

Policy Terms and Conditions

For the purposes of interpretation and understanding of this Policy the Company has defined below some of the important words used in this Policy. Words not defined below are to be construed in the usual English language meaning as contained in Standard English language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, benefits, insurance coverage and exclusions, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

I. Definitions

- I.1 Accident/ Accidental** is a sudden, unforeseen and involuntary event caused by external, visible and violent means;
- I.2. Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery;
- I.3. Age** means the completed age of the Insured Person on his last birthday;
- I.4. Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and include Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- I.5. Ambulance** means a road vehicle operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention;
- I.6. Annual Multi Trip Policy** means a Policy under which there can be more than one Period of Insurance during the Policy Period, subject to the maximum trip duration (per trip) specified on the Policy Certificate/ Certificate of Insurance or as opted;
- I.7. Any One Illness** means a continuous Period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital / nursing home where the treatment may have been taken;
- I.8. Assistance Service Provider** means the service provider specified in the Policy Certificate and/or Certificate of Insurance, appointed by the Company from time to time;
- I.9. Cashless facility** means a facility extended by the Company to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Company to the extent pre-authorization approved;
- I.10. Certificate of Insurance** means the certificate the Company issues to an Insured Person evidencing cover under the Policy;
- I.11. Checked-In Baggage** means the baggage (luggage and personal possessions belonging to or in the lawful custody of the Insured Person) offered by the Insured Person and accepted for custody by a Common Carrier for transportation in the same Common Carrier in which the Insured Person is travelling and for which the Common Carrier has provided a baggage receipt, and the contents of the baggage checked-in by the Insured Person as long as such contents do not violate any policy or rule restricting the nature of items that may be carried on board. This shall exclude all the items that are carried/ transported under a contract of affreightment;
- I.12. City of Residence** means and includes any city, town or village in which the Insured Person is currently residing in India and as specified in the Insured Person's corresponding address in the Policy Certificate/Certificate of Insurance;
- I.13. Claim** means a demand made in accordance with the terms and conditions of the Policy for payment under a Benefit or Optional Benefit or Optional Extension in respect of an Insured Person;
- I.14. Company** (also referred as We/Us) means the Care Health Insurance Limited;
- I.15. Common Carrier** means any civilian land or water conveyance or scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket;
- I.16. Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon;
- I.17. 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

Congenital anomaly which is not in the visible and accessible parts of the body

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body;

- I.18. Contribution** means essentially the right of an Insurer to call upon other insurers, liable to the same Insured to share the cost of an indemnity claim on a ratable proportion of sum insured;
- I.19. Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured;
- I.20. Country of Residence** means the country in which the Insured Person is currently residing and as specified in the Insured Person's corresponding address as specified in the Policy Certificate or Certificate of Insurance;
- I.21. Cumulative Bonus** shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium;
- I.22. Damages** means sums payable following judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law;
- I.23. Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with all minimum criteria as under -
- a)** has qualified nursing staff under its employment;
- b)** has qualified Medical Practitioner/s in charge;
- c)** has a fully equipped operation theatre of its own where surgical procedures are carried out;
- d)** maintains daily records of patients and will make these accessible to the insurance company's authorized personnel;
- I.24. Day Care Treatment** refers to medical treatment, and/or surgical procedure as specified under Annexure I which is:
- a)** undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and
- b)** which would have otherwise required a hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition;
- I.25. Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any Benefits are payable by the insurer. A deductible does not reduce the Sum Insured;
- I.26. Dental Treatment** is carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants;
- I.27. Dependent Child** means a child (natural or legally adopted), who is:
- a)** Financially dependent on the Policyholder;
- b)** Does not have his independent sources of income; and
- c)** Has not attained Age 25 years;
- I.28. Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact;
- I.29. 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:
- a)** The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or;
- b)** The patient takes treatment at home on account of non-availability of room in a hospital.
- I.30. Emergency Care (Emergency)** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and

requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health;

1.31. Family means and includes the Insured Person's legal spouse, dependent children, siblings, parents and parents-in-law;

1.32. Geographical Scope means the countries or geographical boundaries in which the coverage under the Policy is valid as specified in the Policy Certificate/Certificate of Insurance;

1.33. Grace Period means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received;

1.34. Hazardous Activities (Adventure Sports) shall mean any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes racing and competitions, stunt activities of any kind, adventure racing, base jumping, balthlon, 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, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying,parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo ski jumping, ski racing, sky diving, small bore target shooting, speed trials/time trials, triathlon, water ski jumping, weight lifting, wrestling and activities of similar nature;

1.35. Hijack means any act of unlawful seizure or control of a Common Carrier with a wrongful intent using force or violence or threat thereof;

1.36. Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- a) has qualified nursing staff under its employment round the clock;
- b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- c) has qualified medical practitioner(s) in charge round the clock;
- d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

or

Any institution established for in- patient care and day care and treatment of Injury or Illness and which has been registered as a Hospital or a clinic as per law rules and/or regulations applicable for the country where the contingency arises;

1.37. Hospitalization means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours;

1.38. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment;

1.39. Immediate Family Member means an Insured Person's lawful spouse, dependent children and parents only;

1.40. Injury means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner;

1.41. Inpatient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event;

1.42. 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;

1.43. Insured Person (Insured) means a person whose name specifically appears under Insured in the Certificate of Insurance and is a covered group member;

1.44. Life Threatening Medical Condition means a medical condition suffered by the Insured Person which has the following characteristics:

- a) Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or

- b) Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver; kidneys and pancreas); or

- c) Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ failures and requires interpretation of multiple physiological parameters and application of advanced technology; or

- d) Critical care being provided in critical care area such as coronary care unit, Intensive Care Unit, respiratory care unit, or the emergency department; and certified by the attending Medical Practitioner as a Life Threatening Medical Condition;

1.45. Maternity expenses shall include—

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).

- b) expenses towards lawful medical termination of pregnancy during the policy period;

1.46. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription;

1.47. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment;

1.48. Medical Practitioner means a person who holds a valid registration from the medical council of any State and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes a physician and / or surgeon;

1.49. Medically Necessary means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- i. Is required for the medical management of the Illness or Injury suffered by the Insured Person;
- ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. Must have been prescribed by a Medical Practitioner;
- iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

1.50. Network Provider means Hospitals or Health Care providers enlisted by an insurer or by a Assistance Service Provider and insured together to provide services to an insured on payment by a cashless facility;

1.51. Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

1.52. Nominee means the person named in the Certificate of insurance to receive the benefits payable under this Policy if the Insured Person is deceased. For the purpose of avoidance of doubt it is clarified that if the Nominee is a minor on the date when payment becomes due under the Policy, payment shall be made to the Appointee named in the Certificate of Insurance;

1.53. Non-Network means any hospital, day care centre or other provider that is not part of the network;

1.54. Notification of claim is the process of notifying a claim to the Company or Assistant Service Provider by specifying the timelines as well as the address/telephone number to which it should be notified;

1.55. OPD Treatment (Out-patient Care) is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient;

1.56. Period of Insurance means a period within the Policy Period which commences when the Insured Person crosses the international border of the Country of Residence if the Geographical scope is out of India to leave that country on a Common Carrier or City of Residence if the Geographical Scope is restricted to India to leave that city and expires automatically on the earliest of:

- a) the Insured Person crossing the Indian international border to return to the Country of Residence on a Common Carrier if the Geographical scope is out of India or returning to the City of Residence if the Geographical Scope is restricted to India; or

- b) the expiry of the period specified in the Policy Certificate or Certificate of Insurance from the commencement of the Period of Insurance; or

- c) the Policy Period End Date.

The Policy Certificate or Certificate of Insurance shall specify whether the Policy

is a Single Trip Policy or an Annual Multi Trip Policy;

1.57. Place of Destination means the destination place where the journey of the Insured Person, forming part of the Trip, is scheduled to be concluded through a scheduled Common Carrier;

1.58. Place of Origin means the starting point/ place from where the Insured Person's Trip is scheduled to be undertaken through a Common Carrier by which he finally leaves the Country of Residence or City of Residence;

1.59. Place of Residence means the dwelling place that the Insured Person is presently resident in as specified as the correspondence address of the Insured Person in the Policy Certificate or Certificate of Insurance;

1.60. Policy means these Policy Terms & Conditions, Benefit, Optional Benefits, Optional Extensions (if any), the Proposal Form, Policy Certificate, Certificate of Insurance, and Annexures which form part of the policy contract and shall be read together;

1.61. Policy Certificate means the certificate attached to and forming part of this Policy;

1.62. Policyholder (also referred as You) means the person who is the Group Administrator and named in the Policy Certificate as the Policyholder;

1.63. Policy Period means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specifically appearing in the Policy Certificate;

1.64. Policy Period End Date means the date on which the Policy expires, as specified in the Policy Certificate;

1.65. Policy Period Start Date means the date on which the Policy commences, as specified in the Policy Certificate;

1.66. Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

1.67. Post-hospitalization Medical Expenses are Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

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

1.68. Pre-existing Disease means any condition, ailment or injury or related condition(s) for which the Insured Person had signs or symptoms, and/or were diagnosed, and/or received medical advice or treatment within 48 months to prior to the first policy issued by the Company;

1.69. Pre-hospitalization Medical Expenses are Medical Expenses incurred immediately before the Insured Person is Hospitalized, provided that:

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

1.70. Qualified Nurse is a person who holds a valid registration from the Nursing Council;

1.71. 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;

1.72. Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods;

1.73. Room Rent means the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated Medical Expenses;

1.74. Single Trip Policy means a Policy under which there cannot be more than one Period of Insurance during the Policy Period;

1.75. Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source;

1.76. Sum Insured means the amount specified against the Benefit/Optional Benefit / Optional Extension in the Certificate of Insurance for each Insured Person which represents the Company's maximum, total and cumulative liability for that Insured Person for any and all Claims incurred in respect of that Insured Person during the Period of Insurance under that Benefit/Optional Benefit/Optional Extension;

1.77. Surgery/Surgical Procedure means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or

prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner;

1.78. Terrorism/Terrorist Incident means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or 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. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism;

1.79. Unproven / Experimental Treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2. Scope of Cover

General Conditions

- (i) The maximum liability of the Company for an Insured Person for any and all Claims incurring under this Policy during the Policy Period for an insured event or occurrence that occurs during the Period of Insurance in relation to that Insured Person shall not exceed the Sum Insured specifically mentioned against each & every Benefit/Optional Benefit individually in the Certificate of Insurance. Sum Insured for all the Optional Extensions shall be a part of their respective Benefit / Optional Benefit Sum Insured except for Optional Extension 13 and Optional Extension 14 of Benefit – 'Medical Cover'. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.
- (ii) Any Benefit or Optional Benefit or Optional Extension shall be available only if the same is specifically mentioned in the Certificate of Insurance and premium for the same has been received.
- (iii) Benefit – 'Medical Cover', Optional Benefits and Optional Extensions are subject to the terms and conditions stated against them and the Policy Terms & Conditions.
- (iv) Claim payable under any Benefit or Optional Benefit or Optional Extension shall be reduced by the Deductible and / or co-payment (if applicable) as specified against that Benefit or Optional Benefit or Optional Extension in the Certificate of Insurance or as opted.
- (v) If the Geographical scope is out of India, Country of Residence is to be considered and whereas if the Geographical Scope is restricted to India, City of Residence is to be considered. Coverage will be restricted to the opted geographical scope.
- (vi) The currency of the Sum Insured shall correspond to the currency mentioned against the Benefit, Optional Benefits and Optional Extensions in Certificate of insurance.
- (vii) The Deductible and/or Co-payment amount specified in the Policy Certificate/ Certificate of Insurance or as opted shall be borne by the Insured Person on each Claim or the timeframe specified in the Policy Certificate/Certificate of Insurance for which the Medical Expenses/ or other costs and expenses incurred in respect of the Insured Person for that timeframe shall be borne by the Insured Person on each Claim. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible and/or Co-payment (if applicable) on that Claim is exhausted;
- (viii) Claim under Optional Benefit 2 to Optional Benefit 37 can be made on reimbursement basis only.
- (ix) Claim documents as specified in Clause 6.3 is applicable to each and every claim. Additional Claim documents related to specific Benefit/Optional Benefit/ Optional Extension are mentioned against respective Benefit/Optional Benefit/ Optional Extension.
- (x) Scope of cover under the Policy will be defined as per the opted Benefit / Optional Benefit / Optional Extension.
- (xi) Loadings and discounts are applied on the cumulative premium arrived based on the total man days.
- (xii) This product offers a mandatory benefit – 'Medical Cover', which includes 'In-patient Care with Day care Treatment' (this includes 'Pre-Existing Disease Cover In Life Threatening Medical Condition' for up to 10% of Sum Insured of Medical Cover) or 'In-patient Care for Injury with Day care Treatment'. Policyholder has the option to choose any of the 14 optional extensions with this mandatory benefit.

Along with the mandatory Benefit – 'Medical Cover' and its optional extensions, Policyholder has further choice to opt for any of the 38 Optional Benefits, together with any of their Optional Extensions, if applicable. Please note that apart from mandatory benefit – 'Medical Cover', Optional Extensions are available only for Optional Benefit 25 – Out-patient Cover.

2.1. Benefit - Medical Cover

The Company shall indemnify the Insured for the Medical Expenses reasonably incurred during Hospitalization by the Insured for medical treatment undertaken on account of any Illness contracted or Injury sustained whilst on a Trip during the Period of Insurance, subject to the overall liability of the Company not exceeding the Sum Insured for the coverage as specified in the Certificate of Insurance.

- a) The Company has provided an option to cover either Clause 2.1 (a.1): In-patient care with Day Care Treatment or Clause 2.1(a.2): In-patient care for injury with Day Care Treatment.

Note – 'In-patient Care with Day care Treatment' includes 'Pre-Existing Disease Cover in Life Threatening Medical Condition' for up to 10% of Sum Insured of Medical Cover; subject to the conditions specified in Clause 2.1 (c) (i).

