition declared by Government and or Airline Authorities which is not publicly known before policy issuance date.
- e) Personal contingencies of death or imminent death, or emergency Hospitalisation, treatment of minimum three days duration necessitated to the Insured Member.
- f) Personal Contingencies of death or imminent death or emergency Hospitalisation of his/her immediate family member due to an unforeseen Illness or Injury which in the opinion the Medical Practitioner attending the Hospitalized Person concerned would extend or it actually extends, beyond 7 days.

We shall pay to the Insured Member:

- i. Official cancellation charges including those of stay, travel, tours, excursions and activities, or any pre-booked event, if any.
- ii. Actual additional transportation expenses incurred to return to the Country of Residence of the Insured Member, provided that, the additional expenses are for alternative travel arrangement of the same class and/ or type and by the most direct route.
- iii. Any other unused and non-refundable portion of the pre-paid expenses.
- iv. Unused and non-refundable International SIM card charges,

Conditions

Loss incurred due to above listed Insured Perils (i.e a,b,c,d,e) must not have arisen 45 days prior to Policy inception date.

Exclusions

We shall not be liable for any loss caused by and/or attributable to the following:

- a) Any Deductible amount as mentioned in the Policy Schedule/Certificate of Insurance.
- b) Cancellation of the Trip either wholly or in part due to the insolvency /suspension of operation whether partially or wholly of the Airline in which the Insured Member had booked the tickets.
- c) Cancellation of the Trip either wholly or in part done at the instance of the Travel Agent.
- d) Any circumstances other than those, that are directly attributable to the perils as stated above.
- e) Any other exclusions mentioned in General Exclusions.

SECTION 9 - TRIP DELAY

Coverage

We shall pay the sum as specified in Policy Schedule/Certificate of Insurance, If Common Carrier on which Insured Member is travelling from/to Republic of India and or any journey in between Insured's Trip, is delayed beyond the time deductible mentioned in the Policy Schedule/Certificate of Insurance, from original scheduled departure time for whatsoever reason within policy period.

This cover is not extended to pay for any domestic journey i.e travel within India except from the port where the Insured Member leaves India for international destination and the cover will cease on his / her arrival in India.

Condition

- a) The travel should be on Scheduled Common Carrier, and not a private/ chartered common carrier.
- b) We shall pay the amount for every xx* hours of delay as mentioned in Policy Schedule/Certificate of Insurance maximum upto the amount mentioned in the Policy Schedule/Certificate of Insurance.
- c) Our maximum liability shall not exceed the maximum Sum Insured under this benefit as mentioned in the Policy Schedule/Certificate of Insurance.

Note:*xx-Deductible

Exclusion

- a) We will not pay under this benefit if Any delay was known to Insured Member or was publicly known before 48 hours from the scheduled departure time.
- b) Any other exclusions mentioned in General Exclusions.

SECTION 10 - MISSED FLIGHT CONNECTION

Coverage

We shall pay a fixed amount to the Insured Member as mentioned in Policy Schedule/Certificate of Insurance in case of his/her failure to board the connecting flight as per itinerary, any time during the Trip within the Policy Period, arising out of and consequent upon the delayed arrival or cancellation of the earlier flight including any change of route, non-landing/docking or offloading of passenger, and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts omissions of the Insured Member.

Our liability shall not exceed the Sum Insured stated in the Policy Schedule/Certificate of Insurance against Missed connection section.

Condition

- a) In case of Missed Connection where liability of the missed connecting leg has been accepted by Airlines and arranged an alternate transport, Our liability in such case will be restricted to 10% of Sum Insured opted for this Section.
- b) The time gap between the scheduled arrival of the earlier flight and the scheduled departure of the next flight (Missed Flight) shall be atleast 4 hours if the next flight is from the same airport terminal and atleast 6 hours if it is from a different airport/ terminal within city.

Exclusions

No claim shall be payable by Us:

- a) If the time gap between the scheduled arrival of the earlier flight and the scheduled departure of the next flight (Missed Flight) is less than 4 hours if the next flight is from the same airport and atleast 6 hours if it is from a different airport within city.
- b) If the delay of earlier flight is known to Insured Member before 48 hrs from the scheduled departure time of the earlier flight.

- c) If the Insured Member is offloaded for any reason which was in the control of the Insured Member.
- d) Any other exclusions mentioned in General Exclusions.

SECTION 11 - TOTAL LOSS OF CHECKED IN BAGGAGE

Coverage

We will reimburse for total loss of baggage caused by a Common carrier up to the limits stipulated in the Schedule/Certificate of Insurance, provided that:

- a) The amount payable in respect of any one article, pair or set is limited to the amount stated in the Schedule/Certificate of Insurance.
- b) Insured Member provide all the Reports concerning the loss to Us or Assistance Provider.
- c) In the event of the Checked-In Baggage originally reported lost being delivered by any agency subsequently, the Insured Member shall return in full the Sum paid if any by Us .

Exclusions

We will not pay:

- a) For valuables and money as defined, all kinds of securities and tickets.
- b) For loss of property unless the Property Irregularity Report has been obtained from the carrier after the discovery of loss by the Insured Member.
- c) For any total/ partial loss of contents of the checked in baggage. Only the loss of individual units of baggage will be considered as a total loss.
- d) For losses arising from any delay, detention, confiscation or distribution by customs officials or other public authorities.
- e) Any Claim amount paid already under the Section 12 (A or B): Delay of Checked In Baggage, will be deducted from the claim amount payable under this cover.
- f) Any other exclusions mentioned in General Exclusions.

Basis of Indemnity

Our liability shall be the market value of the Checked-In Baggage as on the expected date of arrival. In case of more than one Checked-In Baggage during the Trip, Our liability in respect of any one baggage shall be limited to 50% of the maximum liability specified in the Schedule/Certificate of Insurance of the policy.

SECTION 12-A - DELAY OF CHECKED IN BAGGAGE(BENEFIT)

Coverage

We shall pay a fixed amount to the Insured Member as mentioned in Policy Schedule/Certificate of Insurance, if the Insured Member encounter a delay in receipt of his/her checked in baggage, provided that:

- a) The delay of baggage is more than the time deductible mentioned in the Schedule/Certificate of Insurance, from the scheduled/expected time of delivery by the Common Carrier. and relates to delivery of baggage that has been checked in by the carrier.
- b) Insured Member give Us written proof of delay from the carrier.
- c) Any claim under this Section will be deducted from any claim payable under Section: Total Loss of Checked In Baggage.
- d) We shall not however be liable in case of any delay in delivery by the Common Carrier of the Checked-In Baggage at the port of the Country of Residence of the Insured Member.

Exclusions

No payment shall be made by Us in connection with the following:

- a) In case the period of delay does not exceed the time deductible mentioned in the Schedule/Certificate of Insurance.
- b) Delay in delivery of the Checked-In Baggage arising out of and resulting from detention/ confiscation by the Common Carrier/ customs/ government agencies/ other agencies.
- c) Delay attributable to damage to Checked-In Baggage warranting an examined delivery by the Common Carrier.
- d) Any other exclusions mentioned in General Exclusions.

SECTION 12-B- DELAY OF CHECKED IN BAGGAGE(INDEMNITY)

Coverage

We will pay up to the limit of cover shown in the Schedule/Certificate of Insurance for costs of necessary emergency purchases of essential items if the Insured Member encounter a delay in receipt of his/her checked in baggage, provided that:

- a) The delay of baggage is more than the time deductible mentioned in the Schedule/Certificate of Insurance, from the actual arrival time at the destination and relates to delivery of baggage that has been checked in by the carrier.
- b) Insured Member give Us written proof of delay from the carrier.
- c) Insured Member give Us the receipts of the essential personal items bought by him/ her.
- d) Any claim under this Section will be deducted from any claim payable under Section: Total Loss of Checked In Baggage.
- e) The cover shall be applicable individually and independently in case of Trip involving multi destinations en-route upto the Sum Insured.
- f) We shall not however be liable in case of any delay in delivery by the Common Carrier of the Checked-In Baggage at the port of the Country of Residence of the Insured Member.

Exclusions

No payment shall be made by Us in connection with the following:

- a) In case the period of delay does not exceed the time deductible mentioned in the Schedule/Certificate of Insurance
- b) Delay in delivery of the Checked-In Baggage arising out of and resulting from detention/ confiscation by the Common Carrier/ customs/ government agencies/ other agencies.
- c) Delay attributable to damage to Checked-In Baggage warranting an examined delivery by the Common Carrier.

- d) Any other exclusions mentioned in General Exclusions.

SECTION 13 - LOSS OF PASSPORT, INTERNATIONAL DRIVING LICENCE OR ANY GOVERNMENT ISSUED IDs

Definition

Government Issued IDs are official documents issued by Indian Government or its agencies that serve as a proof of a person's identity and often their address or other relevant information.