1. In-patient Care

If an Insured Person is diagnosed with an Illness or suffers an Injury during the Period of Insurance that requires the Insured Person's Hospitalization, then the Company will indemnify the Medical Expenses incurred on Hospitalization provided that:

- (i) the Hospitalization is on the written advice of a Medical Practitioner;
- (ii) the treatment for the Illness or Injury commences during the Period of Insurance and immediately after the diagnosis of the Illness or occurrence of the Injury;

2. In-patient Care for Injury

If an Insured Person suffers an Injury during the Period of Insurance that requires the Insured Person's Hospitalization, then the Company will indemnify the Medical Expenses incurred on Hospitalization provided that:

- (i) the Hospitalization is on the written advice of a Medical Practitioner;
- (ii) the treatment for the Injury commences within 7 days of the occurrence of the Injury during the Period of Insurance;
- (iii) Day Care Treatment and all Optional Extension(s) are restricted to Injury in case of cover restricted to in-patient care for Injury only.

b) Day Care Treatment

If an Insured Person has to undergo Day Care Treatment (as specified in Annexure – I) at a Day Care Centre or Hospital, the Company will indemnify the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was taken on the written advice of a Medical Practitioner.

c) Optional Extensions to Benefit – 'Medical Cover'

(i) Optional Extension 1 : Pre-existing Disease Cover in Life Threatening Medical Condition

The scope of cover under Benefit – 'Medical Cover' is extended to the Medical Expenses incurred by the Insured Person during Hospitalization for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition, during the Period of Insurance for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease, provided that the approval of the Company or the Assistance Service Provider is obtained within 48 hours of Hospitalization.

Company will indemnify for the Medical Expenses incurred during Hospitalization on that Life Threatening Medical Condition due to pre-existing disease up to the limits specified in the Certificate of Insurance or as opted.

(ii) Optional Extension 2 : Extended Cover in the Country of Residence / City of Residence

If a Claim is admitted under Clause 2.1.(a.1) or 2.1.(a.2) of Benefit – 'Medical Cover', then the Company will indemnify the Medical Expenses incurred on Hospitalization of the Insured Person in the Country of Residence/City of Residence for a maximum period of 30 days or as specified in the Certificate of Insurance from the expiry of the Period of Insurance, provided that:

- (i) the Hospitalization is required for the same Illness or Injury for which the Claim under Clause 2.1.(a.1) or 2.1.(a.2) of Benefit – 'Medical Cover' was admitted;
- (ii) The Company's pre-authorization under this Optional Extension has been obtained.

If a Claim is admitted under Clause 2.1.(a.1) or 2.1.(a.2) of Benefit – 'Medical Cover' and the Insured has obtained the pre-authorization, then the Company will indemnify the costs of direct route economy class airfare for the Insured Person and one accompanying attendant to return to the

Country of Residence/City of Residence from the place of occurrence of the Illness or Injury provided that:

- (i) The Company shall pay only up to direct route economy class airfare available on the date of the journey;
- (ii) The costs of the attendant's airfare shall be indemnified by the Company only if medically necessary and prescribed by the treating Medical Practitioner for an attendant to accompany the Insured Person.

(iii) Optional Extension 3 : Automatic Extension

The Company will automatically extend the Period of Insurance without payment of any extra premium for up to 7 days from the date of expiry of the Period of Insurance provided that:

- (i) The Claim is admitted under Clause 2.1.(a.1) or 2.1.(a.2) of Benefit – 'Medical Cover'.Or;
- (ii) There is a delay or cancellation of the departure of the Common Carrier in which the Insured Person was booked to return to the Country of Residence/City of Residence and such delay was beyond the control of the Insured Person and no alternative transportation was available to the Insured Person to return.

(iv) Optional Extension 4 : Additional Sum Insured in Case of Accident

In case any Claim is made for any Injury due to an Accident during the Period of Insurance, the Company shall automatically provide an additional Sum Insured of up to 100% of Medical Cover or as specified in the Certificate of Insurance for Clause 2.1.(a.2) for that Insured Person who is hospitalized, provided that:

- (i) The additional Sum Insured shall be utilized only after the original Sum Insured has been completely exhausted;
- (ii) The total amount payable under such Claim shall not exceed the sum of the Sum Insured and additional Sum Insured;
- (iii) The additional Sum Insured shall be available only for such Insured Person for whom Claim for Hospitalization following the Accident has been accepted under the Policy.
- (iv) The additional Sum Insured shall be applied only once during the Policy Period.

(v) Optional Extension 5 : Maternity

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred in respect of the Insured Person for Hospitalization for the delivery of the child.

This Optional Extension shall supersede Clause 3(h) of the General Exclusions.

Specific Conditions applicable to this Optional Extension:

- (i) Claims under this Optional Extension are admissible only if the expenses are incurred in Hospital for delivery of the child as an in-patient.
- (ii) The delivery occurs after the completion of the waiting period specified in the Policy Certificate/ Certificate of Insurance. Company shall not be liable to make payment under this Optional Extension in respect of the Insured Person more than twice during the Insured Person's lifetime.
- (iii) The Company shall cover pre-natal and post-natal expenses up to 10% of Sum Insured under this Optional Extension provided that the condition necessitates treatment in a Hospital and the Insured Person is hospitalized.

(vi) Optional Extension 6 : Treatment of Mental & Nervous Disorder

The scope of cover under Benefit – 'Medical Cover' is extended to cover Mental and nervous disorders Expenses incurred in respect of the Insured Person.

This Optional Extension shall supersede Clause 3@ of the General Exclusions.

(vii) Optional Extension 7 : HIV/ AIDS Cover

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred for the treatment of acquired immune deficiency syndrome (AIDS).

This Optional Extension shall supersede Clause 3(g) of the General Exclusions whereas Claim would not be payable if the Insured Person is suffering from HIV / AIDS prior to the Period of Insurance.

(viii) Optional Extension 8 : Drug and Alcohol Abuse

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred for treatment of alcohol and drug abuse provided that Claims under this Optional Extension shall be admissible only if the Medical Expenses are incurred in case of Hospitalization; and

This Optional Extension shall supersede Clause 3(z) of the General Exclusions.

(ix) Optional Extension 9 : Self Inflicted Injury

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred due to any self- inflicted injury, provided that Claims under this Optional Extension shall be admissible only if the Medical Expenses are incurred in case of Hospitalization; and

This Optional Extension shall supersede Clause 3(e) of the General Exclusions.

(x) Optional Extension 10 : Maternity Complications

The Company will indemnify for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person for treatment of any of the complications specified below occurring during the Period of Insurance:

S. No	Complication
1	Uterine rupture
2	Post partum haemorrhage
3	Amniotic fluid embolism
4	Placenta previa
5	Placental Abruptio
6	Disseminated Intravascular Coagulation(DIC)
7	Still Birth
8	Uterine Inversion

(xi) Optional Extension 11 : Sub-limit on Medical Expenses

The company's maximum liability under this optional extension for hospitalization under clause 2.1 (a.1) & 2.1 (a.2) as an admissible claim in respect of any Insured Person shall be limited in accordance with the table below:

Medical Expense Sub-limit	
Room Rent including boarding and lodging	As specified in the Policy Certificate/Certificate of Insurance
ICU Charges	
Operation Theatre charges (including Surgeon Charges)	
Anesthesia	
Diagnostics and Radiology Services	
Medical Practitioners visit fees	
Miscellaneous Expenses	
Ambulance Services	

For the purpose of application of the above limits:

- (i) **Surgery** includes operation theatre charges, surgeon fees, implant charges and all other associated charges.
- (ii) **Ambulance Services** include cost of transportation of the Insured Person to the nearest Hospital and paramedic services.
- (iii) **Miscellaneous Expenses** includes but not limited to the cost of medicines, pharmacy or drugs supplies, nursing charges, blood storage and processing charges and any other services which are not specified above

(xii) Optional Extension 12 : Adventure Sports Injury

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred for the Insured Person due to any injury arising out of Adventure Sports, provided that Claims under this Optional Extension shall be admissible only if the Medical Expenses are incurred in case of Hospitalization; and

This Optional Extension shall supersede Clause 3(ff) & 3(gg) of the General Exclusions.

(xiii) Optional Extension 13 : Corporate Floater

If an Insured Person has exhausted his respective Sum Insured under Benefit – 'Medical Cover' and further incurs any medical expenses, the

same would be payable from the Sum Insured of Corporate Floater. The amount payable under this Optional Extension for an Insured Person shall be restricted to any of the following conditions as chosen by the Policyholder (maximum up to the corporate floater Sum Insured):-

- (i) Restricted to Named Illnesses and up to the Sum Insured of Benefit – 'Medical Cover' for an Insured Person; Or
- (ii) Restricted only up to the Sum Insured of Benefit – 'Medical Cover' for an Insured Person; Or
- (iii) Maximum up to the corporate floater Sum Insured.

Named illnesses which are referred above are:

- Cancer;
- End Stage Renal Failure;
- Multiple Sclerosis;
- Major Organ Transplant;
- Heart Valve Replacement;
- Coronary Artery Bypass Graft / Angioplasty (PTCA);
- Stroke excluding transient ischemic attack (TIA);
- Paralysis;
- Myocardial Infarction
- Brain surgery
- Road traffic accident with the following conditions:
 - Head injury or
 - Fractures in two or more limbs (upper / lower) or
 - RTA injury requiring ventilation support

(xiv) Optional Extension 14 : Recharge of Sum Insured

If a Claim is payable under the Policy, then the Company agrees to automatically make the re-instatement of up to the Sum Insured under Benefit – 'Medical Cover' for the Insured Person during Policy Period provided that:

- (i) The Recharge shall be utilized only after the Sum Insured under Benefit – 'Medical Cover' has been completely exhausted in that Policy Period.
- (ii) A Claim will be admissible under the Recharge only if the Claim is admissible under the Benefit – 'Medical Cover'.
- (iii) Recharge of Sum Insured is applicable only for Benefit – 'Medical Cover'.
- (iv) The Recharge shall be available only for all future Claims and not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Person during the Period of Insurance.
- (v) The total amount of Recharge shall not exceed the Sum Insured for the Policy Period.
- (vi) If the Policy is issued on a Floater basis, then the Recharge will also be available only on Floater basis.
- (vii) For any single Claim during a Period of Insurance, the maximum Claim amount payable shall be the Sum Insured.
- (viii) During a Policy Period, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum of:
 - i. The Sum Insured under Benefit – 'Medical Cover'
 - ii. Recharge of Sum Insured
- (ix) The balance of the Recharge shall be available during the Policy Period till it is exhausted completely.

d) Documents to be submitted for any Claim under this Benefit

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Original pathological or diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.
- (ii) Original bills and receipts for:
 - i. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered.

- ii. Fees paid to the Medical Practitioner and for special nursing charges.
- iii. Charges incurred towards any and all test and/or examinations rendered in connection with the treatment.
- iv. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.

2.2. Optional Benefit I – Medical Evacuation

- a) The Company will indemnify up to the Sum Insured specified in the Certificate of Insurance for the reasonable cost incurred for the Medical Evacuation of the Insured Person in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance, provided that:

- (i) The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's Emergency medical evacuation;
- (ii) These transportation expenses are limited to transporting the Insured Person from the place of contracting or sustaining such Illness or Injury to the nearest appropriate Hospital;
- (iii) This Optional benefit will be provided on a cashless basis if the costs are certified and authorized by the Company or the Assistance Service Provider in advance, unless the Insured Person has a Life Threatening Medical Condition and the Insured Person (or his representatives) arrange for the Medical evacuation at their own cost and expense in which case the Company will indemnify the costs incurred on the Medical evacuation in accordance with the terms of this Optional Benefit;
- (iv) Payment under this Optional Benefit is subject to a Claim for the Illness or Injury which requires Hospitalization and is Medically Necessary.

b) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation;
- (ii) Documentary proof for all expenses incurred towards the Medical Evacuation.

2.3. Optional Benefit 2 – Repatriation of Mortal Remains

- a) If the Insured Person dies solely and directly due to an Accident, the Company will indemnify for the costs of repatriation of the mortal remains of the Insured Person back to the Country of Residence / City of Residence or, up to an equivalent amount, for a local burial or cremation at the place where death has occurred.

b) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
- (ii) Copy of the postmortem certificate;
- (iii) Documentary proof for expenses incurred towards disposal of the mortal remains;
- (iv) In case of transportation of the body of the deceased to the Country of Residence/City 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.

2.4. Optional Benefit 3 – Dental Expenses

- a) The Company will indemnify for the Medical Expenses incurred in

connection with any Injury/illness to the Insured Person's Sound Natural Teeth during the Period of Insurance provided that:

- (i) the treatment is provided by a Medical Practitioner qualified in practicing dentistry or dental surgery;
- (ii) For the purposes of this Optional Benefit only:

Sound Natural Teeth means natural teeth that are either unaltered or are fully restored to their normal function and are disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

This Optional Benefit shall supersede Clause 3 (j) of the General Exclusions.

b) Exclusions applicable to Optional Benefit 3: Dental Expenses

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Treatment of any orthopedic, degenerative or oenological diseases;
- (ii) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution;
- (iii) Treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence / City of Residence.

c) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital;
- (ii) Original Bills and receipts for:
 - i. Fees paid to the Medical Practitioner and special nursing charges;
 - ii. Charges incurred towards any and all test and/or examinations rendered in connection with the treatment;
- (iii) Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.
- (iv) Any other information or documentation related to the treatment taken.

2.5. Optional Benefit 4 – Loss of Passport

- a) If the Insured Person loses his original passport, the Company will indemnify the cost incurred by the Insured Person towards obtaining a duplicate or new passport.

b) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of the police report;
- (ii) Statement of Claim for the expenses incurred;
- (iii) Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

2.6. Optional Benefit 5 – Loss Of Checked-in Baggage

- a) The Company will indemnify the Insured for the value of the Checked-In Baggage totally lost whilst in custody of the Common Carrier during the period of journey provided that:

- (i) Coverage under this Optional Benefit shall commence only after the Checked-in Baggage is entrusted to the Common Carrier and a receipt obtained and coverage under this Optional Benefit shall terminate automatically after 24 hours of the Common Carrier reaching the Place of Destination specified in the ticket of the Insured Person during the Period of Insurance;
- (ii) If more than one (1) piece of Checked-In Baggage has been checked-in under the same ticket of the Insured Person, the

Company's liability shall be restricted to 50 % of the Sum Insured if all the pieces of Checked-In Baggage are not lost;

- (iii) If the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Optional Benefit in full irrespective of whether delivery of the baggage is taken;
- (iv) If a portion of the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Optional Benefit which is attributable to the portion of Checked-In Baggage traced in full irrespective of whether delivery of the Baggage is taken;
- (v) The liability of the Company shall be determined based on the market value of the Contents of the Checked-In Baggage as on the scheduled/expected date of delivery at the destination port.

In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds US\$ 100 / Euro 75 / INR 5,000, the Company's liability shall be limited to US\$ 100 / Euro 75 / INR 5,000 only.

b) Exclusions applicable to Optional Benefit 5 – loss of Checked-in Baggage:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any partial loss or damage of any items contained in the Checked-In Baggage;
- (ii) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities;
- (iii) Any loss due to damage to the Checked-In Baggage;
- (iv) Valuables
- (v) Any loss for which a Claim has already been made under Optional Benefit 6;
- (vi) Any loss of Checked-In Baggage sent in advance or shipped separately.

For this Optional Benefit, Valuables shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals.

c) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Property irregularity report issued by the appropriate authority;
- (ii) Voucher of the Common Carrier for the compensation paid for the non-delivery/short delivery of the Checked-In Baggage;
- (iii) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery/short delivery of the Checked-In Baggage.
- (iv) Statement of claim furnishing the details of items contained in the Checked-In Baggage and the values thereof (excluding Valuables). Values of the items shall represent their market value after allowing for age and usage.
- (v) In case of items of individual value equal to or more than US\$ 100 / Euro 75 / INR 5,000 contained within the Checked-In Baggage, proof of ownership in the form of purchase bill (or any other proof to the satisfaction of the insured / Assistance Service Provider).

2.7. Optional Benefit 6 – Delay of Checked-in Baggage

- a)** The Company will pay the Sum Insured if the delivery of the Insured Person's Checked-In Baggage which has been entrusted to the Common Carrier is delayed by more than 12 hours or as specified in the Certificate of Insurance from the Insured Person's arrival at the Place of Destination specified on his valid ticket during the Period of Insurance.

b) Exclusions applicable to Optional Benefit 6- delay of Checked-in Baggage:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any delay which does not exceed the time period specified in this Optional Benefit.
- (ii) Any loss for which a Claim has already been made under Optional Benefit 5;
- (iii) Any delay in delivery of the Checked-In Baggage arising out of or resulting from detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies;
- (iv) Any delay attributable to damage to the Checked-In Baggage warranting an examined delivery by the Common Carrier.

c) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage;
- (ii) Voucher of the Common Carrier for the delay in delivery of the Checked-In Baggage;
- (iii) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the delay in delivery of the Checked-In Baggage.

2.8. Optional Benefit 7 - Personal Accident

- a)** If the Insured Person dies or suffers Permanent Total Disablement within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance, the Company will pay up to the Sum Insured specified in the Certificate of Insurance in accordance with the table below provided that death or Permanent Total Disablement is solely and directly due to the Injury and the Insured Person or his representative arranges for the immediate treatment of the Insured Person in a Hospital.

S.No.	Event	% of the SI payable
1	Death	100%
2	Permanent Total Disablement (PTD)	
A	Loss of sight of both eyes, or actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye and loss of one entire hand or one entire foot	100%
B	Loss of sight of one eye, or actual loss by physical separation of one entire hand or one entire foot	50%

For the purpose of this Optional Benefit only, physical separation of a hand or foot means actual severance of hand at or above the wrist, and of foot at or above the ankle.

b) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Medical reports giving the details of the Accident, nature of the Injury, the extent of disability (if applicable) and the details of treatment provided.
- (ii) Death certificate (if applicable).
- (iii) Postmortem certificate
- (iv) Police report.

- (v) Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury

2.9. Optional Benefit 8 - Common Carrier Fatality

- a) The Company has provided an option to cover either Clause 2.9 (a)(1) : Common Carrier Fatality or Clause 2.9(a)(2) : Common Carrier Fatality – Flight Only.

1. Common Carrier Fatality

If the Insured Person dies within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance whilst the Insured Person is mounting into or dismounting from or traveling in a Common Carrier on a valid ticket, the Company will pay the Sum Insured provided that death is solely and directly due to the Injury.

2. Common Carrier Fatality – Flight Only

If the Insured Person dies within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance whilst the Insured Person is mounting into or dismounting from or traveling in a Common Carrier (Flight only) on a valid ticket, the Company will pay the Sum Insured provided that death is solely and directly due to the Injury.

- b) **Documents to be submitted for any Claim under this Optional Benefit:**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Medical reports giving the details of the Accident and nature of Injury;
- (ii) Death certificate;
- (iii) Postmortem certificate;
- (iv) Police report;
- (v) Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier at the time of the Accident.

2.10. Optional Benefit 9 - Personal Liability

- a) The Company shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties arising on account of Insured Person's negligence for which civil claim is made or suit brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.
- b) The Company shall also indemnify the Insured Person towards the cost of defense maximum up to 10% of claim amount incurred upon the prior written consent of the Company.
- c) **Exclusions applicable to Optional Benefit 9 - Personal Liability**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Liability of the Insured Person in relation to any professional services rendered by him;
- (ii) Liability for injury or damage of any kind whilst the Insured Person is engaged in his business activities or in course of business activities;
- (iii) Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract;
- (iv) Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances;
- (v) Fines, penalties, punitive or exemplary damages of any kind;
- (vi) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles;
- (vii) Any liability, which is the subject matter of specific insurance elsewhere;
- (viii) Any personal liability of the Insured Person towards his family, relations or traveling companions, whether personal or official or commercial;

- (ix) Liability resulting from transmission of an illness or disease by the Insured Person;
- (x) Personal liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting therefrom;
- (xi) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets;
- (xii) Liability arising from the possession of animals, birds, reptiles or insects and their byproducts such as skin, hair, feathers, horns, fur, ivory, bones or eggs;
- (xiii) Liability arising from the ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or the use of firearms;
- (xiv) Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction;
- (xv) Liability arising from any supply of goods or services on the part of the Insured Person;
- (xvi) Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence;
- (xvii) Any liability arising from a contingency occurring anywhere in the Country of Residence/City of Residence of the Insured Person;
- (xviii) Liability arising out of any breach of law or rules or any criminal liability.

- d) **Terms and conditions applicable to Optional Benefit 9 - Personal Liability:**

- (i) Every notice, writ, summons or process and all documents relating to the Claim/ event shall be forwarded to the Company immediately on receipt by the Insured Person.
- (ii) No admission, offer, promise or payment shall be made or given by or on behalf of the Insured Person without the prior written consent of the Company.
- (iii) Insured Person shall fully co-operate and support and act as per the advise of the Company or the Assistant Service Provider.
- (iv) Insured Person shall fully support the Company in reaching a compromise with the aggrieved party and/ or to take such steps as may be required to bring the Claim to an amicable settlement.
- (v) All amounts incurred by the Company in the defense, settlement and/or payment of any Claim, will correspondingly reduce the Sum Insured under this Optional benefit.
- (vi) In the event the Company chooses to exercise its right pursuant to this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, the Company's liability or obligations under this Optional Benefit beyond what the Company's liability or obligations would have been had it not exercised its rights under this condition.
- (vii) The Insured Person shall not settle or offer for settlement or enter into a compromise with the claimant or any other person without the prior consent and the written approval of the Company or Assistance Service Provider.
- (viii) The terms and exclusions of this Optional Benefit (and any phrase or word contained therein) shall be interpreted in accordance with Indian law.

- e) **Documents to be submitted for any Claim under this Optional Benefit:**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this optional Benefit:

- (i) Statement of Claim furnishing particulars of the event leading to the liability such as the court order;
- (ii) Photocopy of the police report (wherever reported).

2.11. Optional Benefit 10 - Hijack Distress Allowance

- a) If the Common Carrier in which the Insured Person is traveling on a valid ticket is Hijacked, then the Company will pay daily payable benefit amount for each day up to 30 days or as specified in the Certificate of Insurance for which the Insured Person continues to be held captive by the hijackers, provided that:

- (i) The Company will be liable to make payment under this Optional Benefit only if the Hijack has continued for a period of at least 24 consecutive hours or as specified in the Certificate of Insurance;
- (ii) The Company shall not be liable to make payment if the Insured Person is traveling by any other mode of transportation;
- (iii) The Company's liability under this Optional Benefit in respect of the Insured Person shall not extend beyond the date and time of the Insured Person's release;
- (iv) The Company shall not be liable to make payment under this Optional Benefit if a Claim has already been made under either Optional Benefit 13 or Optional Benefit 14.

b) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Letter from the Common Carrier authorities confirming the event;
- (ii) Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier;

2.12. Optional Benefit 11 – Emergency Cash Advance

a) If the Insured Person suffers a Financial Emergency, then the Company or the Assistance Service Provider will co-ordinate with the Insured Person's relatives in his Country of Residence/City of Residence, to provide emergency financial assistance to the Insured Person provided that:

- (i) The Company's liability under this Benefit is limited to organising the delivery of funds received from the Insured Person's relatives to the Insured Person in cash within 7 days from receipt of funds;
- (ii) The Company shall not have or be deemed to have any direct financial liability to the Insured Person under this Optional Benefit;
- (iii) This Optional Benefit shall not be available more than once during the Policy Period.

For the purpose of this Optional Benefit only Financial Emergency means the Insured Person's loss of Money (money, travelers cheque or credit cards issued in favor of the Insured Person) available with him such that he has insufficient Money to continue the journey but not including any immediate financial support available to the Insured Person from any alternative source on request and/ or any emergency situation encountered by him by causes other than substantial loss of money and/ or where a Financial Emergency is not an immediate and instantaneous consequence at the place of loss of money;

b) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A copy of the complaint lodged with the police authorities or the first information report.

2.13. Optional Benefit 12 - Trip Cancellation and Interruption

a) Trip Cancellation:

- i. If the Insured Person's outward journey as a fare paying passenger from the Country of Residence/City of Residence to a Place of Destination on a Common Carrier is unavoidably cancelled before the commencement of the Period of Insurance solely and directly due to one of the reasons below, then the Company will indemnify for those travel expenses that the Insured Person paid and cannot recover and for which no value can be derived:
 - (i) Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
 - (ii) Terrorism provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place

which is involved in or related to the proposed journey;

- (iii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury for atleast 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 days consecutive days from the scheduled commencement of the Period of Insurance;
- (iv) The Insured Person is Hospitalized in an Emergency due to an unforeseen Illness or Injury and such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days and the treating Medical Practitioner certifies in writing that the Insured Person is not fit to undertake travel.

- ii. If a Claim is admitted under this Optional Benefit and the Certificate of Insurance specifies that this is a Single Trip Policy, the Policy shall be immediately and automatically cancelled on the Company's admission of the Claim.
- iii. If a Claim is admitted under this Optional Benefit and the Certificate of Insurance specifies that this is an Annual Multi Trip Policy, no other Claim shall be admitted under the Policy in respect of that Period of Insurance.
- iv. Any amount refunded to the Insured Person by the Common Carrier in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Optional Benefit.

b) Trip Interruption:

- i. If the Insured Person's overseas stay is unavoidably curtailed after the commencement of the Period of Insurance solely and directly due to one of the reasons below, then the Company will indemnify for the costs of direct route economy class airfare of the Insured Person to return to the Country of Residence / City of Residence:
 - (i) Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place within the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
 - (ii) Terrorism provided that the peril takes place within the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey;
 - (iii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury and such Hospitalization continues for at least 5 consecutive days;
- ii. Any amount refunded to the Insured Person by the Common Carrier in relation to the curtailment shall be deducted from the amount payable to the Insured Person under this Optional Benefit.

c) Exclusions applicable to Optional Benefit 12 - Trip Cancellation and Interruption

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) strikes or labor disputes or slowdown;
- (ii) Interruption or cancellation of the journey either wholly or in partly at the instance of the Common Carrier (apart from the reasons listed above) or by the travel agent;
- (iii) Interruption or cancellation of the journey either wholly or in partly at the instance of the authority governing the Common Carrier or the government;

d) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation (as applicable) shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation;
- (ii) Ticket / boarding pass issued by the Common Carrier indicating the cost of ticket and receipt for the refund of the fare of the Common

- Carrier towards the cancelled portion of the journey indicating cancellation charges retained by the Common Carrier:
- (iii) Boarding pass in original for return journey from the place of cancellation to the Country of Residence / City of Residence which indicates the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the journey.
 - (iv) A declaration from the Insured Person furnishing the circumstances that compelled him / her to cancel the journey;
 - (v) Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his / her Immediate Family Member;
 - (vi) Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating the cancellation charges retained;
 - (vii) Boarding pass in original for return journey from the place of cancellation to the Country of Residence / City of Residence of the Insured Person together with the receipts for the refunds obtained towards the unfulfilled portion of the journey.

2.14. Optional Benefit I3 - Trip Delay

- a) If the departure of a Common Carrier in which the Insured Person is scheduled to travel on a valid ticket during the Period of Insurance is delayed for more than 12 consecutive hours or consecutive hours as specified in the Certificate of Insurance from the later of the declared time of departure or expected time of departure due solely and directly to any one of the following:

- (i) Earthquake, flood, rains, storm, cyclone or tempest; or
- (ii) Terrorism

The Company will pay the Sum Insured provided that the Company or the Assistance Service Provider is given written notice of the delay immediately and in any event within 30 days of the commencement of the delay and immediate alternative arrangements are made by the Insured Person for progressing the journey as scheduled.

b) Exclusions applicable to Optional Benefit I3 – Trip Delay

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any contingencies other than those specifically named above;
- (ii) The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority;
- (iii) A Claim has already been made under either Optional Benefit I0 or Optional Benefit I4.

c) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay.