Coverage

In the event that the passport, international driving licence or any government Issued ID belonging to the Insured Member is lost during the Trip abroad, 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 document.

Exclusions

We will not pay for:

- a) Loss of the passport due to confiscation or detention by the customs, police or public authorities.
- b) Loss of the passport due to theft unless it has been reported to the Police within 24 hours of the Insured Member becoming aware of the theft and a written Police Report obtained.
- c) Loss caused by the Insured Member's failure to take reasonable steps to guard against the loss of passport.
- d) Loss or damage to Insured Member's International driving license or government issued IDs that is suspended or expired.
- e) Any other exclusions mentioned in General Exclusions.

SECTION 14 - LOSS OF BAGGAGE AND PERSONAL BELONGINGS

Coverage

We shall pay a fixed amount to the Insured Member as mentioned in Policy Schedule/Certificate of Insurance in event of loss of any of the below items –

- a) Checked In Baggage after its delivery by the Common Carrier till it has been again checked in for a subsequent journey.
- b) Hand Baggage (which is carried by the Insured Member as hand baggage in Common Carrier journey). Coverage shall start from the time the hand baggage has passed security of the origin airport and ending at the termination or completion of the covered Trip.

Should the lost Checked In Baggage or hand baggage be traced and delivered to the Insured Member, the Insured Member shall return to Us the entire amount paid hereunder.

Condition

We shall pay a fixed amount mentioned in the policy for each baggage lost. In case of multiple baggage lost during the trip, Our liability shall not exceed the Sum Insured mentioned in the Policy Schedule/Certificate of Insurance for the entire Trip.

Exclusions

We shall not be liable for the following:

- a) Any Deductible amount as mentioned in the Policy Schedule/Certificate of Insurance.
- b) Any loss of partial Contents of the Checked-In Baggage or the hand baggage.
- c) Losses arising from any delay, detention, confiscation by any public authorities.
- d) Loss due to damage to either total or partial Contents of the Checked-In Baggage and of the hand baggage.
- e) Any loss which is not reported to the Police having jurisdiction at the place of loss within 24 hours of the incident and a written Report obtained.
- f) Any other exclusions mentioned in General Exclusions.

SECTION 15 - PERSONAL LIABILITY

Coverage

We shall indemnify the Insured Member against legal liability for bodily Injury or property damage to third parties arising on account of an incident occurring whilst on a Trip abroad any time during the Period of Insurance under the Policy for which claims shall be made on the Insured Member by the third parties during the trip or within 60 days from the date of end of the trip. We shall also indemnify the Insured Member towards the cost of defense incurred with Our consent, provided that Our overall liability, including the cost of defense for all claims during the Period of Insurance shall not exceed the Sum Insured specified in the Schedule/Certificate of Insurance of the Policy.

Exclusions

- a) Any claim up to the deductible as mentioned in the Schedule/Certificate of Insurance. The deductible will apply to each insured event and shall be borne by the Insured Member.
- b) Any claim arising from employer's liability or contractual liability or through special promises made by the Insured Member.
- c) Any claim of personal liability of the Insured Member towards his/ her family, relations and travelling companions, whether personal or official.
- d) Any claim resulting from transmission of an illness or disease by the Insured Member.
- e) Any claim or damage resulting from professional activities by the Insured Member.
- f) Liability for Injury or damage of any kind whilst the Insured Member is engaged in his/ her business activities or in course of business activities by the Insured Member.
- g) Liability assumed by the Insured Member by an agreement/ contract which would not have attached in the absence of such agreement/ contract.
- h) Liability arising out of any Acts of God, earthquake, earthtremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances.
- i) Any liability, which is the subject matter of specific insurance elsewhere.
- j) Liability arising from intentional or willful acts of the Insured Member or illegal acts or resulting from the Insured Member committing any breach of law with criminal intent.
- k) Fines/ penalties/ punitive/ exemplary damages of any kind.
- l) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- m) Liability arising out of all personal injuries such as libel, slander, false arrest, wrongful eviction, wrongful

- detention, defamation, etc., and mental Injury, anguish, or shock resulting therefrom.
- n) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
 - o) Liability arising from the ownership and/or possession of animals, birds, reptiles, insects, etc. and their byproducts like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
 - p) Liability arising from the ownership or possession of vehicles, aircrafts, water crafts, or activities of the Insured Member involving parachuting, hang-gliding, hot air ballooning or use of firearms.
 - q) Liability arising from the use of any alcohol/ drugs (except as medically prescribed) or alcohol/drug addiction.
 - r) Liability arising from any supply of goods or services on the part of the Insured Member.
 - s) Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence.
 - t) Any liability arising from a contingency occurring anywhere in the Country of Residence of the Insured Member.
 - u) Any other exclusions mentioned in General Exclusions.

Notes:

- a) The Insured Member shall give a written notice to Us as soon as reasonably practicable of any claims made against the Insured Member (or any specific event or circumstances that may give rise to a claim being made against the Insured Member) that shall become the subject of indemnity under this Benefit and shall give all such additional information as We may require. Every claim, writ, summons or process and all documents relating to the claim/ event shall be forwarded to Us immediately on receipt by the Insured Member.
- b) No admission, offer, promise or payment shall be made or given by or on behalf of the Insured Member without Our written consent.
- c) We will have the right but in no case the obligation, to take over and conduct in the name of the Insured Member the defense of any claims and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defense of any claim in relinquishing the same. All amounts expended by Us in the defense, settlement and/ or payment of any claim, will correspondingly reduce the limits of indemnity specified in the Schedule/Certificate of Insurance of the Policy.
- d) In the event ,We, in Our sole discretion, choose to exercise Our right pursuant to this condition, no action taken by Us in the exercise of such right will serve to modify or expand in any manner, Our liability or obligations under this Section beyond what Our liability or obligations would have been had We not exercised Our rights under this condition.
- e) The Insured Member shall give all such information and assistance as We may reasonably require.
- f) The Insured Member shall give notice as soon as reasonably practicable of any fact, event or circumstance which materially changes the information supplied to Us at the time when this Policy was effected and We may amend the terms of this Policy.
- g) The terms and exclusions of this Benefit (and any phrase or word contained therein) shall be interpreted in accordance with the laws of India.

SECTION 16 - HIJACK DISTRESS ALLOWANCE

Coverage

In the event of Common Carrier in which the Insured Member is travelling is hijacked whilst on a trip abroad during the Period of Insurance for more than the time deductible mentioned in the Schedule/Certificate of Insurance, then We will pay a fixed amount for each x* hours upto the Sum mentioned in Schedule/Certificate of Insurance to the Insured Member

Note: *x shall be equal to the time deductible mentioned in the Schedule/ Certificate of Insurance.

Illustration: If the time deductible is 6 hours and Sum payable is \$100 and maximum is \$500, then the Insured member is entitled to receive \$100 after first 6 hours, then \$100 after next 6 hours and so on, subject to a maximum payable amount of \$500.

Should the Insured Member be released by the hijackers in advance of the total release of the Common Carrier and all the passengers therein, the date and time of release of the Insured Member by the hijackers shall be considered for calculating the time deductible. Should death of the Insured Member occur during the period for which the aircraft/ ocean going vessels is held captive by the hijackers, such death of the Insured Member shall be considered as a valid claim under Section- 4: Personal Accident (if opted) under the Provision applicable to the death of the Insured Member in an Accident to the Common Carrier in which the Insured Member is traveling as a passenger. Such compensation for death shall be independent of the Insured Member's eligibility for claim under this Section.

Condition

The hijack needs to confirmed and declared by Indian or International government and/or airlines authority.

Exclusions

We will not pay for:

- a) If the Insured Member and/or his Immediate Family Member being suspected to be an accomplice or an accessory in such hijack.
- b) The initial time deductible mentioned in the schedule/ certificate of insurance.
- c) Any claim where the Insured Member is considered as the principal or accessory in the hijacking.
- d) Any other exclusions mentioned in General Exclusions.

SECTION 17 - FINANCIAL ASSISTANCE

Coverage

We shall provide an assistance service when the Insured Member requires emergency cash, following incidents like theft/ burglary of luggage/ money or hold up whilst on a trip covered hereunder. The Assistance Service Provider shall co-ordinate with the Insured Member's relatives in his Country of Residence to provide emergency cash assistance to the Insured Member as per his requirement, but not exceeding the limit specified in the Policy Schedule/Certificate of Insurance.

Exclusions

- a) No claim shall be admitted under this Section if reported to Us or Assistance Service Provider more than 48 hours after the incident.
- b) Any loss or shortage due to currency fluctuation, errors, omission, exchange loss or depreciation in value.
- c) Any loss which is not reported to the Police having jurisdiction at the place of loss within 24 hours of the incident and a written Report obtained.