2.15. Optional Benefit I4 - Missed Connection

- a) If the Insured Person misses the connecting flight solely and directly due to the delayed arrival of the Common Carrier in which the Insured Person was traveling on a valid ticket, the Company will indemnify the Insured Person for the cost of direct route economy class airfare actually incurred by the Insured Person to continue the journey to the scheduled Place of Destination provided that:

- (i) The Company shall not be liable to make any payment under this Optional Benefit if the delay could reasonably have been foreseen by the Insured Person or if the Insured Person could reasonably have become aware of such delay in advance;
- (ii) The Company shall be liable under this Optional Benefit only if the time gap between the scheduled arrival of the Common Carrier and the connecting flight is more than 6 consecutive hours or consecutive hours as specified in the Certificate of Insurance;
- (iii) The Company's liability to make payment under this Optional Benefit shall be in excess of the total amount refunded or returned to the Insured Person by flight service provider.

b) Exclusions applicable to Optional Benefit I4 – Missed Connection

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) A Claim has already been made under either Optional Benefit I0 or Optional Benefit I3.
- (ii) Missing of the flight is the result of: Any deviation from the originally scheduled route at the instance of the Insured Person for any reason whatsoever;
- (iii) Any advance intimation given to the Insured Person of a possible delay of the Common Carrier that might lead to missing of connecting flight;
- (iv) Any circumstances other than those directly attributable to the delay of the earlier Common Carrier.

c) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Confirmation from the Common Carrier of the delay as to the expected time of arrival and the actual time of arrival at Place of Destination together;
- (ii) Copy of unused ticket for the missed flight;
- (iii) Certificate from the Common Carrier of the missed flight that the fare for the part of the journey covered by the missed flight is forfeited in full or in part together with the amount of forfeiture;
- (iv) Original used ticket obtained afresh towards the alternative flight for the part of the journey covered by the missed flight indicating the amount paid as fare.

2.16. Optional Benefit I5 – Spectacles Damage

- a) The Company will indemnify the Insured Person for any damage to eye vision corrective spectacles provided that such damage is caused solely and directly due to an Accident.

b) Exclusions applicable to Optional Benefit I5 – Spectacles Damage:

Any Claim related to any loss of eye glasses or power lenses in respect of any Insured Person.

c) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Payment receipt for new / repair of eye corrective spectacles;
- (ii) Any other information, documentation or details specified by the Assistance Company or Company for the certification of the market value of the items damaged.

2.17. Optional Benefit I6 – Identity Document Theft

- a) If the Insured Person loses his original Identity proof - Driving license, PAN card or Voter ID card on account of theft, the Company will indemnify the cost incurred by the Insured Person towards obtaining a duplicate Identity proof.

b) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of the police report;
- (ii) Original receipt for payment of charges to the authorities for obtaining a new or duplicate Identity proof.

2.18. Optional Benefit I7 – Bounce Booking

- a) The Company will indemnify the Insured Person the actual additional expenses / cost incurred by the Insured for alternative flight arrangements or for alternative accommodation in the event of the confirmed flight reservation for any part of the Trip within the Period of Insurance bouncing

at the sole instance of the Common Carrier or bouncing of the confirmed accommodation booking at place of stay being part of the Trip solely at the instance of the accommodation provider.

- (i) Provided that the Company's 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 the Company's 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.
- (ii) It is a condition precedent to admission of liability by the Company under this Optional Benefit that the Insured 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 by way of additional expenses for alternative travel arrangement or alternative accommodation arrangement. Details of the steps taken by the Insured shall be furnished to the Company.
- (iii) 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 the Company to the extent of the amount of claim admitted and paid by the Company to the Insured.

b) Exclusions applicable to Optional Benefit 17 – Bounce Booking:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) If the Insured shall fail 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 date of accommodation as the case may be;
- (ii) In connection with any waitlisted travel booking or accommodation booking irrespective of whether such bookings have been promised to be confirmed later;
- (iii) If the confirmed accommodation is a personal arrangement or is free of charge;
- (iv) 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

c) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A declaration from the Insured that he/she has strictly complied with the rules laid down by the Common Carrier or accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation.
- (ii) A confirmation from the Common Carrier of the bounced booking solely at their instance and responsibility.
- (iii) A confirmation from the accommodation provider of the bounced booking solely at their instance and responsibility.
- (iv) The Insured shall lodge his/her claim on the Common Carrier and / or the accommodation provider in writing
- (v) Statement of Claim for the expenses incurred;
- (vi) Original receipt for payment of charges to the other Common Carrier and / or other the accommodation provider

2.19. Optional Benefit 18 – Political Risk and Catastrophe Evacuation

- a)** The Company will indemnify the Insured Person the actual expenses/cost incurred by the Insured for return to the Country of Residence / City of Residence or the nearest place of safety up to the cost of a direct route economy class air fare for the same (one way) or hotel accommodation maximum of USD 300 / Euro 225 / INR 1500 per day for maximum 7 days

provided that:

- (i) Officials of embassy of the Country of Residence of the Insured in writing recommend, or a notification is issued by the Government of the city where Insured is visiting, that people, which include the Insured should leave the city, or
- (ii) A catastrophe (fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic due to contagious disease) has occurred in the City the Insured is in, necessitating his immediate evacuation in order to avoid risk of personal Injury or Illness to himself/herself.

b) Exclusions applicable to Optional Benefit 18 – Political Risk and Catastrophe Evacuation :

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Insured violating the laws or regulations of the city /country from which he is to be evacuated
- (ii) Failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation
- (iii) Failure to honor any contractual obligation or bond or to obey any conditions in a license
- (iv) If geographical scope is out of India, Insured being a national of the country from which he/she is to be evacuated and if geographical scope is within India, City of Residence from which he/she is to be evacuated.
- (v) Circumstances that resulted in the Insured's evacuation being in existence prior to the Insured entering the city /country or their occurrence being foreseeable to a reasonable person before the Insured entered the country/ city.

c) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Official Declaration by embassy of the Country of Residence of the Insured/Notification from Government.
- (ii) Original Invoice of Hotel Accommodation during the period Insured is unable to return to the Country of Residence/City of Residence.
- (iii) Original ticket(s) used for the travel back to the Country of Residence/City of Residence.

2.20. Optional Benefit 19 – Compassionate Visit

- a)** The Company will indemnify the Insured Person the actual expenses/cost incurred by the Insured for the actual cost of a return (two-way) direct route economy class air fare from the Country of Residence/City of Residence of an Immediate Family Member to the place of Hospitalization of the Insured Person, provided that:

- (i) The Insured Person is hospitalized for a Medically Necessary Emergency Care of any Injury or Illness suffered during the Period of Insurance; and
- (ii) The treating Medical Practitioner advises that the attendance of an Immediate Family Member is necessary; and
- (iii) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days or as specified in the Certificate of Insurance (within the range of 5 to 15 days); and
- (iv) The Immediate Family Member's return travel to the Country of Residence/City of Residence shall commence not later than the date of the Insured Person's return to the Country of Residence/City of Residence.

b) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner recommending the

- presence in the form of special assistance to be rendered by an additional member during the entire period of Hospitalization. The certificate shall also specify the minimum period of Hospitalization.
- (ii) Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- (iii) Original ticket with invoice used for the travel by the Immediate Family Member.
- (iv) Copy of passport of Immediate Family Member with entry and exit stamp.

2.21. Optional Benefit 20 – Return of Minor Child

- a) The Company will indemnify the Insured Person the actual expenses / cost incurred by the Insured for the reasonable expenses incurred in respect of the children, of such Insured Person, for the actual cost of a direct route economy class air fare from the place of Hospitalization of the Insured Person to the Country of Residence / City of Residence provided that:
- (i) The Insured Person is hospitalized for Medically Necessary Emergency Care of any Injury or Illness suffered during the Period of Insurance; and
 - (ii) The Insured Person's children are less than Age 18; and
 - (iii) The Insured Person's children are covered under this Policy as Insured Person or are covered under any other travel insurance policy issued by the Company for the same Period of Insurance; and
 - (iv) The Insured Person's children are unattended in the place of Hospitalization; and
 - (v) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days or as specified in the Certificate of Insurance; and
 - (vi) The Insured Person's children's return travel to the Country of Residence shall commence not later than 10 days from the commencement of the Insured Person's Hospitalization.

b) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.
- (ii) Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- (iii) Original ticket used for the return travel of the children to the Country of Residence/ City of Residence.
- (iv) Copy of passport of the children with entry and exit stamp.

2.22. Optional Benefit 21 – Up-gradation to Business Class

- a) The Company will indemnify the Insured Person the actual expenses / cost incurred by the Insured for the actual cost of up-gradation to a business class air ticket by the most direct route from the place of Hospitalization of the Insured Person to the Country of Residence / City of Residence, provided that:
- (i) The Insured Person is under Medically Necessary hospitalization due to Injury or Illness for at least a period of 5 consecutive days or as specified in the Certificate of Insurance suffered during the Period of Insurance; and
 - (ii) The Insured Person's return air travel to the Country of Residence / City of Residence shall commence not later than 20 days from the discharge of Insured Person from Hospital; and
 - (iii) If the Insured Person's air ticket can be up-graded from economy class to business class, the Company's maximum liability under this Benefit shall be limited to the difference in cost between the economy class air ticket and business class air ticket; and
 - (iv) If the Insured Person's direct route economy class air ticket cannot be up-graded, then the Company's maximum liability under this Benefit shall be limited to the cost of cancellation and the difference between the cost of the new direct route business class airfare and the refund amount received on the economy class ticket cancelled.
 - (v) The Company shall not be liable to make any payment under this Benefit if the Insured Person was originally booked to return to the Country of Residence on a business class air ticket.

- b) In case any Claim is made under this Optional Benefit, no expense of airfare will be payable under Optional Extension 2 of Benefit – 'Medical Cover'.

c) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.
- (ii) Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- (iii) Copy of the economy class air ticket issued by the Common Carrier indicating the cost the ticket and receipt for the refund of the fare of the Common Carrier and the cancellation charges retained.
- (iv) Boarding pass and copy of business class ticket confirming the return journey and the cost of ticket.

2.23. Optional Benefit 22 – Daily Allowance

- a) If the Illness or Injury suffered by the Insured Person solely and directly requires the Insured Person's Hospitalization during the Period of Insurance, then the Company will pay for each continuous and completed day of Hospitalization for a maximum duration as specified in the Certificate of Insurance (maximum up to 60 days), provided that:

- (i) The Insured Person is hospitalized for Medically Necessary Emergency Care of any Injury or Illness suffered; and
- (ii) In case of "Zero day" deductible applicability, the Company will pay 50% of Daily Allowance Limit under this Optional Benefit in case of day care treatment

b) Documents to be submitted for any Claim under this Optional Benefit

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of pathological and diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.

2.24. Optional Benefit 23 – Replacement of Staff

- a) The Company will indemnify for the reasonable expenses incurred by the Policyholder for the actual cost of direct route economy class air fare for another staff member of the Policyholder's organization from the Country of Residence/City of Residence to the place of Hospitalization of the Insured Person directly consequent to the Injury or Illness suffered , provided that:

- (i) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 10 consecutive days ;
- (ii) The staff member's journey to the place of the Insured Person's Hospitalization commences not later than 20 days from the date of the Insured Person's discharge from Hospital;
- (iii) The need of such replacement is essential and certified by the Policyholder as a necessary to minimize the loss of business and/or violation of the Policyholder's contractual obligation.

b) Documents to be submitted for any Claim under this Optional Benefit

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.
- (ii) Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- (iii) Original ticket used for the travel by the staff member .
- (iv) Copy of passport of the staff member with entry and exit stamp
- (v) Certificate by the Policyholder along with the copies of the contracts

supporting the immediate need for replacement of the Insured Persons.

2.25. Optional Benefit 24 – Emergency Hotel Accommodation / Extension

- a) If the Illness or Injury suffered by the Insured Person solely and directly requires the Insured Person's Hospitalization, the Company will indemnify for the reasonable hotel accommodation charges incurred by an Immediate Family Member in the place of Hospitalization of the Insured Person, provided that:

- (i) The Insured Person's Hospitalization continues for more than 5 consecutive days;
- (ii) The Immediate Family Member's extended stay in the hotel was not part of the planned stay or covered under the original hotel booking;
- (iii) The Immediate Family Member is also an Insured Person or is covered under any other travel insurance policy issued by the Company for the same period as the Period of Insurance.
- (iv) The Company's liability shall be in relation to Hotel accommodation in the same category of accommodation as the case may be covered by the original confirmed bookings.

b) **Documents to be submitted for any Claim under this Optional Benefit**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.
- (ii) Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- (iii) Original bill and receipt or letter obtained from the hotel and / or guest house and / or any other paid residential accommodation (available on payment of fees) indicating the amount paid for the accommodation
- (iv) Payment receipt of Extension hotel Booking with document.

2.26. Optional Benefit 25 – Out-patient Cover

The Company shall indemnify the Insured for the Out-Patient Cover reasonably incurred by the Insured whilst on a Trip during the Period of Insurance.

- a) The Company has provided an option to cover either Clause 2.26 (a.1): Out-patient care or Clause 2.26(a.2): Out-patient care for injury.

1. Out-patient Care

If an Insured Person suffers an Illness or an Injury that requires the Insured Person to take Out-patient Care, then the Company will indemnify for the Medical Expenses incurred on that Out-patient Care.

Out-patient Care includes 'Pre-Existing Disease Cover in Life Threatening Medical Condition' for up to 10% of Sum Insured of Out-patient Cover, subject to the conditions specified in Clause 2.26 (b) (i).

2. Out-patient Care for Injury

If an Insured Person suffers an Injury that requires the Insured Person to take Out-patient Care, then the Company will indemnify for the Medical Expenses incurred on that Out-patient Care.

b) **Optional Extension to Out-patient Cover**

(i) **Optional Extension 1: Pre-existing Disease Cover in Life Threatening Medical Condition**

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred by the Insured Person for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease, provided that:

- (i) The Company will indemnify for the Out-Patient Cover incurred on that life threatening medical condition due to pre-existing disease up to the limits specified in the Certificate of Insurance.
- (ii) The approval of the Company or the Assistance Service Provider is obtained within 48 hours of Consultation.
- (iii) Claim under this Optional Extension shall be admissible till the Insured Person becomes medically stable or is relieved from acute pain; and
- (iv) All further Medical Expenses including but not limited to those

expenses related to maintaining the medically stable state or to prevent the onset of acute pain or any further treatment would not be covered by the Company;

(ii) **Optional Extension 2 : Cancer Screening and Mammography**

The scope of cover under Optional Benefit 25 is extended to cover expenses up to the Sum Insured specified in the Certificate of Insurance incurred for cancer screening and mammography; and

(iii) **Optional Extension 3 : Treatment of Mental & Nervous Disorder**

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred for Mental and nervous disorders Expenses; and

This Optional Extension shall supersede Clause 3(f) of the General Exclusions.