- d) Any claim in respect of loss of travellers' cheques not immediately reported to the local branches or agents of the issuing authority.
- e) Loss of travellers' cheque/payment cards/currency not in the personal custody of the Insured Member at the time of incident.
- f) Any transfer charges.
- g) Any other exclusions mentioned in General Exclusions.

SECTION 18 - BOUNCED BOOKING OF AIRLINE / HOTEL

Coverage

We shall reimburse the actual additional expenses/ cost incurred by the Insured Member up to the Sum Insured specified in the Policy Schedule/Certificate of Insurance for alternative flight arrangements or for alternative accommodation in the event of the confirmed pre-paid flight or confirmed pre-paid accommodation, forming a part of the Insured Trip, getting bounced at the sole instance of the Common Carrier/ Public Carrier or at the sole instance of the accommodation provider, respectively.

Provided that Our liability shall be in relation to the travel covered by such confirmed booking and in relation to accommodation in the same place of stay and also provided that Our liability to such additional expenses shall be in relation to the same class of travel and same category of accommodation as the case may be covered by the original confirmed bookings.

Conditions

- a) It is a condition precedent to admission of liability by Us under this cover that the Insured Member shall take all steps to fix the primary responsibility for the bouncing of bookings both with the Common Carrier and/ or with the accommodation provider and try to recover from them the consequential loss incurred by the Insured Member by way of additional expenses for alternative travel arrangement or alternative accommodation arrangement. Details of the steps taken by the Insured Member shall be furnished to Us.
- b) Any recovery towards additional expenses incurred for alternative travel or accommodation arrangement effected from the Common Carrier or accommodation provider as the case may be, if any, effected from the concerned agencies after settlement of the claim under the policy shall be remitted to Us to the extent of the amount of claim.

Exclusions

No claim shall be payable by Us:

- a) With respect to the Deductible amount as mentioned in the Policy Schedule/Certificate of Insurance.
- b) If the Insured Member fails to adhere to the rules of the Common Carrier or the accommodation provider in connection with reconfirmation of the booking before the date of travel or occupation as the case may be.
- c) In connection with any waitlisted travel booking or accommodation booking irrespective of whether such bookings have been promised to be confirmed later.
- d) If the confirmed accommodation shall be a personal arrangement free of charge.
- e) Where the alternative arrangements for either the travel or the accommodation is provided by the Common Carrier or the accommodation provider as the case may be within 6 hours from the time of departure of the travel covered by the bounced booking or the time of commencement of stay covered by the earlier confirmed accommodation booking.

- f) Any other exclusions mentioned in General Exclusions.

SECTION 19 - EMERGENCY HOTEL ACCOMMODATION

Coverage

A. We shall pay the actual additional expenses (not recovered or recoverable from Common Carrier, Governmental Agencies or any other sources) for lodging and boarding incurred by the Insured member, if departure of the Insured Member is delayed at any ports abroad forming part of the Trip within the Period of Insurance solely arising out of and consequent upon any of the contingencies specified hereunder:

- a) Earthquake.
- b) Floods resulting from unseasonal rains, storm or cyclone.
- c) Terrorism.

Provided that the named perils (a, b, c) hereinabove shall take place in and in the vicinity of the port involved in the Insured Member's prosecution of the journey.

- d) Personal contingencies like emergency Hospitalization treatment necessitated to the Insured Member or his/her Family or Traveling Companion due to an unforeseen illness or accidental injury.
- e) Cancellation or rescheduling of flights done at the instance of the Common Carrier.
- f) Lost or stolen passport or travel documents.

Or,

B. We shall pay the actual additional expenses (not recovered or recoverable from Common Carrier, Governmental Agencies or any other sources) for lodging and boarding incurred by the Insured member whilst abroad, if he/she could not stay in the accommodation originally booked due to fire, flood, earthquake, storm, hurricane, explosion, outbreak of major infectious diseases. The Insurer's liability to make payment is only in excess of the Deductible as specified in Certificate Of Insurance.

Provided

- Our liability under this cover shall be limited to only one delay encountered by the Insured Member during the entire Trip and will be subject to the Deductible amounts mentioned in the Policy Schedule/Certificate of Insurance.
- Our liability to such additional expenses shall be in relation to the same category of accommodation, where in Insured Member was staying immediately prior/ at the time of delay in departure.

Exclusions

No claim shall be payable by Us in case of delay -

- a) Arising out of contingencies other than specifically named herein above.
- b) Arising out of any government regulation or prohibition.
- c) On the happening of any contingency as stated above, resulting in the Insured Member's decision to delay the departure, immediate notice thereof shall be given to Us.
- d) The Insured Member shall endeavor to prosecute the journey as soon as possible so as to minimize the delay arising out of the contingency.
- e) Any other exclusions mentioned in General Exclusions.

SECTION 20 - FIRE COVER (HOME BUILDING AND CONTENTS)

Definitions

- i. **Money** : It means cash, current coins, bank and currency notes, cheques, postal orders, current postage stamps which are not part of a collection and luncheon voucher.
- ii. **Valuable Contents** : It means jewellery, silverware, bullions or unset precious stones, paintings, works of art, antique items, curios and items of similar nature.

Property Insured

- i. Dwelling (Building)
- ii. Household contents including Valuable Contents*.

Note: Limit of liability for Valuable Contents is upto 25% of Household contents Sum Insured subject to Individual item value maximum upto ₹ 2.5 Lakhs..

Property Not Covered

We will not be liable for:

- i. Articles of hazardous nature, including explosives.
- ii. Air or water craft, motor vehicles (other than domestic gardening equipment) caravans, trailers whether licensed for road use or otherwise or parts and accessories on or in any of them.
- iii. Livestock or pets or any other living creature.
- iv. Tree, plants, shrubs or growing matter.
- v. Money or Documents.

Coverage

In the event of Damage directly caused by insured perils listed hereunder whilst the Insured member is on a trip abroad and subject to its not being otherwise excluded, We will indemnify the Insured Member against such Damage to property insured at his/ her Home (Place of residence as mentioned in the Certificate of Insurance).

- i. Fire
- ii. Lightning
- iii. Explosion / Implosion.
- iv. Damage caused by an aircraft, other aerial or space devices and articles dropped there from.
- v. Riot, Strike and Malicious Damage: Loss of or visible physical Damage by external violent means directly caused to the property insured.
- vi. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation.
- vii. Impact Damage by any rail/road vehicle or animal by direct contact.
- viii. Subsidence and Landslide including Rockslide: Damage caused by subsidence of the part of site on which the insured property stands or landslide/rockslide.
- ix. Bursting and overflowing of water tank, apparatus and pipes.
- x. Missile testing operations.
- xi. Leakage from automatic sprinkler installations.
- xii. Bush Fire.

- xiii. a.) Pollution or contamination which results from a peril mentioned under Items i to xii above.
b) Any peril mentioned under Items i to xii above, which results from pollution or contamination.
- xiv. Earthquake.

Exclusions

We will not be liable for:

- i. Damage caused to the property insured by:
 - a) its own fermentation, natural heating or spontaneous combustion.
 - b) Its undergoing any heating or drying process.
- ii. Damage to boilers (other than domestic boilers), economizers or other vessels, machinery or apparatus (in which steam is generated) or their contents, resulting from their own explosion/ implosion or damages caused by centrifugal force.
- iii. Damage caused by pressure waves.
- iv. Damage caused by:
 - a) Total or partial cessation of work or the retarding or interruption or cessation of any process or operation or omission of any kind.
 - b) Permanent or temporary dispossession of any building resulting from the unlawful occupation by any person of such building or prevention of access to the same.
 - c) Theft, larceny or any other such attempt or omission of any kind of any person (whether or not such act is committed in connection with the disturbance of public peace) in any malicious act.
- v. Damage by vehicle/animals belonging to or owned by you or Your Family or Your domestic employees.
- vi. Damages caused by:
 - a) Normal cracking, settlement or bedding of new structures.
 - b) Settlement or movement of made up ground.
 - c) Coastal or river erosion.
 - d) Defective design or workmanship or use of defective material.
 - e) Demolition, construction, structural alteration or repair of any property or ground work or excavation.
- vii. Damage caused by:
 - a) Repairs or alteration to Your Home.
 - b) Repairs, removal or extension of the sprinkler installation.
 - c) Defects in construction known to you.
- viii. Damage caused by Forest Fire.
- ix. Damages caused to the insured property by pollution or contamination, other than what is stated under Item xiii of "Coverage".
- x. Damage to any electrical/electronic equipment, machines, apparatus, fixtures, fittings by overrunning, excessive pressure, short-circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included), provided that this exclusion will apply only to the particular machine, apparatus, fixtures, fittings so affected and not to other machines, apparatus, fixtures, fittings, which may be damaged by fire so set up.
- xi. Expenses necessarily incurred by You on Architect, Surveyor and Consulting Engineer's fees and Debris Removal following Damage to property insured by an insured peril in excess of 3% (three percent) and 1% (one percent) of the claim amount respectively.
- xii. Damage to property insured if removed to any building or premises other than in which it is herein stated to be insured.

- xiii. Damage arising out of an Act of Terrorism
- xiv. Damage arising out of an Act of War

Special Provisions

- i. Waiver of Underinsurance- Underinsurance does not apply to this Section of the Policy. Thus, if the Sum Insured is less than the actual value at risk, the difference will not affect the amount We pay.
- ii. Claim Settlement - In the event of Damage to property insured, We will indemnify the Insured Member by payment or at Our option, by repair, replacement or reinstatement. In case of reinstatement or replacement, We shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner subject to limits of Sum Insured. If We so elect to replace or reinstate any property, the Insured Member shall at his/her own expense furnish Us with such plans, specifications, measurements, quantities and such other particulars as We may require and no acts done or caused to be done by Us with a view to reinstatement or replacement shall be deemed as an election by Us to reinstate or replace.

If in any case We are unable to reinstate or repair the property hereby insured because of any regulation(s) in force affecting the alignment of streets or the construction of building or otherwise, We shall in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property, if the same could lawfully be reinstated to its former condition.

- iii. Basis Of Claim Settlement - In the event of Damage to the property insured by insured perils during the currency of Policy, We will pay the full cost of repair or replacement to a condition equal to but not better or more extensive than its condition when new, less due allowance for wear and tear and depreciation. The basis of claim settlement will be the Market Value of the insured property at the time of its Damage.

Special Conditions

- i. All insurances under this Section of the Policy shall cease on expiry of 7 (seven) days from the date of fall or displacement of the insured building or part thereof or of the whole or any part of any range of buildings or of any structure of which such building forms a part, provided such a fall or displacement is not caused by insured perils, loss or damage which is covered by this Policy or would be covered if such building, range of buildings or structure were insured under this Policy.
Notwithstanding the above, We subject to an express notice being given as soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and occurrence confirmed in writing to this effect.
- ii. The insurance under this Section does not cover any damage to the property which at the time of happening of such loss or damage, is insured by or would, but for the existence of this Policy be insured by a Marine Policy, except in respect of any excess beyond the amount which would have been payable under the Marine Policy or Policies had this insurance not been effected.

SECTION 21 - BURGLARY COVER FOR HOME CONTENTS

Definitions

- i. **Money** : It means cash, current coins, bank and currency notes, cheques, postal orders, current postage stamps which are not part of a collection and luncheon voucher.
- ii. **Valuable Contents** : It means jewellery, silverware, bullions or unset precious stones, paintings, works of art, antique items, curios and items of similar nature.

Property Insured

Household contents including Valuable Contents*.

Note: Limit of liability for Valuable Contents is upto 25% of Household contents Sum Insured subject to Individual item value maximum upto ₹ 2.5 Lakhs..

Property Not Covered

We will not be liable for:

- i. Articles of hazardous nature, including explosives.
- ii. Air or water craft, motor vehicles (other than domestic gardening equipment) caravans, trailers whether licensed for road use or otherwise or parts and accessories on or in any of them.
- iii. Livestock or pets or any other living creature.
- iv. Tree, plants, shrubs or growing matter.
- v. Money or Documents.

Coverage

We will indemnify the Insured Member in respect of the loss of or damage to the Property belonging to the Insured Member stored or lying in the Insured Premises caused by actual or attempted Burglary and/or Robbery during the Policy Period.

Provided that Our liability shall in no case exceed the Sum Insured mentioned in the Policy Schedule/Certificate of Insurance.

Basis of Valuation

The basis of claim settlement will be the Market Value of the insured property at the time of its Damage.

Waiver of Underinsurance

Underinsurance does not apply to this Policy. Thus, if the Sum Insured is less than the actual value at risk, the difference will not affect the amount We pay.

Exclusions:

We will not be liable for:

- i. Damage caused by theft and/ or larceny without use of force/ violence.
- ii. Damage caused by theft or attempted theft by You or any member of Your Family whether as principal or accessory.
- iii. Damage caused to gates and fences.

SECTION 22 - AUTOMATIC TRIP EXTENSION

Coverage

- a) The period of insurance is automatically extended, once, for the period not exceeding 7 days:
 - i if necessitated by the delay of public transport services beyond the control of the Insured Member for which he/ she is not able to commence the return journey.
 - ii In the event of a Major Travel Event or catastrophe (earthquake, storm, flood, explosion, inundation, cyclone, tempest, epidemic due to contagious disease) in the vicinity of any port involved in the Insured Member's trip.
 - iii Political unrest or terrorism in the country or place where Insured is stuck whilst on a Trip or in the vicinity of any port involved in the Insured Member's trip.
- b) 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, once, for a further 30 days 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.

Exclusions

In addition to the General Exclusions listed in this Policy, no payment shall be made by Us in connection with the following:

- a) If delay to the Common Carrier/ Public Carrier in which the Insured Member is travelling as a fare paying passenger is done at the instance of Insured Member for any reasons whatsoever.
- b) Any circumstances other than those that are directly attributable to the perils as stated above.

SECTION 23 - REFUND OF VISA FEE

Coverage

If the Insured Member's visa gets rejected, anytime up to the start of the trip and if the Insured Member has opted for this cover before or at the time of applying for Visa, then We shall reimburse to the Insured Member the non-refundable portion of the Visa fee.

Note: This cover is not valid for immigrant or employment visa.

Exclusions

This cover is not valid for immigrant or employment visa. The Insured Member will not be covered for VISA rejection that happens on account of the following reasons:

- a) Past or current criminal actions or record.
- b) Any error at the Travel Agent/Aggregator's end. Any such error/ situations that may lead to recurring bulk visa rejections.
- c) Missed pre-scheduled Appointment
- d) Insufficient/ False Travel Document or income document
- e) Insufficient explanation for the purpose and circumstances of the planned stay
- f) Damaged Passport
- g) Passport Invalidity
- h) Lack to prove the travel itinerary

- i) Invalid letter of reference
- j) Insufficient means of subsistence
- k) Unacceptable birth or marriage certificate
- l) Lacking to present a proof of accommodation
- m) Any other reason for rejection which was beyond the control of the Insured Member
- n) Any other exclusions mentioned in General Exclusions.

SECTION 24 - ADVENTURE SPORTS

Coverage

The exclusion on Participation in Adventure sports under 'General Exclusions -Point No.-9' stands deleted for the following three sections,if chosen:

- a) Section 1A:Medical Expenses including OPD
- b) Section 1B:Medical Evacuation
- c) Section-4: Personal Accident

Conditions

- a) Such extension will not result into any increase in Sum Insured of the respective Section.
- b) The adventure sports should be attempted under the supervision of a trained professional.
- c) The Insured Member should follow/ adhere to all safety measures and guidelines laid down by the instructors/ trainers/ coaches/the organization conducting the adventure sports while engaging in the Adventure Sports.

Exclusions

We will not pay for:

- a) Any claim where the adventure sports organizer is not a valid permit/ license holder to conduct such activities.
- b) Any sport undertaken against the advice of a Medical Practitioner.
- c) Any other exclusions mentioned in General Exclusions.

GENERAL EXCLUSIONS

We will not pay for:

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 TERMS AND CLAUSES

1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact* by Master Policyholder.

*Material facts for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

(Note: We, at our discretion, might choose to continue the policy by imposing a waiting period or by taking any other measures in such an event of non-declaration/ mis-representation of material facts that surface during the course of the policy contract.)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by You /the Insured Member for Us to make any payment for claim(s) arising under the policy.

3. Complete Discharge

Any payment to the Insured Member or his/ her nominees or his/ her legal representative or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by Us to the extent of that amount for the particular claim.

4. Fraud

If any claim made by the Insured Member, 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 Member or anyone

acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by You/the Insured Member or by your/his agent or the hospital/doctor/any other party acting on behalf of the Insured Member, with intent to deceive Us or to induce Us to issue an insurance policy:

- a) The suggestion, as a fact of that which is not true and which You/the Insured Member do/does not believe to be true;
- b) The active concealment of a fact by the Insured Member having knowledge or belief of the fact;
- c) Any other act fitted to deceive; and
- d) Any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Member / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5. Cancellation

- a) Cancellation of the Certificate of Insurance by Insured Member may be done only in cases where a journey is not undertaken and only on production of the insured member's passport and cancelled ticket as a proof that the journey has not been undertaken. Any request for cancellation will be entertained not earlier than 14 days after the first day of insurance as indicated in the Policy Schedule/Certificate of Insurance. We will refund the premium after deducting the administration charges.
- b) In case of any early return of the Insured Member prior to expiry of the policy period ,We will refund premium on pro-rata basis (Per day basis) subject to no claim under the Certificate of Insurance.
- c) We may cancel the Policy/ Certificate of Insurance at any time on grounds of mis-representation, non-disclosure of material facts, established fraud by the Insured Member, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or established fraud.