(iv) **Optional Extension 4 : Radiotherapy and Chemotherapy Charges**

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred for Radiotherapy and Chemotherapy charges; and

This Optional Extension shall supersede Clause 2.26 (d) (vi) of the Exclusions applicable for Optional Benefit 25.

(v) **Optional Extension 5 : Vaccination Charges**

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred for Vaccination charges; and

This Optional Extension shall supersede Clause 2.26 (d) (vi) of the Exclusions applicable for Optional Benefit 25 and Clause 3(v) of the General Exclusions.

(vi) **Optional Extension 6 : Non-emergency OPD Consultation**

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred for Non-Emergency OPD Consultation; and

This Optional Extension shall supersede Clause 2.26 (d) (iii) of the Exclusions applicable for Optional Benefit 25.

(vii) **Optional Extension 7 : Adventure Sports Injury**

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred for the Insured Person due to any injury arising out of Adventure Sports, provided that Claims under this Optional Extension shall be admissible only if Medical Expenses are incurred; and

This Optional Extension shall supersede Clause 3(ff) & 3(gg) of the General Exclusions.

c) **Documents to be submitted for any Claim under this Optional Benefit**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Original pathological and diagnostic reports, consultation detail, case papers and prescriptions issued by the treating Medical Practitioner or Hospital.
- (ii) Original bills and receipts for:
 - i. Charges paid towards medical services rendered.
 - ii. Fees paid to the Medical Practitioner and for special nursing charges.
 - iii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment.
 - iv. Charges incurred towards medicines or drugs purchased from a registered pharmacy duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.

d) **Exclusions applicable to optional benefit 25 - Out-patient Cover:**

Any Claim in respect of any Insured Person for; arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Medical treatment taken outside the Country of Residence/City of

- Residence if that is the sole reason or one of the reasons for the journey.
- (ii) Any treatment or Medical Expense incurred for any illness/injury which was pre-existing at the time of commencement of Policy except for those covered under Optional Extension I which is subject to those Pre-existing Diseases being declared and accepted by the Company prior to Policy Period Start Date and specified in the Certificate of Insurance.
- (iii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Radiotherapy and Chemotherapy charges
- (v) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (vi) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
- (vii) Physiotherapy expenses or any services provided by chiropractitioner.

2.27. Optional Benefit 26 – Hotel Cancellation :

- a) The Company shall indemnify the Insured Person for any cancellation charges related to the accommodation booked in advance in a hotel or guest house for the Period of Insurance solely and directly due to one of the reasons below, provided that:
 - (i) The Company's liability shall be limited to the difference between the actual charges incurred for the reservation of such accommodation and the amounts obtained by refund towards the complete cancellation of the original reservation;
 - (ii) The Company is liable to pay as long as the occurrence of the event for which claim is made should be subsequent to the expense incurred due to any of the below mentioned reasons :
 - (i) Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
 - (ii) Terrorism provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey;
 - (iii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury for at least 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 days consecutive days from the scheduled commencement of the Period of Insurance;
 - (iv) The Insured Person is Hospitalized in an Emergency due to an unforeseen Illness or Injury and such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days and the treating Medical Practitioner certifies in writing that the Insured Person is not fit to undertake travel.

b) Documents to be submitted for any Claim under this Optional Benefit

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Original bill and receipt or letter obtained from the hotel and / or guest house and / or any other paid residential accommodation (available on payment of fees) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained.
- (ii) Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation;
- (iii) A declaration from the Insured Person furnishing the circumstances that compelled him / her to cancel the journey;
- (iv) Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or

his/her Immediate Family Member;

- (v) Any other document related to cancellation.

2.28. Optional Benefit 27 – Reimbursement of Golf Fees

- a) The Company shall indemnify the Insured Person for any cancellation charges related to golf fees already paid in advance for the Period of Insurance, provided that:
 - (i) The Insured Person's Hospitalization is for more than 5 consecutive days;
 - (ii) The cancellation of the proposed golf is solely and directly due to the Insured Person's Hospitalization which is Medically Necessary;
 - (iii) The Company's liability shall be limited to the difference between the charges incurred for such golf fees and the amounts obtained by refund towards the cancellation.
- b) **Documents to be submitted for any Claim under this Optional Benefit**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Documentation confirming the payment of the prepaid golf fees.
- (ii) Medical certificate from an attending medical practitioner confirming the reason and length of time he would be unable to play golf.

2.29. Optional Benefit 28 –Home Care

- a) If the Illness or Injury suffered by the Insured Person requires the Insured Person to be necessarily attended by a qualified nurse, the Company will pay the daily payable benefit amount for each continuous and completed day of attendance by a qualified nurse at the Insured Person's home provided that:
 - (i) The Insured Person's Hospitalization is for more than 5 consecutive days or as specified in the Certificate of Insurance;
 - (ii) The Company shall not be liable to make payment under this Optional Benefit for a period of more than 15 days or as specified in the Certificate of Insurance from the Insured Person's discharge from Hospital.
 - (iii) Medical Practitioner's Prescription that medical services of a qualified nurse be provided to the Insured Person at his home.

b) Documents to be submitted for any Claim under this Optional Benefit

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner recommending that medical services of a qualified nurse be provided to the Insured Person at his home.
- (ii) Discharge summary from the Hospital furnishing details including the date of admission and date of discharge.
- (iii) The qualified nurse's bill and payment receipt.

2.30. Optional Benefit 29 – Maternity Cash Benefit

- a) The Company will pay the Sum Insured of Maternity Cash Benefit for Maternity claim during the Period of Insurance, provided that:
 - (i) The Insured Person is hospitalized for Maternity claim during the Period of Insurance; and
 - (ii) The Company will be liable to make payment only once in the policy period; and
 - (iii) Claims under this Optional Benefit are admissible only if the expenses are incurred in case of Hospitalization for delivery of the child.
 - (iv) The delivery occurs after the completion of the waiting period specified in the Certificate of Insurance / Policy Certificate.
 - (v) Company shall not be liable to make payment under this Optional Benefit in respect of the Insured Member more than twice during the Insured Person's lifetime.

b) Documents to be submitted for any Claim under this Optional Benefit

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of Original consultation detail and case papers issued by the treating Medical Practitioner or Hospital.
- (ii) Copy of Original bills and Discharge summary
- (iii) Certificate / Letter of delivery of the child

2.31. Optional Benefit 30 – Loss of Laptop / Tablet / Hand Baggage

a) The Company shall indemnify the Insured Person for loss incurred due to theft of his/her Laptop/Tablet/Hand Baggage provided that:

- (i) The claim shall be settled at Market Value of the Laptop/Tablet/Hand Baggage before the loss, which will be arrived at by depreciating the value by 25% per annum. However the maximum liability would be restricted to the Sum Insured.

b) Exclusions applicable to Optional Benefit 30 – Loss Of Laptop /Tablet / Hand Baggage :

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any electrical or mechanical breakdown of the laptop / Tablet
- (ii) Any loss of softwares or data in the laptop / Tablet and any consequential loss
- (iii) Any loss as a result of any action taken by customs department.

c) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of the police report;
- (ii) Details of the attempts made to trace the Laptop / Tablet / Hand Baggage;
- (iii) Letter defining incidence of theft
- (iv) Bill Copy of the Laptop / Tablet / Hand Baggage;

2.32. Optional Benefit 31 – Non-Allopathic Treatments

a) The Company shall indemnify the Insured Person for expenses incurred for the methods of treatment specified below:

- (i) Homeopathic
- (ii) Osteopathy
- (iii) Chiropractic
- (iv) Acupuncture
- (v) Physiotherapy

b) For the purpose of this Optional Benefit only, Another methods of treatment means medical consultation, diagnostic tests or medical treatment taken by the Insured Person

- (i) at the out-patient department of a Hospital which administers treatment related to the above disciplines of medicine; or
- (ii) from a registered Medical Practitioner who holds a valid degree in at least one of the methods of treatment as specified above.

c) Exclusions applicable to Optional Benefit 31 – Non-Allopathic Treatments:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Medical treatment taken outside the Country of Residence/City of Residence if that is the sole reason or one of the reasons for the journey.
- (ii) Any treatment or Medical Expense incurred for any illness/injury which was pre-existing at the time of commencement of Policy.
- (iii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.

- (iv) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (v) Routine physical tests and/or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.

d) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Original bills and receipts for Charges paid towards medical services rendered.
- (ii) Charges incurred towards any and all test and / or examinations rendered in connection with the treatment.

2.33. Optional Benefit 32 – Parent Accommodation

a) The Company will indemnify the Insured Person the actual expenses / cost incurred in respect of one of Parent Accommodation with child in hospital, provided that:

- (i) The Insured Person (Child) is hospitalized for Medically Necessary Emergency Care of any Injury or Illness suffered during the Period of Insurance; and
- (ii) The Insured Person (child) are less than Age 12; and
- (iii) The Insured Person's Parent are covered under this Policy as Insured Person or are covered under any other travel insurance policy issued by the Company for the same Period of Insurance; and
- (iv) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days.

b) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.
- (ii) Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- (iii) Addition Expenses for parents accommodation in Hospital.

2.34. Optional Benefit 33 – Health Checkup

a) The Company will indemnify the Insured Person the actual expenses / cost incurred for health check-up including Dental Health Check-up and eye/ Vision Check-up for the Insured Person as specified in the Certificate of Insurance.

b) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Payment receipt of Health Checkup.

2.35. Optional Benefit 34 – Bail Bond

a) The Company will indemnify for the legal costs of procuring a bail bond, which is required to be furnished in the event of the arrest or imminent arrest of the Insured Person by any government or statutory body or authority, provided that every notice, writ, summons or process and all documents relating to the claim/ event shall be forwarded to the Company immediately on receipt by the Insured Person.

b) Exclusions applicable to Optional Benefit 34 – Bail Bond :

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Legal liability of the Insured Person
- (ii) Any amount paid towards bail, surety or guarantee or of similar nature
- (iii) Fines, penalties, punitive or exemplary damages of any kind.
- (iv) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- (v) Any liability, which is the subject matter of specific insurance elsewhere.
- (vi) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- (vii) Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- (viii) Liability arising out of any breach of law or rules or any criminal liability.

c) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Statement of claim furnishing particulars of the event
- (ii) Copy of the report and notice received from the government or statutory body/authority
- (iii) Copy of the application for bail and the evidence of cost incurred towards procurement of such bail.

2.36. Optional Benefit 35 – Sponsor Protection

a) The Company will indemnify the Insured Person for the balance fees for regular classroom study for the educational course in the event of the death of the Sponsor directly arising out of and consequent upon an Injury sustained during the Policy Period, provided that:

- (i) The Company's cumulative liability under this Optional Benefit shall be limited to the actual unpaid fees for the remaining period of the course or the Policy Period, whichever is earlier.
- (ii) The Company will be liable to pay for such fees only after the demand for such fees is raised by the Educational Institute.
- (iii) The Company will pay the outstanding fees semester wise or as per the periodicity based on which demand for such fees is raised by the Educational Institute.
- (iv) The Company will be liable to pay such fees under this optional Benefit only if the Insured Person continues to be enrolled and attend that course at the Educational Institute as per the rules of such institute.
- (v) If the Insured Person discontinues his studies for any reason, the Company shall have the right to recover such fees paid by it from the Insured Person.

"Sponsor" as used in this Optional Benefit shall mean any individual responsible for paying the tuition fees of the student of his full time study in a registered educational institution.

b) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(i) In relation to the Sponsor

- a. Medical reports specifying the details of the Accident and the nature of Injury.
- b. Death Certificate.
- c. Postmortem certificate.
- d. Police report.

(ii) In relation to Unpaid Fees

- e. Demand letter from Educational Institute
- f. Copy of the original fee schedule
- g. Certificate from Educational Institute establishing the continuity of studies

- h. Last semester passing certificate
- i. Documentary proof of last fee paid by the Sponsor.

2.37. Optional Benefit 36 – Study Interruption

a) The Company will indemnify the Insured Person for any tuition fees which is to be paid to the Educational Institute on account of the Insured Person having to repeat the semester solely and directly for any of the following reasons:

- a. Medically Necessary Hospitalization of the Insured Person for more than 30 consecutive days for either a covered Injury or Illness or in case of Medical Evacuation to Country of Residence / City of Residence, or
- b. Death of an Immediate Family Member arising out of and consequent upon an Injury sustained during the Period of Insurance.

Provided that the Insured Person is compelled for one of the above reasons to discontinue his studies for the remaining part of the running semester for which tuition fees have already been paid to the Educational Institute.

- a. The Company will be liable to pay such fees only after the demand for such fees is raised by the Educational Institute and paid by the Insured Person;
- b. In the event of a Claim, the Insured Person shall make a request to the Educational Institute, in writing, seeking a written response from it towards any amount due to the Insured Person by way of refunds. Any such refunds shall be first deducted from the amount payable by the Company.

b) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

(i) In relation to Death of the Immediate Family Member

- a. Medical reports giving the details of the Accident and nature of Injury.
- b. Death Certificate.
- c. Postmortem certificate.
- d. Police report.
- e. Proof of relationship.

(ii) In relation to Hospitalization of Insured Person

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- 1. Original pathological or diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.
- 2. Original bills and receipts for:
 - a. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered.
 - b. Fees paid to the Medical Practitioner and for special nursing charges.
 - c. Charges incurred towards any and all test and/or examinations rendered in connection with the treatment.
 - d. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.