6. Nomination

The Insured Member is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Insured Member. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Member, We will pay the nominee {as named in the Policy Schedule/Certificate of Insurance /Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Member whose discharge shall be treated as full and final discharge of its liability under the policy.

7. Provision for Senior Citizens

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5498

E-mail: seniorcitizengrievance@iffcotokio.co.in

Courier : Chief Grievance Officer

IFFCO-Tokio General Insurance Co Ltd

IFFCO Tower, Plot no. 3

Sector -29, Gurgaon – 122001

8. Get in touch with us

In case of any query, You/Insured Member may contact Us through:

Company Website: www.iffcotokio.co.in

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address: IFFCO-Tokio General Insurance Co Ltd

IFFCO Tower, Plot no. 3

Sector -29, Gurgaon – 122001

9. Redressal Of Grievance

In case of any grievance, the Insured Member may contact Us through:

Website: <https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Courier : Chief Grievance Officer

IFFCO-Tokio General Insurance Co Ltd

IFFCO Tower, Plot no. 3

Sector -29, Gurgaon – 122001

Insured Member may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

If Insured Member is not satisfied with the redressal of grievance through one of the above methods, Insured Member may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link:

<https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

If Insured Member is not satisfied with the redressal of grievance through above methods, the Insured Member may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System

- <https://bimabharosa.irdai.gov.in/Home/Home>

For Updated List of Ombudsman Address, Please visit:

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

The contact details of the Insurance Ombudsman offices have been provided as below:

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri K.Vinayak Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU – Ms. Neerja Kapur 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: oio.bengaluru@cioins.co.in	Karnataka.
BHOPAL -Shri Ajay Kumar Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR - Shri Ajay Kumar Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003. Email: oio.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH – Ms. Alka Jha Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017.	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.

<p>Tel.: 0172 – 2706468 Email: oio.chandigarh@cioins.co.in</p>	
<p>CHENNAI – Shri K. Vinayak Rao Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oio.chennai@cioins.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI – Ms. Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: oio.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI – Shri Ajay Kumar Sharma Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD – Ms. G Shobha Reddy Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Pondicherry.</p>
<p>JAIPUR – Shri Satyajeet Rajan Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: oio.jaipur@cioins.co.in</p>	<p>Rajasthan</p>
<p>KOCHI – Shri Pradeep Kumar Jain Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp. to Maharaja's College Ground, M.G. Road, Kochi - 682 011.</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Pondicherry.</p>

<p>Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in</p>	
<p>KOLKATA – Shri Ajay Kumar Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341, Email: oio.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Shri. Ajay Kumar Sharma Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in</p>	<p>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.</p>
<p>MUMBAI – Ms. Sarojini S Dikhale Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in</p>	<p>List of wards under Mumbai https://www.cioins.co.in/notification/Mumbai%20jurisdiction-%20Annexure%20B.pdf Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.</p>
<p>NOIDA – Ms Alka Jha Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in</p>	<p>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 Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA – Ms. Neerja Kapur Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE – Shri Sunil Jain Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No. s. 195 to 198, N.C. Kelkar Road,</p>	<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region</p>

Narayan Peth, Pune – 411 030.
Tel.: 020-24471175
Email: oiio.pune@cioins.co.in

THANE – Shri Umesh Sinha
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Thane – 400604 Tel.: 022-20812868/69
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Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."

Wards of Mumbai:
<https://www.cioins.co.in/notification/Thane%20jurisdiction%20-Annexure%20A.pdf>

10. Claim Procedure and Documents

A. Intimation and Assistance:

i. Notification of Claim: If an event occurs that may give rise to a claim under this Policy, or there are circumstances that are likely to give rise to a claim, You must provide a written notice of claim to us, or to our Assistance Service Provider as soon as possible, but not later than 7 days from the date of loss.

(Contact Details for our Assistance Service Provider is provided in the Policy Schedule/Certificate of Insurance.)

A written statement of the claim will be required and the claim must be filed as under except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Member or his/her personal representative were placed, it was not possible for any one of you to give notice or file claim within the prescribed time limit.

ii. In case of any required assistance, you may contact our Assistance Service Provider as per the details provided in the Schedule/Certificate of Insurance.

The fulfilment of the terms and conditions of this Policy, including complying with the procedures and requirements in relation to Claims, shall be Conditions Precedent to the Company's liability under this Policy. For details on the Claims procedures and requirements or any assistance during the process, You may contact at the phone number/ email ID provided in the Policy schedule/ Certificate of Insurance.

iii. In case of Claim the Insured Member 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, wherever applicable within 24 hours.

B. Necessary documents: The Insured Member must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by Us in the manner and form as We may prescribe. In such claims, Our representative shall be allowed to carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalization if and when We may reasonably require.

This is a General Check-list of documents, please check for availability of coverage under the Policy.

Sections- 1A:Medical Expenses (Including OPD),1C Transportation To The Country Of Residence,1D(Balance Period Of Policy + 30 Days)	
Section-2: Hospital Daily allowance, Section-24:Adventure Sports	
1	Claim form duly filled and signed along with attending Medical Practitioner statement
2	Copy of Policy certificate
3	Covering letter detailing circumstances of event- eg details of injury- how, when & where did the injury took place. In case of disease- duration of presenting complaints and details of past medical history. Details of expenses claimed
4	Details of past medical history evident through the record on the treatment documents abroad/ by the doctor in India.
5	In case of past history, clearance from the doctor in India to fly abroad.
6	Medical reports and discharge summary / treatment record issued by the hospital / medical center, or prescriptions and medical records from the medical practitioner furnishing the name of the insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis.
7	Original OPD/ hospital bills/ medical with detailed break up and proper description of services rendered and payment receipts towards expenses incurred.
8	Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization
9	Any other medical bills with relevant advice/ prescription, details of services rendered and payment receipt against it.
10	Name, Address, e mail ID and Phone number of the local medical officer/family physician in India and treating physician abroad.
11	Copy of Air tickets and boarding passes for the sector travelled .
12	Copy of passport, visa with entry and exit stamp.
13	And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
14	Cancelled cheque of the insured / nominee
15	KYC details of beneficiary including PAN Card.
Sections-1B:Medical Evacuation , Section-24:Adventure Sports	
1	Medical reports (Presenting complaint, Diagnosis, Treatment given, Discharge condition etc.) and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Member and details of treatment rendered along with the statement confirming the necessity of evacuation.
2	Documentary proof for all expenses incurred towards the Medical Evacuation
3	Documents as in the " Medical Expenses Coverage" section
4	Claim Form duly filled in and signed
5	Copy of policy Certificate
6	Original Air Ticket / Boarding passes or copy of passport with visa entry and exit stamp
7	Covering letter detailing circumstances
8	Cancelled cheque/ NEFT details of the beneficiary
9	KYC details of the insured & beneficiary
Section-1E:Repatriation of Mortal Remains	

1	Copy of the death certificate, Clearance from the Indian Consulate. (Also providing details of the place, date, time, and the circumstances and cause of death;)
2	Physician's statement giving the cause of death.
3	Copy of the postmortem certificate, if conducted.
4	Copy of detailed police report (with English translation, if report is in some other language), in case of accidental or unnatural death.
5	Documentary proof for expenses incurred towards disposal of the mortal remains including the name of the airlines, burial details, expenses incurred, other incidental cost with bifurcation of expenses.
6	In case of transportation of the body of the deceased to the Country of Residence or Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased, supported by submission of bills/ vouchers and medical statement indicating the illness.
7	Final bill and receipt.
8	Claim Form dully filled and signed by nominee.
9	Copy of policy Certificate
10	Original Air Ticket/Boarding passes or copy of passport with visa entry stamp.
11	Invoices (Itemized) and money receipts in original for the amount claimed.
12	Covering letter detailing circumstances.
13	Cancelled cheque of the insured / nominee/ beneficiary.
14	KYC including PAN of beneficiary
15	Documents in Section " 1A: Medical Expenses"
Section 3:Dental Treatment	
1	Original Claim form duly filled and signed
2	Dental Records and treatment records (Presenting complains, diagnosis, treatment given, details of tooth / teeth involved, internal discharge condition, details of tooth/ teeth as natural or artificial etc.)
3	All investigation and radiological reports.
4	Prescription from the doctor including type of anaesthesia used in treatment.
5	Duration of presenting complaints/ complaints for which insured has been treated for.
6	Copy of policy Certificate
7	Money receipts in original for the amount claimed
8	Copy of Air tickets and Copy of boarding pass and copy of passport with visa entry and exit stamp
9	Covering letter detailing circumstances
10	Name, Address, e mail ID and Phone number of the dentist in India and treating dentist abroad.
11	Cancelled cheque/ NEFT details of the beneficiary
12	KYC details of the insured & beneficiary
Section-4: Personal Accident- Permanent Total Disability (PTD) & Permanent Partial Disability (PPD),Section 24: Adventure Sports	
1	Police report if recorded
2	Detailed Sequence of events
3	Medical records giving the details of accident, nature of injury(in case of hospital visit) , date of accident and reason of disability / death (with relation to claim)
4	Disability certificate from reputed surgeon or hospital for permanent disability claims

5	Any claim for death of the Insured Member shall be duly supported by a death certificate issued by the Hospital in the country of Accident or Country of Residence of the Insured Member, as the case may be.
6	Post mortem certificate if required by the Us shall also be submitted, wherever postmortem is conducted.
7	The claim for permanent disability shall be duly supported by the disability certificate issued by the Hospital/ Medical Practitioner specifying the nature of disability in detail and the percentage of disablement.
8	The certificate obtained from the Medical Practitioner should clearly relate the death/ disability to the Accident in question.
9	Claim Form duly filled in and signed
10	Copy of policy Certificate
11	Depending upon the peculiarity of the case, additional documents/information will be asked for
12	Covering letter detailing circumstances
13	Cancelled cheque/ NEFT details of the beneficiary
14	KYC details of the insured & beneficiary

Section-5:Accidental Death(Common Carrier)

1	Police report in original if the accident shall have taken in the public place or premises
2	Death Certificate clearly stating the reason of death of the insured member and the date of accident in question (leading to death) issued by hospital / authorities in country of accident/ death of the deceased insured member, as the case may be
3	Post Mortem Report (In case of death)
4	Detailed Sequence of events
5	Medical records giving the details of accident, nature of injury and cause of death (in case of hospital visit)
6	Letter from the Airline/ common carrier- confirming the accidental death on the common carrier as a fare paying passenger
7	Valid ticket or certificate from the Common Carrier establishing the Insured Member's bonafide travel in the affected Common Carrier at the time of the Accident.
8	Claim Form duly filled in and signed
9	Copy of policy Certificate
10	Depending upon the peculiarity of the case, additional documents/information's will be asked for
11	Covering letter detailing circumstances
12	Cancelled cheque/ NEFT details of the beneficiary. Legal heir certificate
13	KYC details of the insured & beneficiary

Section-6:Compassionate Visit

1	Claim Form duly filled in and signed
2	Copy of policy Certificate
3	Travel Details: Air Ticket and Boarding passes or copy of passport with visa entry and exit stamp
4	Medical record of the patient. Discharge Summary, Presenting complain, diagnosis, treatment given, etc.) (Documents as in hospitalization and OPD)
5	Certificate from the Treating Medical Officer mentioning the number of days and date till which treatment needs to be extended
6	Self declaration on the details of persons traveling along with the insured (Name, Age, Dates of travel, Places of travel etc)

7	Advice for admission - from treating doctor
8	Money receipts in original for expenses incurred towards economy class tickets via ,most economic route via common carrier and stay of the insured/Immediate Family Member
9	Depending upon the peculiarity of the case, additional documents/information's will be asked for
10	Covering letter detailing circumstances
11	Cancelled cheque/ NEFT details of the beneficiary
12	KYC details of the insured & beneficiary
13	Proof of seeking special assistance from relatives.

Section-7:Return of Minor Child(ren)

1	Claim Form duly filled in and signed.
2	Copy of policy Certificate.
3	Discharge summary/ Death Summary/ Detailed treatment record
4	Death certificate mentioning the cause of death (In case of Death), date, time and place of death of insured member or parents.
5	Travel Details: Original Air Ticket/Boarding passes with stampings
6	Copy of new itinerary along with original bills and receipts along with boarding passes.
7	Copy of Passport with visa entry and exit stamp.
8	Proof of refund received from the carrier received on scheduled departure ticket for return of insured's minor child to India.
9	Copy of cancelled cheque / NEFT Details in name of beneficiary insured or nominee.
10	KYC details and PAN
11	Money receipts in original for expenses incurred towards economy class tickets via ,most economic route via common carrier
12	Self declaration on the details of persons traveling along with the insured (Name, Age, Dates of travel, Places of travel etc) and reason for child(ren) not been able to return on the scheduled date due to Insured Member's hospitalization or death (substantiated by evidence)
13	Documents as in Medical Expenses (Including OPD) Section.

Section-8:Trip Cancellation & Interruption

1	Duly signed claim form
2	Copy of policy Certificate.
3	Proof of death or hospitalization of insured member or of spouse, parents & children.(if applicable)
4	Reason for cancellation of trip and details in terms of complete partial (including the amounts incurred on account of canceled part)
5	Self declaration and proof of the reasons attributable to cancellation and place where the peril took place
6	Proof of travel prohibition by government or airline authorities
7	Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable)
8	Letter from the airlines clearly mentioning the reason of cancellation and interruption of flight(if applicable)
9	Proof of proximate cause for delay (eg police report, media coverage etc)
10	Proof of actual additional transportation expenses incurred to return to the Country of Residence of the Insured Member, provided that, the additional expenses are for alternative travel arrangement of the same class and/ or type and by the most direct route
11	Copy of complete schedule itinerary for all the sectors

12	Documents supporting the claimed amount (eg proof of unused and non-refundable portion of the pre-paid expenses, Unused and non-refundable International SIM card charges)
13	Copy of new itinerary in case trip got reschedule along with boarding passes
14	Details confirming- Cancellation of the Trip either wholly or in part done at the instance of the Travel Agent
15	Copy of cancel cheque / NEFT Details in name of beneficiary insured or nominee.
16	KYC details and PAN
17	Copy of Passport with visa entry and exit stamp

Section-9: Trip Delay

1	Copy of policy Certificate.
2	Complete itinerary.
3	Letter /documentary proof issued from the airline clearly stating the period of delay (original scheduled departure time & actual departure time), sector of delay, along with compensation offered (if any)
4	Copy of boarding pass for the schedule trip on common carrier and actual trip
5	Dully filled and signed claim form
6	Covering Letter with sequence of events detailing all circumstances.
7	Cancelled cheque of the insured / nominee
8	KYC and PAN
9	Any other documents as required while processing the claim
10	Self declaration with proof that the delay was not known to the insured 48 hours from the scheduled departure

Section- 10: Missed Flight Connection

1	Claim Form – completed and signed by the Insured.
2	Copy of policy Certificate.
3	Proof of delay -delayed arrival or cancellation of the earlier flight including any change of route, non-landing/docking or offloading of passenger, and proof of delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Member
4	Copy of complete schedule itinerary for all the sectors, along with the details of the airports
5	Letter from airlines, if the liability has been accepted by the airlines and whether the alternate transport has been arranged by the airlines
6	Copy of new itinerary in case trip got rescheduled along with boarding passes.
7	Cancelled cheque of the insured / nominee
8	KYC and PAN
9	Copy of Passport with visa entry and exit stamp.
10	Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance company providing reimbursement to you for the loss.
11	Bills and receipts for expenses which got forfeited, non-refundable in nature.
12	Bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges due to interruption of schedule flight
13	Depending upon the peculiarity of the case, additional documents/information will be asked for.

Section-11: Total Loss of Checked In Baggage

1	Duly filled and completed claim form
2	Copy of policy Certificate.

3	Air tickets along with boarding passes
4	Copy of passport with exit and entry stamps
5	Copy of baggage tags.
6	Property Irregularity Report issued by the common carrier mentioning the number of baggage checked-in.
7	Original Certificate from airline authorities stating that baggage is permanently lost and is not traceable any more; along with compensation details from airlines
8	Adequate proof of ownership of items contained within checked-in baggage valued in excess of Indian rupee equivalent of US\$100.
9	Covering letter detailing circumstances
10	Cancelled cheque of the insured / nominee
11	KYC and PAN
12	Declaration from insured that in event of reporting back of the lost luggage/ delivery of lost luggage by any agency subsequent to claim settlement, the full sum paid (if any) by us, shall be returned by the insured to ITGI.

Section-12A: Delay of Checked In Baggage (Benefit)

1	Duly filled and completed claim form
2	Copy of policy Certificate.
3	Copy of passport, visa with entry and exit stamp
4	Air tickets and boarding pass
5	Property Irregularity Report issued by the common carrier.
6	Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage.
7	Letter/communication clearly stating the compensation details offered by the Airlines/Third Party
8	Covering letter detailing circumstances including the reason of delay
9	Complete Itinerary
10	Cancelled cheque of the insured / nominee
11	KYC and PAN

Section-12B: Delay of Checked In Baggage (Indemnity)

1	Duly filled and completed claim form
2	Copy of policy Certificate.
3	Copy of passport, visa with entry and exit stamp
4	Air tickets and boarding pass
5	Property Irregularity Report issued by the common carrier.
6	Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage.
7	Original bills towards essential purchase (toiletries, medication and clothing)during the delay period
8	Letter/communication clearly stating the compensation details offered by the Airlines/Third Party
9	Covering letter detailing circumstances including the reason for delay
10	Cancelled cheque of the insured / nominee
11	KYC and PAN

Section-13: Loss of Passport, International Driving Licence or any Government Issued IDs.