(iii) In relation to Fees

- a. Demand letter from Educational Institute raising such demand
- b. Copy of the original fee schedule
- c. Certificate from Educational Institute establishing the discontinuity of studies and re-admission to the same semester under the same course
- d. Last semester passing certificate
- e. Documentary proof of last fee paid

2.38. Optional Benefit 37 – University Insolvency

a) The Company will indemnify the Insured Person the actual additional expenses/cost incurred by the Insured for Common Carrier expenses for returning back to the Country of Residence/City of Residence and accommodation expenses in case the University in which the Insured Person has applied has become insolvent, provided that:

- (i) The Company's liability shall be in relation to the economical category of accommodation in the same place of stay where the University is situated for a maximum of 7 days and additional expenses in relation to the economical class of travel.
- (ii) It is a condition precedent to admission of liability by the Company under this cover that the Insured shall take all steps to fix the primary responsibility for the University Insolvency and try to recover from them the consequential loss incurred by the Insured. Details of the steps taken by the Insured shall be furnished to the Company.
- (iii) Any recovery towards additional expenses from the University as the case may be, if any, effected from the concerned agencies after settlement of the claim under the policy, shall be remitted to the Company to the extent of the amount of claim admitted and paid by the Company to the Insured.

b) Exclusions applicable to Optional Benefit 37 – University Insolvency:

- (i) A Claim is not admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions in respect of any Insured Person for, arising out of or directly or indirectly due to the Insured failing to adhere to the rules of the University or regulation of state in connection to admission as the case may be.

c) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A declaration from the Insured that he / she has strictly complied with the rules laid down by the University.
- (ii) Copy of the complaint lodged by the Insured on the University.
- (iii) Statement of Claim for the expenses incurred;
- (iv) Original receipt for payment of charges to the other Common Carrier and / or other the accommodation provider
- (v) Valid visa having the same University name.

2.39. Optional Benefit 38 – Additional Services

a) The Company or Assistance Service Provider will arrange for the Insured Person to avail any of the following services, subject to details as specified in the Policy Certificate, including but not limited to:

- (i) Health Card in physical form
- (ii) Doctor On Call

The Company/Assistance Service Provider will arrange for the provision of medical advice to the Insured Person over the telephone.

(iii) Other value added services as follows:

- i. Medical Assistance Services
The Company/Assistance Service provider shall provide Medical assistance service e.g. Referral, emergency medical assistance etc.
- ii. Medical Service Provider Referral
The Company/Assistance Service Provider shall provide to the Insured Person, upon request, with the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). The Company / Assistance Service Provider shall not be responsible for providing medical diagnosis or treatment. Although The Company / Assistance Service Provider shall make such referrals, it cannot guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider shall be the decision of the Insured Person. The Company/Assistance Service Provider, however, will exercise care and diligence in selecting the Medical Service Providers.

iii. Arrangement of Hospital Admission

If the medical condition of the Insured Person is of such gravity as to require hospitalization, The Company/Assistance Service Provider will assist such Insured Person in the hospital admission.

iv. Arrangements of Appointments with Local Doctors for Treatment

The Company/Assistance Service Provider shall assist the Insured Person by arranging for appointments with local doctors for treatment.

v. Medical Translation Service

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

vi. Delivery of Essential Medicine

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

vii. Arrangement of Compassionate Visit

The Company/Assistance Service Provider will arrange for one return airfare for an Immediate Family Member of the Insured Person wishing to join the Insured Person who, when travelling alone, is hospitalized outside the Country of Residence/City of Residence.

viii. Arrangement of Return of Minor Child

The Company/Assistance Service Provider will arrange for one-way airfares for the return of minor child to the Country of Residence / City of Residence if they are left unattended as a result of the accompanying Insured Person's illness, accident or Emergency Medical Evacuation. Escort will be provided, when requested.

ix. Arrangement of Parent Accommodation

The Company/Assistance Service Provider will arrange for the hotel accommodation of the Insured Person's one of the Parents related to an incident requiring Emergency Medical Evacuation, Emergency Medical Repatriation or hospitalization.

x. Inoculation and Visa Requirement Information

The Company/Assistance Service Provider shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured Person at any time, whether or not the Insured Person is traveling or an emergency has occurred. The Company/Assistance Service Provider shall inform the Insured Person requesting such information that The Company/Assistance Service Provider is simply communicating the requirements set forth in a document and The Company / Assistance Service Provider shall name the document.

xi. Embassy Referral

The Company/Assistance Service Provider shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.

xii. Emergency Document Delivery

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

xiii. Home Care Assistance

If the medical condition of the Insured Person is of such gravity

as to require qualified nurse, The Company/Assistance Service Provider will assist such Insured Person to provide reference of such qualified nurse.

- xiv. Lifestyle Services
The Company/Assistance Service Provider shall assist the Insured Person by arranging local lifestyle service provider reference e.g. gym, spa etc.
- xv. Diet and nutrition consultation
The Company/Assistance Service Provider shall assist the Insured Person by arranging for appointments with local diet and nutrition consultation.
- xvi. Chat with Medical Practitioners
The Company/Assistance Service Provider will arrange for the provision of medical advice to the Insured Person over the online chat.
- xvii. Preferred pricing and discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty or Hotel or any travel related services and skin-clinics
- xviii. Special discounts on medical equipment's or medicines as provided by service providers
- xix. Health risk assessment
Health Risk Assessment (HRA) is an online questionnaire based application, which empowers the Insured Person to analyze his/her health status and identify health risks early. HRA helps in early identification and management of risks, promotion of preventive healthcare, regular follow up and monitoring to ensure effective management of health status
- xx. Crisis Management Services provided by companies
The Company/Assistance Service Provider will arrange to provide emergency alerts for the country the Insured Person is traveling.
- xxi. Tele Support: Basic medical advice and symptom information, pre-travel advice, Details of local and national support groups, emotional stress related to foreign environs

It is agreed and understood that:

- (i) The Insured Person is free to choose whether or not to obtain the additional services and, if obtained under this Optional Benefit, then whether or not to act on it.
- (ii) This Optional Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.
- (iii) The company do not provide the services under this Optional Benefit or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same or the use to which the services under this Optional Benefit are put.
- (iv) The company do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any service under this Optional Benefit or for any consequences of actions taken or not taken in reliance thereon.
- (v) The Insured Person shall indemnify the Company and hold the company harmless for any loss or damage caused by or arising out of or in relation to any opinion, advise, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or service provider or for any consequences of any action taken or not taken in reliance thereon.

Terms for admissibility of Claim under this Optional Benefit:

- (i) Claim under this Optional Benefit can be claimed only under Cashless Facilities in accordance with the Policy.
- (ii) Payment of Claims for this Optional Benefit is not subject to availability of the Sum Insured under the Policy.
- (iii) The Company or Assistance Service Provider will arrange for the above mentioned services to the Insured Person; On utilizing these services, the Insured Person shall make payment for the services (if any), directly to the service provider:

3. General Exclusions (applicable to Benefit – 'Medical Cover', all Optional Benefits & Optional Extensions)

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (a) Any condition or treatment as specified in Annexure – II.
- (b) The Company shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – III.
- (c) Any events occurring outside the Period of Insurance except for a Claim for Trip Cancellation under Optional Benefit I 2.
- (d) The Insured Person:
 - (i) traveling against the advice of a Medical Practitioner; or
 - (ii) receiving, or is supposed to receive, medical treatment; or
 - (iii) having received terminal prognosis for a medical condition; or
 - (iv) travelling for the purpose of obtaining medical treatment; or
 - (v) taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
 - (vi) traveling to Country from which his/her visa is allotted.
- (e) An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness.
- (f) Any Illness or Injury directly or indirectly resulting or arising from or occurring during the commission of any breach of any law by the Insured Person with any criminal intent.
- (g) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- (h) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy, which is proved by diagnostic means and certification by a gynecologist that it is life threatening.
- (i) Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (j) Any treatment or surgery for any dental illness or injury.
- (k) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- (l) Charges incurred in connection with cost of spectacles (unless to the extent covered under Optional Benefit I 5) and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and or devices whether for diagnosis or treatment.
- (m) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment. Any diagnosis or treatment of an Illness / Injury which does not require Hospitalization.
- (n) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker, belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer or thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- (o) Weight management services and treatment, vitamins and tonics related to weight control programmers, services and supplies including treatment of obesity (including morbid obesity).
- (p) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respice care, long-term nursing care, custodial care or any treatment in an

- establishment that is not a Hospital.
- (q) Treatment of all external Congenital Anomalies or Illness or defects or anomalies or treatment relating to external birth defects.
 - (r) Treatment of mental Illness, stress, psychiatric or psychological disorders.
 - (s) Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury.
 - (t) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.
 - (u) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
 - (v) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
 - (w) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
 - (x) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.
 - (y) Non-allopathic treatment.
 - (z) Illness or Injury attributable to the consumption, use, misuse or abuse of tobacco, intoxicating drugs or alcohol.
 - (aa) Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care or a day care procedure is required.
 - (bb) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
 - (cc) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
 - (dd) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, Claim or expense. For the purpose of this exclusion:
 - (i) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - (ii) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - (iii) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

In addition to the foregoing, any loss, Claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded.

- (ee) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- (ff) Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.
- (gg) Any Claim relating to Hazardous Activities.

I. Additional Exclusions applicable to Benefit – 'Medical Cover', Optional Benefit 19 to 24, Optional Benefit 27, Optional Benefit 32 & Optional Benefit 36:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Medical treatment taken outside the Country of Residence/City of Residence if that is the sole reason or one of the reasons for the journey.

- (ii) Any treatment or Medical Expense incurred for any illness/injury which was pre-existing at the time of commencement of Policy except for those covered under Optional Extension I to Benefit – 'Medical Cover' which is subject to those Pre-existing Diseases being declared and accepted by the Company prior to Policy Period Start Date and specified in the Certificate of Insurance.
- (iii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (v) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
- (vi) Physiotherapy expenses or any services provided by chiropractitioner.
- (vii) Expenses related to any kind of Non-medical charges, service charge, surcharge, night charges levied by the hospital under whatever head.

4. Special Conditions

Special Conditions shall be applicable only if the same is specified in the Policy Certificate / Certificate of Insurance.

4.1. Special Condition 1 : Floater Cover

- (a) The maximum liability of the Company for any and all Claims incurring under this Policy during the Policy Period for an insured event or occurrence that occurs during the Period of Insurance shall not exceed the Sum Insured specifically mentioned against each & every Benefit individually in the Policy Certificate / Certificate of Insurance.
- (b) Definition 1.76 is deleted entirely and replaced with the following:

Sum Insured: The amount specified in the Policy Certificate / Certificate of Insurance which represents the Company's maximum, total and cumulative liability for all Insured Persons for any and all Claims specifically mentioned against each & every Benefit individually incurred during the Policy Year.

4.2. Special Condition 2 : Co-payment

- (a) Notwithstanding anything to the contrary in the Policy, it is hereby agreed and declared that the Insured Member will bear a Co-payment as specified in the Policy Certificate / Certificate of Insurance accordance with Clause 6.5 and Company's liability shall be restricted to the balance amount payable.
- (b) The Co-payment shall be applicable to each and every claim for each Insured Person as defined in the Policy.

4.3. Special Condition 3 : Deductible

The claim amount assessed by the Company for a particular claim shall be reduced by the Deductible as specified in the Policy Certificate / Certificate of Insurance. The Company shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.

4.4. Special Condition 4 : Trip Type

The Company provides an option to the Insured Person to opt for Single Trip Policy or / and Annual Multi Trip Policy and same have been specified in Policy Certificate / Certificate of Insurance.

5. General Conditions

The General Conditions shall be applicable to Benefit – 'Medical Cover', all Optional Benefits, Optional Extension and Specific Policy Terms & Conditions under the Policy.

- 5.1.** The cover under the Policy shall not attach to any journey that has already commenced prior to the Policy Period Start Date.
- 5.2.** Extension of the Period of Insurance for a Single Trip Policy:

On the Policyholder's written request, the Company will extend the Period of Insurance provided that the total Period of Insurance shall not exceed the maximum trip duration (as opted by the Policyholder) specified in the Policy Certificate/Certificate of Insurance. If a Claim has been made under the Certificate of Insurance:

- (i) No insurance cover will be available under the Benefit or Optional Benefit or Optional Extension in respect of which the Claim is made if such Benefit or Optional Benefit or Optional Extension is available on a fixed benefit amount basis;

- (ii) Insurance cover up to the available Sum Insured will be available under the Benefit or Optional Benefit or Optional Extension in respect of which the Claim is made if such Benefit or Optional Benefit or Optional Extension is available on an indemnity basis.

5.3. Extension of the Geographical Scope :

On the Policyholder's written request, the Company will extend Geographical Scope specified in the Certificate of Insurance provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope made any medical related Claim under the Policy.

5.4. All requests for extensions must be made at least 1 day before the expiry of the original Period of Insurance and accompanied by all the following information and documentation:

- (a) Duly completed application for extension;
- (b) Details of complete particulars of all Claims;
- (c) A good health declaration.

5.5. This product may be withdrawn/modified by the Company after due approval from the IRDA. In case this product is withdrawn/modified by the Company, this Policy can be extended under the then prevailing product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder at least three months prior to the date of such withdrawal / modification of this product and the options available to the Policyholder at the time of extension of this policy.

5.6. Extension will automatically be granted except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person.

5.7. Cancellation/Termination - At the request of the Policyholder, the Certificate of Insurance will be cancelled any time prior to the Period of Insurance End Date specified in the Certificate of Insurance subject to the following conditions:

- (a) Full refund shall be made if the request for cancellation is received by the Company not later than 7 days from the Period of Insurance Start Date and before commencement of the first Period of Insurance if the sole reason for such cancellation is denial of visa for the countries where the Insured Person was scheduled to visit. The visa denial or cancellation letter issued by appropriate authorities shall be submitted to the Company along with the request for cancellation.
- (b) Cancellation of Certificate of Insurance, issued for a Single Trip, at a date earlier than the Period of Insurance End Date specified in Certificate of Insurance can be done only if the Insured Person returns to the Country of Residence / City of Residence before the Period of Insurance End Date. Refund of premium shall only be applicable if the difference between the arrival date to the Country of Residence and the Certificate of Insurance End Date is at least 1 day. Premium refunded will be the difference of the amount of premium paid for the original Period of Insurance and the premium applicable by taking the arrival date as the new Period of Insurance End Date.
- (c) Cancellation of Certificate of Insurance, issued for an Annual Multi Trip, at a date earlier than the Period of Insurance End Date will be effected by the Company and the Company shall retain premium on short period scales as specified hereunder:

Period from Period of Insurance Start Date	Number of Trip days utilized	Premium Retained by the Company
Up to 1 month	Less than or equal to 7 days	25% annual rate
	Greater than 7 days & upto 21 days	50% annual rate
	Greater than 21 days	75% annual rate
From 2nd month Up to 3 months	Less than or upto 21 days	50% annual rate
	Greater than 21 days and upto 35days	75% annual rate
	Greater than 35 days	Full annual rate
From 4th month Up to 6 months	Less than or upto 35days	75% annual rate
	Greater than 35days	Full annual rate
Exceeding 6 months	Any Trip duration	Full annual rate

- (d) No refund of premium shall be eligible in case of cancellation of this Certificate of Insurance where a Claim has been incurred/registered. The Company shall have no liability to make payment of any claims which are incurred post cancellation of the Certificate of Insurance.