1	Duly filled and completed claim form
2	Copy of policy Certificate.
3	FIR/Copy of police report mentioning the reason of loss, date and time of reporting to policy and date and time of loss

4	Bills/receipts of expenses incurred in obtaining a fresh/duplicate passport/International Driving Licence or Government Issued ID and other related expenses
5	Copy of new passport/emergency certificate, /International Driving Licence/Government Issued ID
6	Air Ticket, Boarding passes, Proof of entry and exit stamp with travel itinerary
7	Covering letter detailing circumstances
8	Cancelled cheque of the insured / nominee
9	KYC and PAN
10	Any other documents as required while processing the claim.

Section-14: Loss Of Baggage And Personal Belongings

1	Claim Form duly filled in and signed
2	Policy Certificate
3	Air tickets along with boarding passes
4	Copy of passport with exit and entry stamps
5	Copy of Police report/ FIR copy
6	Covering letter detailing circumstances
7	Cancelled cheque of the insured / nominee
8	KYC and PAN
9	Confirmation from Local Police that the items are lost and are not traceable

Section-15: Personal liability

1	Detailed note covering the background of the claim and the allegations made against Insured.
2	Terms of engagement of legal counsel engaged and fee structure. If any.
3	Complete set of complaint copy along with relevant annexures
4	Copy of Court Order imposing liability or Copy Settlement Agreement (where ever applicable)
5	Claim Bill with detailed breakup of loss amount and respective payment proofs.
6	Any other documents required after the review of the above documents and is required by the Loss Adjustor.

Note: The above list is Illustrative and Not Exhaustive

Section-16: Hijack Distress Allowance

1	Copy of policy Certificate.
2	Duly filled and signed claim form and police report confirming the incident. It should contain the passport number of the insured and period of hijacking
3	Letter from the airline clearly stating period of hijack.
4	Media Coverage details.(e.g photograph, videos, newspaper cutting)
5	Copy of passport/visa with entry and exit stamp
6	Copy of the air ticket and boarding pass
7	Covering letter detailing circumstances
8	Cancelled cheque of the insured / nominee
9	Any other documents as required while processing the claim
10	KYC and PAN

Section-17: Financial Assistance

1	Claim Form duly filled in and signed
2	Copy of policy Certificate
3	Travel Details: Original Air Ticket/Boarding passes or copy of passport with visa entry and exit stamp
4	FIR/Police report lodged at the place of loss within 24 hours.

5	Details of items robbed -Details of funds (Cash, credit/debit cards, travelers cheque available) available with you along with the Police Report at the local police station, where the event happened.
6	Sequence of events and detailed narration of event - how did the loss happen and details of placement of lost items at the time of incident.
7	Please confirm if you are staying alone or with any friends, family, relatives.
8	Copy of foreign exchange slip for the lost cash
9	In case of loss of travellers' cheque- proof of immediate reporting to local branches or agents of the issuing authority.
10	Depending upon the peculiarity of the case, additional documents/information will be asked for
11	KYC and PAN
12	Cancelled cheque of the insured / nominee
Section-18:Bounced Booking of Airline/Hotel	
1	Claim Form – completed and signed by the Insured Member.
2	Copy of policy Certificate
3	Copy of Passport with visa entry and exit stamp.
4	All documents in original supporting to establish loss (bounced booking and alternate arrangement of the same class) with bills and receipts.
5	Original letter from the concern authority mentioning the amount paid to them or contracted to be paid due to the booking also confirming the cancellation and refund details, if any.
6	Original, confirmed and paid booking details
7	Money receipt in advance for the amount paid or contracted to be paid due to the booking.
8	Details of the steps taken by the Insured Member shall be furnished to Assistance Provider- the Insured Member shall take all steps to fix the primary responsibility for the bouncing of bookings both with the Common Carrier and/ or with the accommodation provider and try to recover from them the consequential loss incurred by the Insured Member by way of additional expenses for alternative travel arrangement or alternative accommodation arrangement.
9	Written Proof from Airlines/ Hotel -on provision of recovery or alternate travel or accommodation arrangement along with the respective amount (receipts)
10	Copy of cancelled cheque in name of insured member.
11	Depending upon the peculiarity of the case, additional documents/information may be asked.
12	KYC and PAN
Section-19:Emergency Hotel Accommodation	
1	Claim Form duly filled in and signed
2	Copy of policy Certificate
3	Travel Details: Original Air Ticket/Boarding passes or copy of passport with visa entry and exit stamp
4	Letter in original mentioning the reason with refund details (If any) from the hotel or authority concerned where Insured member was originally supposed to stay but could not stay due to fire, flood, earthquake, storm, hurricane, explosion, outbreak of major infectious diseases, terrorism, personal contingencies like emergency hospitalization treatment necessitated for insured/ family member or travelling companion due to unforeseen illness/ accidental injury; cancellation/ rescheduling of flight by common carrier; or lost or stolen travel documents (passport)- with the exact details, of the reason of inability to stay at the accommodation favoured.
5	Booking confirmation

6	Money receipt in original for the expenses made towards the extra cost of travel and accommodation
7	Copy of cancelled cheque in name of insured member.
8	KYC and PAN
9	Depending upon the peculiarity of the case, additional documents/information's will be asked for.
Section-20: Fire Cover (Home Building and Contents)	
1	Policy Schedule/Certificate of Insurance
2	Claim Form duly signed by Insured Member.
3	FIR / Fire Brigade Report
4	Root Cause Analysis Report/Forensic Report
5	Photographs of the Damages.
6	Statement of eye witness
7	Meteorological Dept. Report & Newspaper cutting (for Act of God losses)
8	Books of accounts (for ascertaining VAR/loss assessment)
9	Stocks Register/Assets Register/Capitalization details/Purchase Invoice
10	Quotation for reinstatement of damages
11	Repair bills
12	Receipt for amounts actually incurred by Insured Member
13	No Objection Certificate from the Financier
14	Discharge Voucher
15	Any other relevant documents, as required by Surveyor
Section-21: Burglary Cover for Home Contents	
1	Claim Form duly filled in and signed
2	Copy of policy Certificate.
3	Police First Information Report(FIR) , Police Final Investigation Report (FR) on the incident of loss
4	Evidence of forcible entry, exit and/or breaking of the premises, if any.
5	Details of the loss suffered, supported by documentary evidence.
6	Estimate of loss, bills/invoice of the lost items, bills/invoice of new items purchased as replacement to the stolen items, bills for the repair carried out for the damages sustained in the incident of burglary.
7	Cancelled Cheque/NEFT Details, KYC details of the Insured Member.
8	Any other relevant documents/ information, if required by the claims officer
9	Original Air Ticket/Boarding passes or copy of passport with visa entry and exit stamp
Note: The Insurer may depute a surveyor on intimation of claim. Above is not the comprehensive list of documents for processing of claims. The documents may vary depending on the nature of claim and the insurer/surveyor may request for additional documents/ information, if required.	
Section-22: Automatic Trip Extension	
1	Reason and proof of trip extension
2	All relevant documents required for benefit insured is claiming for as specified under each Section.
Section-23: Refund of visa fee	
1	Claim Form – completed and signed by the Insured.
2	Copy of policy Certificate
3	Copy of Passport.
4	Type of Visa applied

5	Copy of Visa application
6	Documents ascertaining the non refundable portion of visa fee (Paid, but not refunded)
7	All documents in original supporting to establish loss with bills and receipts.
8	Letter / supporting document from embassy mentioning reason for the rejection/ refusal of Visa.
9	Copy of cancelled cheque in name of insured member.
10	KYC and PAN
11	Depending upon the peculiarity of the case, additional documents/information may be asked.

a. The claim should be filed along with duly filled in claim form and all other documents supporting Insured Member's claim (cashless/reimbursement) as required by the company.

b. Scrutiny of Claim Documents: We or Our Assistance Service Provider Assist shall scrutinize the Claim on behalf of us and accompanying documents. Any deficiency of documents shall be intimated to Insured Member by Us or by Our Assistance Service Provider which should be submitted to us or to our Assistance Service Provider along with all supporting documents within 15(Fifteen) days from the date of such requirement from Us.

Other Claims Requirements:

- a. If any Claim is not made within the time period set out in 10. i. Claim notification, 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 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 Member 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 Hospitalisation records pertaining to the Insured Member'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.