6. Claim Intimation, Assessment and Management

Upon the occurrence of any event, Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to the Company's liability under the Policy, the Policyholder or Insured Person (or the Nominee or legal heir if the Policyholder / the Insured Person is deceased) shall undertake all the following in addition to any specific requirements specified within the Benefit / Optional Benefit / Optional Extension under which the Claim is made:

6.1. Claims Intimation

- (a) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Policyholder or Insured Person (or the Nominee or legal heir if the Insured Person is deceased), shall notify the Company either at the Company's call center or in writing immediately and in any event within the timeframe (if any) specified in the Benefit / Optional Benefit under which the Claim is made.
- (b) It is agreed and understood that the following details are to be provided to the Company at the time of intimation of the Claim:
 - (i) Policy Number/ Certificate of Insurance;
 - (ii) Claimant's Name;
 - (iii) Name of the Insured Person in respect of whom the Claim is being made;
 - (iv) Nature of Illness or Injury or contingency for which Claim is being made and the Benefit and/or Optional Benefit and/or Optional Extension under which the Claim is being made;
 - (v) Date of admission to Hospital or loss;
 - (vi) Name and address of the attending Medical Practitioner and Hospital (if applicable);
 - (vii) Any other information, documentation or details requested by the Company or the Assistance Service Provider;
- (c) Any event that may give rise to a Claim has to be notified to the Company or the Assistance Service Provider, within 48 hours of Hospitalization or before discharge (whichever is earlier). However, the Company will examine and relax the timeframe specified for Claim intimation depending upon the merits of the case.

6.2. Claims Procedure

- (a) **Cashless:** Cashless treatment facilities are available only at Network Providers of the Company or the Assistance Service Provider. The Insured Person can avail of this cashless facility at the time of admission into a Network Provider, by completing the following procedure:
 - (viii) Pre-authorization : The Policyholder or Insured Person must call the Company's / Assistance Service Provider's call center specified in the Certificate of Insurance and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least within 24 hours of admission to Hospital.
 - (ix) The Company will process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which cashless facility is sought to be availed. The Company or the Assistance Service Provider will confirm in writing authorization or rejection of authorization to avail cashless facility for the Insured Person's Hospitalization.
 - (x) If the request for availing cashless facility is authorized by the Company or the Assistance Service Provider, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing cashless facility. Payment in respect of all Deductibles/co-payments (if applicable) shall be made directly by the Policyholder or Insured Person to the Network Provider.
 - (xi) If the Company does not authorize the cashless facility due to insufficient Sum Insured or insufficient information provided to the Company to determine the admissibility of the Claim or if the treatment is not taken at a network provider, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company which will be considered by the Company subject to the terms, conditions and exclusions under the

Policy.

- (xii) It is agreed and understood that in all cases where availing of cashless facility has been authorized in writing by the Company, all the information and documentation specified below shall be submitted to the Company or the Assistance Service Provider immediately and in any event before the Insured Person's discharge from Hospital:
 - I. Duly filled and signed Claim form
 - ii. Duly filled and signed 'Release of Medical information Form'
- (b) It is agreed and understood that:
 - (i) When authorizing the availing of cashless facility under this Policy, the Company may authorize the Policyholder's or Insured Person's request for direct settlement of admissible Claims resulting from the Hospitalization in accordance with the agreed charges and the terms and conditions between the Network Provider and the Company. If this authorization is provided then, the Company will directly pay all amounts payable in accordance with the terms and conditions of the Policy to the Network Provider to the extent the Claim is admissible under the Policy.
 - (ii) The Company may modify or add to the list of Network Providers or modify or restrict the extent of cashless facilities that may be availed at any particular Network Provider. The updated list would be available at the Company's or Assistance Service Provider's website or call centre.
 - (iii) Before availing the cashless facility, Policyholder or the Insured Person is required to check the applicable list of Network Providers for the area where he intends to avail the cashless facility through the call center number as provided in the Certificate of Insurance.
- (c) **Reimbursement:**
 - (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified against the Benefit Optional Benefit and Clause 6.3 below shall be submitted (at the Insured Person's expense) to the Company immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss, whichever is later.

6.3. Claim Documentation

The Policyholder or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his expense) give the documentation specified below and any additional information or documentation specified in the Benefit and/or Optional Benefit and/or Optional Extension under which the Claim is being made to the Company or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury / Illness or treatment or loss.

- (i) Duly completed and signed Claim form, in original;
- (ii) Passport copy with entry/exit stamp;
- (iii) Any other document as required by the Company or Assistance Service Provider
- (iv) Additional documents as specified for each benefit

Note : All invoices and bills should be in Insured Person's name or as per the documents mentioned in the respective Benefit / Optional Benefits. Depending on the nature of the Claim, treatment undertaken or illness, there would be a possibility of seeking more information / document from the Claimant concerned without prejudice to his interest and the same shall be requested by any means of recognized communication channels.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

6.4. Policyholder's or Insured Person's or Claimant's duty at the time of Claim

It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:

- (a) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (b) The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and the Company shall not be

obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.

- (c) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 of the Policy and the specific procedures and timeframes specified under the respective Benefit or Optional Benefit or Optional Extension under which the Claim is being made.
- (d) The Insured Person will, at the request of the Company and at his / her own cost and expense, submit himself / herself for a medical examination by the Company's/Assistance Service Provider's nominated Medical Practitioner as often as the Company considers reasonable and necessary.
- (e) The Company's/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (f) The Company shall be provided with complete documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.
- (g) Report any information / document which helps the insurance system to eliminate bad practices in the market.

6.5. Claim Assessment

- (a) All admissible Claims under this Policy shall be assessed by the Company in the following progressive order:
 - i. If the provisions of the Contribution Clause in Clause 7.9 are applicable, the Company's liability to make payment under that Claims shall first be apportioned accordingly.
 - ii. If any sub-limits on Medical Expenses are applicable in accordance with Clause 2.1 (c) (xi), the Company's liability to make payment shall be limited to such extent as applicable.
 - iii. The Deductible shall be applied to each Claim that is either paid or payable (and not excluded), under this Policy. The Company's liability to make payment shall commence only once the amount of the Claim payable or paid exceeds the Deductible.
 - iv. Co-payment shall be applicable on the amount payable by the Company after applying Clause 6.5(a) (i), (ii) and (iii).

6.6. Payment terms

- (a) The Company may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to the Policyholder.
- (b) All payments under this Policy shall be made in Indian Rupees and within India. For all admissible reimbursement Claims, the exchange rate on the date of payment shall be applied and for all admissible benefit (fixed pay-out) Claims, the exchange rate on the date of loss shall be applied.
- (c) If the Assistance Service Provider or the Company requests that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by the Policyholder or the Insured Person.
- (d) The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Policy Terms and Conditions or any Benefit / Optional Benefit / Optional Extension applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Policy Period.
- (e) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted.
- (f) If the Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (g) For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (h) For the Reimbursement Claims, the Company will pay to the Insured

Person unless specified otherwise in the Certificate of Insurance. In the event of death of the Insured Person, unless specified otherwise in the Certificate of Insurance, the Company will pay to the Nominee (as named in the Certificate of Insurance) and in case of no Nominee to the legal heir of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

- (i) The Company shall settle any Claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder an offer of settlement of Claim and upon acceptance of such offer by the Policyholder the Company shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, the Company shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- (j) No loading based on individual claim experience shall be applicable on renewal premium payable in case of Annual Trip Policy.

7. Standard Terms and Conditions:

7.1. Disclosure to Information Norm

If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder, the Insured Person or any one acting on his or their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company on cancellation of the Policy.

7.2. Observance of Terms and Conditions

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

7.3. Reasonable Care

Insured Persons shall take all reasonable steps to safeguard the interests against any Illness or Injury that may give rise to a Claim.

7.4. Material Change

It is a condition precedent to the Company's liability under the Policy that the Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in occupation or business at his own expense, as per Annexure -IV. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly.

7.5. Records to be maintained

The Policyholder and Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all Claims under this Policy.

7.6. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

7.7. Complete Discharge

Payment made by the Company to the Policyholder or Insured Person or the Nominee or the legal heir or representative of the Insured Person, as the case may be, under the Policy shall in all cases be complete and construed as an effectual discharge in favor of the Company.

7.8. Subrogation

The Policyholder and Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary

or reasonably required by the Company for the purpose of enforcing and / or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of effecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall not apply to any Benefit or Optional Benefit or Optional Extension offered on a fixed benefit basis.

7.9. Contribution

- (a) In case any Insured Person is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder/Insured Person shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the sum insured of such Policy.
- (b) In case the Claim amount under a single policy exceeds the Sum Insured after considering the deductible or co-payment, then Policyholder shall have the right to choose the companies with whom the Claim is to be settled. In such cases, the settlement shall be done as under:
 - (i) If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then the Company may not be liable to pay or contribute more than its ratable proportion of any Claim.
 - (ii) This clause shall not apply to any Benefit offered on a fixed benefit basis.

7.10. Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

7.11. Cancellation / Termination

The Company may at any time, cancel this Policy on grounds as specified in Clause 7.1 and the Company shall have no liability to make payment of any claims and the premium paid shall be forfeited by the Company, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address.

Policies where the Policyholder and Insured Person are different, in the event of the demise of the Policyholder, this Policy shall continue till the Policy Period End Date.

7.12. Limitation of liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder/Insured Person proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond its/his control.

7.13. Communication

- (a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Certificate/ Certificate of Insurance. Any communication meant for the Policyholder or Insured Person will be sent by the Company to his last known address or the address as shown in the Policy Certificate/ Certificate of Insurance.
- (b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Certificate/ Certificate of Insurance. Agents are not authorized to receive notices and declarations on the Company's behalf.
- (c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

7.14. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company.

7.15. Cause of Action

No Claims shall be payable under this Policy unless the event or occurrence giving rise to the Claim occurs in the Geographical Scope specified in the Certificate of Insurance.

7.16. Overriding effect of Policy Certificate/ Certificate of Insurance

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Certificate and/or Certificate of Insurance, the information contained in the Policy Certificate or Certificate of Insurance shall prevail.

7.17. Electronic Transactions

The Policyholder and Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

7.18. Grievances

(a) The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.

(b) If the Policyholder/Insured Person has a grievance that the Policyholder/Insured Person wishes the Company to redress, the Policyholder/Insured Person may contact the Company with the details of his grievance through:

Website : www.careinsurance.com

Email: customerfirst@careinsurance.com

Contact No.: 1800-102-4488, 1800-102-6655

Or write to:

Manager – Customer Services

Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited)

Unit No. 604 - 607, 6th Floor, Tower C,

Unitech Cyber Park, Sector-39,

Gurugram - 122001 (Haryana)

Post/Courier : Any branch office or the correspondence address, during normal business hours. The detailed list of our branch in operations in the country is available on our website.

(c) If the Policyholder/Insured Person is not satisfied with the Company's redressal of the Policyholder's/Insured Person's grievance through one of the above methods, the Policyholder/Insured Person may contact the Company at:

Head – Customer Services

Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited)

Unit No. 604 - 607, 6th Floor, Tower C,

Unitech Cyber Park, Sector-39,

Gurugram - 122001 (Haryana)

(d) If the Policyholder/Insured Person is not satisfied with the Company's redressal of the Policyholder's/Insured Person's grievance through one of the above methods, the Policyholder/Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are mentioned below:

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, AHMEDABAD-380 001. Tel : 079-25501201/02/05/06 E-mail : bimalokpal.ahmedabad@ecoi.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, BENGALURU - 560 078. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor; 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. Tel : 0755-2769201/9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel : 0674-2596455/2596003 , Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel : 0172-2706468/2705861 , Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@ecoi.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor; 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel : 044-24333668 /24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel : 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor; Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel : 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@ecoi.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor; Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040 - 67504123 / 23312122, Fax : 040-23376599 E-mail : bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor; Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 Email : Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor; Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor; Hindustan Bldg, Annexe, 4, C.R.Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@ecoi.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur; Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur; Basti, Ambedkarnagar; Sultanpur; Maharajgang, Santkabirnagar; Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-32341320 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.careinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai – 400 054.

Tel: 022-26106889/671/980

Fax: 022-26106949

Email- inscoun@ecoi.co.in

Annexure I : List of Day Care Surgeries

1. Microsurgical operations on the middle ear

1. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles) for tympanic membrane injury

2. Other operations on the middle & internal ear

2. Surgeries for Injuries on middle and inner ear

3. Operations on the nose & the nasal sinuses

3. Surgeries for nasal injuries
4. Nasal repair due to fracture nasal bone
5. Foreign body removal from nose

4. Operations on the eyes

6. Excision and destruction of diseased tissue of the eyelid
7. Removal of a foreign body from the conjunctiva
8. Removal of a foreign body from the cornea
9. Removal of a foreign body from the lens of the eye
10. Removal of a foreign body from the posterior chamber of the eye
11. Removal of a foreign body from the orbit and eyeball
12. Diathermy/Cryotherapy to treat retinal tear
13. Enucleation of Eye without Implant
14. Laser Photocoagulation to treat Retinal Tear

5. Operations on the skin & subcutaneous tissues

15. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
16. Local excision of diseased tissue of the skin and subcutaneous tissues
17. Simple restoration of surface continuity of the skin and subcutaneous tissues
18. Other restoration and reconstruction of the skin and subcutaneous tissues.