C. Claim Procedure : There are two types of claims that an Insured Member can file under a Travel Insurance policy.

a. Cashless Claim: We offer direct/cashless settlement to hospitals for inpatient treatment for Accident of Sickness expenses incurred by the insured traveler. Direct settlement is more often referred to as cashless settlement or payment and is the process where the insurance company issues a Guarantee of Payment (GOP) letter to the medical institution (Hospital) confirming coverage for the insured against the treatment being availed by the insured. This GOP is issued to the hospital after We/ our assistance Service provider confirms that the insured does have a valid policy and the treatment/ailment is actually covered under the scope of the policy terms and conditions

Procedure to file a Cashless Claim under travel insurance while overseas

It is important for the Insured Member / family member of the insured to inform the Assistance Service Provider/ Us as soon as the Insured Member is admitted to the hospital for treatment to ensure they don't end up spending any extra money from their pocket except the charges not covered under the policy. The Assistance Service Provider's Toll Free contact numbers/email ids are printed on the Certificate of Insurance and they can be reached for any Assistance. Kindly note that it is important to also have the Certificate of Insurance number handy to inform the Assistance Service Provider regarding a claim.

i. The first is a Cashless/Direct Settlement claim which is typically for Inpatient treatment for Accident & Sickness Medical expense claims.

The process for Direct / Cashless Settlement is as follows:

- The Insured Member can visit any nearby hospital and get admitted where it is medically necessary.
- The Insured Member prior to taking treatment or during the course of treatment has to intimate Our Assistance Service Provider about the claim with the details of hospital where he / she is getting admitted so that Our Assistance Service Provider can coordinate with the hospital for the medical reports and the required information.
- The Insured Member or the hospital staff can send the scanned copies of the claim documents to Our Assistance Provider including the Certificate of Insurance , medical reports and bills. If the bill is not generated, the hospital can provide us the estimated cost and estimated length of stay in hospital.
- On receipt of required documents in scanned format, Our Assistance Service Provider will seek approval from Us and ask its assistance partners to provide the guarantee of payment to the hospital, subject to the approval received.
- If the insured member is discharged from the hospital, the Insured Member or the hospital in due course can provide the documents to Our Assistance Provider in scanned format. Our Assistance Service Provider will seek approval from Us and ask its assistance partners to provide the guarantee of payment to the hospital, subject to the approval received.
- It is the responsibility of the insured member to intimate the claim to Our Assistance Service Provider while abroad and provide the original documents to Our TPA/ Assistance Provider within 30 days .
- The admissibility of the claim will be decided only on receipt of complete documents and medical information and guarantee of payment will be issued to hospital only if the claim is admissible as per policy terms and conditions.

ii. The other type of claims is Reimbursement or Benefit claim where the upfront expenses are incurred by the Insured Member and then a reimbursement is sought from Us.

- In case of reimbursement/ benefit claims, the insured member has to send all the claim documents in original to Our TPA/ Assistance Service Provider within 30 days of his /her return to India.
- It is the responsibility of the insured member to intimate the claim to Our TPA/ Assistance Service Provider while abroad and provide the original documents to Our TPA/ Assistance Service Provider within 30 days once the Insured Member has returned to India. Failure to do so may prejudice the claim.
- Insured Member can submit the documents from abroad (but postal charges are not covered.)
- The admissibility of the claim will be decided only on receipt of complete documents.

- On receipt of documents, Our Assistance Service Provider will seek approval from Us and the claim will be further processed.
- If the claim is approved for payment, We will be settling the claim in Indian rupee at the prevailing exchange rate on the date of treatment & payable in India only.
- In case of medical claim, the Insured Member has to discharge the provider/Hospital for releasing all the Information related to his treatment to us/ Our Assistance Service Provider by signing the consent/ Authorization form while taking the treatment.

Insured has to bear the amount of deductible/excess mentioned in the Policy Schedule/Certificate of Insurance for his/her medical claim which is mandatory as per policy.

- a. Reimbursement claims are usually for Outpatient Medical Expense claims and for Non Medical claims like Passport Loss, Baggage Delay/Loss, Trip Delay, Missed Connection, Personal Accident etc. They can also be for any minor treatment like a fever/cold/cough etc.
- b. Here the Insured Member is required to retain bills, receipts, documents pertaining to the expenses incurred and then submit the same to Us on his/her return to India. The documents are submitted along with a claim form which narrates the type of loss incurred and other information including bank details, policy details etc.

11. Claim Settlement (provision for Penal Interest)-Applicable for Section 1,Section 2,Section 3,Section 4 and Section 5)

We shall settle or reject a claim (other than cashless), as the case may be, within 15 days from the date of submission of claim.

In the case of delay in the payment of a claim, We shall pay interest to Insured Member from the date of receipt of intimation to the date of payment of claim at bank rate** plus 2%. Such interest shall be suo-moto paid by Us.

However, where the circumstances of a claim warrant an investigation during adjudication of the claim, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of submission of claim. In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days of investigation period, We shall be liable to pay interest to Insured Member at a rate bank rate** plus 2% from the date of receipt of intimation to the date of payment of claim. Such interest shall be suo-moto paid by Us.

***"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers), Regulations, 2024 and Master Circulars issued thereunder.

12. Subrogation

The Insured Member and any claimant under this Policy shall at Our expense do and concur in doing and permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing any right and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon paying for or making good any loss or damage under this Policy

whether such acts and things shall be or become necessary or required before or after the Insured Member's indemnification by Us. This clause will not be applicable to covers related to Section 1, Section 2, Section 3, Section 4 and Section 5.

13. Contribution

If, at the time of the happening of any covered event under any of the applicable benefits, where the claim is payable on indemnity basis, there shall be subsisting any other insurance of any nature whatsoever covering the same covered event whether effected by Insured Member or not, then We shall not be liable to pay or contribute more than its rateable proportion of any covered event. This clause will be applicable to all covers except covers related to Section 1, Section 2, Section 3, Section 4 and Section 5.

14. Multiple Policies

- a) In case of multiple policies taken by an Insured Member during a period from one or more insurers to indemnify treatment costs, the Insured Member 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 chosen by the Insured Member shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- b) The Insured Member having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then We shall independently settle the claim subject to the terms and conditions of this Policy.
- c) If the amount to be claimed exceeds the sum insured under a single policy, the Insured Member shall have the right to choose insurer from whom he/she wants to claim the balance amount and we will assist the Insured Member in facilitating the same.
- d) Where an Insured Member has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Member shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

15. Records to be Maintained

The Insured Member shall keep an accurate record containing all relevant medical and records and shall allow Us or Our representatives to inspect such records. You/ Insured Member shall furnish such information as We may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

16. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule/Certificate of Insurance.
- iii. We shall communicate with You/ Insured Member at the address or through any other electronic mode mentioned in the Policy Schedule/Certificate of Insurance.

17. No Constructive Notice

Any knowledge or information of any circumstance(s) or condition in connection with You / Insured Member(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.

18. Notice of Charge

We will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of Insured Member shall in all cases be an effective discharge to us.

19. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

20. Automatic change in Coverage under the policy

The coverage for the Insured Member(s) shall automatically terminate in the case of his/ her (Insured Member) demise, all relevant particulars in respect of such person (including his/her relationship with the Insured Member) must be submitted to Us along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured Member, pro-rata refund of premium of the deceased Insured Member for the balance period of the policy will be effective, subject to no claims.

21. Endorsements (Changes in Policy)

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except Us. Any change made by Us shall be evidenced by a written endorsement signed and stamped.
- ii. The Master Policyholder shall not be changed.

22. Changes in Circumstances

You/ Insured Member must inform us, as soon as reasonably possible of any change in information you have provided to us about Insured Member(s) which may affect the insurance cover provided.

23. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule/Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document.

24. Payment of Premium:

The premium payable shall be paid in advance before commencement of risk.

25. Electronic Transaction

You /Insured Member(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as

may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

26. Reasonable Precaution

You/Insured Member(s) shall take all reasonable precaution to prevent injury, illness, and disease in order to minimize claims.

27. Disclaimer Clause

If we shall disclaim our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this policy.

28. Arbitration

Any dispute or claim arising out of or in relation to this insurance policy shall be referred to and resolved by arbitration under the Arbitration & Conciliation Act, 1996, enacted in India. The arbitration proceedings shall be conducted in English under and in accordance with the provisions of the said Arbitration and Conciliation Act 1996.

The seat of arbitration shall be the place of issuance of this insurance policy or any other place in India as agreed by the parties and the parties shall bear costs of fees and expenses of arbitral tribunal in equal proportion until unless otherwise stated in arbitral or other order/award.

29. Claims made in sections where basis of payment is Benefit, the claim shall be payable only for one incident.

30. Claims made in sections where basis of payment is Indemnity, multiple claims can be made but Sum Insured will keep decreasing on the basis of claims payment until its exhausted.

Insurance is the subject matter of solicitation.