6. Operations on the tongue

19. Reconstruction of the tongue

7. Operations on the salivary glands & salivary ducts

20. Reconstruction of a salivary gland and a salivary duct

8. Other operations on the mouth & face

21. Incision, excision and destruction in the mouth
22. Palatoplasty
23. Other operations in the mouth

9. Operations on the female sexual organs

24. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas

10. Operations on the testis

25. Surgeries for testicular injury

11. Operations on the penis

26. Local excision and destruction of diseased tissue of the penis

12. Operations of bones and joints

27. Surgery for hemoarthrosis/pyoarthrosis
28. Reduction of dislocation under GA
29. Closed reduction on fracture, luxation
30. Reduction of dislocation under GA
31. Arthroscopic knee aspiration
32. Trauma surgery and orthopaedics
33. Incision on bone, septic and aseptic
34. Suture and other operations on tendons and tendon sheath

Annexure II : List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
	TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS		TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS
1	Hair removal cream	54	Hansaplast/Adhesive bandages
2	Baby charges (unless specified/indicated)	55	Lactogen/Infant food
3	Baby food	56	Slings
4	Baby utilites charges	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
5	Baby set	57	Weight control programs/supplies/services
6	Baby bottles	58	Cost of spectacles/contact lenses/hearing aids, etc.
7	Brush	59	Dental treatment expenses that do not require hospitalisation
8	Cosy towel	60	Hormone replacement therapy
9	Hand wash	61	Home visit charges
10	Moisturizer paste brush	62	Infertility/subfertility/assisted conception procedure
11	Powder	63	Obesity (including morbid obesity) treatment
12	Shoe cover	64	Psychiatric & psychosomatic disorders
13	Beauty services	65	Corrective surgery for refractive error
14	Belts/braces	66	Treatment of sexually transmitted diseases
15	Buds	67	Donor screening charges
16	Barber charges	68	Admission/registration charges
17	Caps	69	Hospitalisation for evaluation/diagnostic purpose
18	Cold pack/Hot pack	70	Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed
19	Carry bags	71	Any expenses when the patient is diagnosed with retro virus + or suffering from/HIV/AIDS etc is detected/directly or indirectly
20	Cradle charges	72	Stem cell implantation/surgery and storage
21	Comb	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
22	Eau-de-cologne/Room fresheners	73	Ward and Theatre booking charges
23	Eye pad	74	Arthroscopy & Endoscopy instruments
24	Eye shield	75	Microscope cover
25	Email/Internet charges	76	Surgical blades, Harmonic scalpel, shaver
26	Food charges (other than patient's diet provided by Hospital)	77	Surgical drill
27	Foot cover	78	Eye kit
28	Gown	79	Eye drape
29	Leggings	80	X-ray film
30	Laundry charges	81	Sputum cup
31	Mineral water	82	Boyles apparatus charges
32	Oil charges	83	Blood grouping and cross matching of donors samples
33	Sanitary pad	84	Savlon
34	Slippers	85	Band aids, bandages, sterile injections, needles, syringes
35	Telephone charges	86	Cotton
36	Tissue paper	87	Cotton bandage
37	Tooth paste	88	Micropore/Surgical tape
38	Tooth brush	89	Blade
39	Guest services	90	Apron
40	Bed Pan	91	Torniquet
41	Bed under pad charges	92	Orthobundle, Gynaec bundle
42	Camera cover	93	Urine container
43	Cliniplast	ELEMENTS OF ROOM CHARGE	
44	Crepe bandage	94	Luxury tax
45	Curapore	95	HVAC
46	Diaper of any type	96	House keeping charges
47	DVD, CD charges	97	Service charges where nursing charge also charged
48	Eyelet collar	98	Television & Air conditioner charges
49	Face mask	99	Surcharges
50	Flexi mask	100	Attendant charges
51	Gause soft		
52	Gauze		
53	Hand holder		

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
I01	Im Iv Injection charges	152	Microsheild
I02	Clean sheet	153	Abdominal binder
I03	Extra diet of patient (other than that which forms part of bed charge)	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
I04	Blanket/Warmer blanket	154	Betadine\Hydrogen peroxide\Spirit\Disinfectants etc.
ADMINISTRATIVE OR NON-MEDICAL CHARGES		155	Private nurses charges- Special nursing charges
I05	Admission kit	156	Nutrition planning charges - Dietician charges - Diet charges
I06	Birth certificate	157	Sugar free tablets
I07	Blood reservation charges and Ante-natal booking charges	158	Creams, powders, lotions (toileteries are not payable, only prescribed medical pharmaceuticals payable)
I08	Certificate charges		
I09	Courier charges	159	Digestion gels
I10	Conveyance charges	160	Ecg electrodes
I11	Diabetic chart charges	161	Gloves
I12	Documentation charges/Administrative expenses	162	HIV kit
I13	Discharge Procedure charges	163	Listerine/Antiseptic mouthwash
I14	Daily chart charges	164	Lozenges
I15	Entrance pass/Visitors pass charges	165	Mouth paint
I16	Expenses related to prescription on discharge	166	Nebulisation kit
I17	File opening charges	167	Novarapid
I18	Incidental expenses/Misc. charges (not explained)	168	Volini gel/Analgesic gel
I19	Medical certificate	169	Zytee gel
I20	Maintenance charges	170	Vaccination charges
I21	Medical records	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
I22	Preparation charges	171	AHD
I23	Photocopies charges	172	Alcohol swabes
I24	Patient identification band/Name tag	173	Scrub solution/Sterillium others
I25	Washing charges	174	Vaccine charges for baby
I26	Medicine box	175	Aesthetic treatment/Surgery
I27	Mortuary charges	176	TPA charges
I28	Medico legal case charges (MLC charges)	177	Visco belt charges
EXTERNAL DURABLE DEVICES		178	Any kit with no details mentioned, Delivery kit, Orthokit, Recovery kit, etc.
I29	Walking aids charges	179	Examination gloves
I30	BIPAP machine	180	Kidney tray
I31	Commode	181	Mask
I32	CPAP/CAPD equipments	182	Ounce glass
I33	Infusion pump - cost	183	Outstation consultant's/Surgeon's fees
I34	Oxygen cylinder (for usage outside the hospital)	184	Oxygen mask
I35	Pulseoxymeter charges	185	Paper gloves
I36	Spacer	186	Pelvic traction belt
I37	Spirometre	187	Referral doctor's fees
I38	SpO2 Probe	188	Accu check (glucometry/strips)
I39	Nebulizer Kit	189	Pan can
I40	Steam Inhaler	190	Sofnet
I41	Arm sling	191	Trolley cover
I42	Thermometer	192	Urometer, Urine jug
I43	Cervical collar	193	Ambulance
I44	Splint	194	Tegaderm/Vasofix safety
I45	Diabetic foot wear	195	Urine bag
I46	Knee braces (long/short/hinged)	196	Softovac
I47	Knee immobilizer/Shoulder immobilizer	197	Stockings
I48	Lumbo sacral belt		
I49	Nimbus bed or water or air bed charges		
I50	Ambulance collar		
I51	Ambulance equipment		

Annexure III : List of Hospitals where Claim will not be admitted

S. No.	HOSPITAL NAME	ADDRESS	ZONE
1	Nulife Hospital and Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi	North
2	Taneja Hospital	Q-Block, South City-2, Sohna Road, Main Sector-47, Preet Vihar, New Delhi, Delhi	North
3	Shri Komal Hospital & Dr. Saxena's Nursing Home	Silver Plaza Complex, Opposite Rupali Cinema, Rander Road, Rewari, Haryana	North
4	Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur, Badshahpur, Gurgaon, Haryana	North
5	Amar Hospital	Sector-70, S.A.S. Nagar, Mohali, Sector 70, Mohali, Punjab	North
6	Brij Medical Centre	Sec-6, Jain Narayan Vyas Colony, Kavi Nagar Industrial Area Sector 17, Ghaziabad, U.P.	North
7	Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62, Noida, U.P.	North
8	Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, U.P.	North
9	City Hospital & Trauma Centre	C-1, Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P.	North
10	Dayal Maternity & Nursing Home	No.953/23, D.C.F.Chowk, DLF Colony, Rohtak, Haryana	North
11	Metas Adventist Hospital	No.24, Ring-Road, Athwalines, Surat, Gujarat	West
12	Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V. Lane Road, Lokhandwala, Andheri, Mumbai, Maharashtra	West
13	Paramount General Hospital & I.C.C.U.	42-1, Chettipalayam Road, Palladam, Andheri, Mumbai, Maharashtra	West
14	Gokul Hospital	Battan Lal Road, District Fatehgarh Sahib, Kandivali East, Mumbai, Maharashtra	West
15	Shree Sai Hospital	Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra	West
16	Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra	West
17	Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra	West
18	Arpan Hospital And Research Centre	No.151/2, Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh	West
19	Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur, Chhattisgarh	East
20	Gupta Multispeciality Hospital	Mezzanine Floor, Shakuntal B, Near Sanghvi Tower, Gujrat, Gas Circle, Adajan Road, Vivek Vihar, Delhi	North
21	R.K.Hospital	3C/59, BP, Near Metro Cinema, New Industrial Township I, Faridabad, Haryana	North
22	Prakash Hospital	D - 12, I2A, I2B, Noida, Sector 33, Noida, Uttar Pradesh	North
23	Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana	North
24	Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat	West
25	Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra	West
26	Scope Hospital	628, Niti Khand-I, Indirapuram, Indirapuram, Ghaziabad, Uttar Pradesh	North
27	Agarwal Medical Centre	E-234, -, Greater Kailash I, New Delhi	North
28	Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana	North
29	Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41, Noida, Uttar Pradesh	North
30	Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Naroda Road, Ahmedabad, Gujarat	West
31	Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana	North
32	B.K.S. Hospital	No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka	South
33	East West Medical Centre	No.711, Sector 14, Sector 14, Gurgaon, Haryana	North
34	Jagtap Hospital	Anand Nagar, Singhgood Road, Anandnagar, Pune, Maharashtra	West
35	Dr. Malwankar's Romeen Nursing Home	No 14, Cunningham Road, Sheriffs Chamber, Vikhroli East, Mumbai, Maharashtra	West
36	Noble Medical Centre	C.K. Emerald No., N.S. Palya, Kaveriappa Industrial Area, Borivali West, Mumbai, Maharashtra	West
37	Rama Hospital	Sonepat Road, Bahalgarh, Bahalgarh, Sonapat, Haryana	North
38	S.B.Nursing Home & ICU	Lake Bloom 16 to 18 Opp. Solaris Estate, L.T. Gate No.6, Tunga Gaon, Powai, Mumbai, Maharashtra	West
39	Saraswati Hospital	103-106, Vrurel Appt., Opp. Navjivan Post Office, Ajwa Road, Malad West, Mumbai, Maharashtra	West
40	Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh	North
41	Mahaveer Hospital & Trauma Centre	Plot No-25, B/H Old Mount Carmel School, Near Lokmat Square, Panki, Kanpur, Uttar Pradesh	North
42	Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh	South
43	Amrapali Hospital	Plot No. NH-34, P-2, Omega - I, Greater Noida, Noida, Uttar Pradesh	North
44	Hardik Hospital	29C, Budh Bazar, Vikas Nagar, New Delhi, Delhi	North
45	Jabalpur Hospital & Research Centre Pvt. Ltd.	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh	West
46	Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra	West
47	Santosh Hospital	L-629/63 I, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh	North
48	Sona Medical Centre	5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh	North
49	City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana	North
50	Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana	North
51	Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Uttar Pradesh	North
52	Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh	North
53	Sparsh Medicare and Trauma Centre	Shakti Khand - III/54, Indirapuram, Ghaziabad, Uttar Pradesh	North
54	Saras Healthcare Pvt. Ltd.	K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh	North
55	Getwell Soon Multispeciality Institute Pvt. Ltd.	S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh	North
56	Shivalik Medical Centre Pvt. Ltd.	A-93, Sector 34, Noida, Uttar Pradesh	North

S. No.	HOSPITAL NAME	ADDRESS	ZONE
57	Aakanksha Hospital	126, Aaradhnagar Soc., B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat	West
58	Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, God Dod Road, Surat, Gujarat	West
59	Adhar Ortho Hospital	Dawer Chambers, Nr: Sub Jail, Ring Rd., Surat, Gujarat	West
60	Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet , Godadara Road, Surat, Gujarat	West
61	Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat	West
62	Auc Hospital	B-44 Gujarat Housing Board ,Nandeshara, Surat, Gujarat	West
63	Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat	West
64	Dr. Santosh Basotia Hospital	Bhatar Road, Surat, Gujarat	West
65	God Father Hospital	344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat	West
66	Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat	West
67	Hari Milan Hospital	L H Road, Surat, Gujarat	West
68	Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat	West
69	Jeevan Path Gen. Hospital	2nd Floor; Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat	West
70	Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat	West
71	Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat	West
72	Krishnavati General Hospital	Bamroli Road, Surat, Gujarat	West
73	Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat	West
74	Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Surat, Gujarat	West
75	Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor; Varachha Road, Surat, Gujarat	West
76	R.D. Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat, Gujarat	West
77	Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat	West
78	Santosh Hospital	L H Road, Surat, Gujarat	West
79	Sparsh Multy Specality Hospital & Trauma Care Center	G.I.DC Road, Nr Udhana Citizan Co-Op.Bank, Surat, Gujarat	West

Notes:

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

**Annexure IV : Service Request Form - For Change in Occupation / Nature of Job
(Refer Clause 7.4 of Policy Terms and Conditions)**

Please Note:

- 1) To be filled in by Policyholder in CAPITAL LETTERS only.
- 2) If there is insufficient space, please provide further details on a separate sheet. All attached documents form part of this service request.
- 3) This form has to be filled in and submitted to the company whenever the nature of job / occupation of any insured covered under the Policy changes subsequent to the issuance of the Policy.

Section A - Policyholder Details

Policy No. :

Name : (First Name) (Last Name)

Section B - Details of the Insured Persons for whom details are to be updated

Certificate of Insurance No. :

Name : (First Name) (Last Name)

Occupation :

Declaration

I hereby declare, on my behalf and on behalf of all persons insured, that the above statement(s), answer(s) and / or particular(s) given by me are true and complete in all respects to the best of my knowledge and that I am authorized to provide / request for updation of the details on behalf of Insured Persons.

Date : / / (DD/MM/YYYY)

Signature of the Policyholder : _____

Place :

(On behalf of all the persons insured under the Policy)

Note: The Company shall update its record with respect to the information provided above. Subsequently, the Company may review the risk involved and may alter the coverage and / or premium payable accordingly.