



युनाइटेड इंडिया इन्श्योरेंस कं. लि.

पंजीकृत एवं प्रधान कार्यालय : युनाइटेड इंडिया हाऊस, 24, वाइट्स रोड, चेन्नई - 600 014.

UNITED INDIA INSURANCE CO. LTD.

Regd. & Head Office . United India House, 24, Whites Road, CHENNAI-600 014.

PROSPECTUS FOR OVERSEAS TRAVEL INSURANCE 2014 (Business and Holiday)

PREAMBLE

The OMP provides Indemnity for expenses necessarily and reasonably incurred for immediate treatment of illness, diseases contracted or injury first sustained during the period of insurance of Overseas Travel subject to policy terms and conditions. The policy covers the following during the period of insurance of Overseas travel subject to terms and conditions of the policy –

- a. Medical expenses and Repatriation – Medical expenses in view of sudden and unexpected sickness or accident arising when the insured person is outside the Republic of India.
- b. Personal accident – Death or Permanent disablement solely due to accident occurred
- c. Loss of checked-in Baggage – Policy will pay up to the limit of cover granted in the event of insured person suffering total loss of checked in baggage. However, no partial loss or damage shall become payable.
- d. Delay of checked in baggage – The policy will pay for necessary emergency purchase of replacement items in the event of Delay of more than 12 hours from the scheduled arrival time at destination for delivery of the checked in baggage in the outbound flight from the Republic of India
- e. Loss of Passport – Actual Expenses reasonable and necessary incurred for obtaining duplicate travel documents, duplicate/ fresh passport subject to the limit of cover, in the event of loss of passport during the trip covered.
- f. Personal Liability – Insured person becoming legally liable to pay any accidental Third Party bodily injury claims or accidental Third Party property damages arising from an incident during the covered trip
- g. Trip delay – Policy shall pay the expenses incurred up to the limit mentioned in the schedule on account of the insured's flight being delayed by more than 6 hours from the scheduled time, until travel becomes possible due to the perils named in policy reasonable additional accommodation and travel charges will be paid.
- h. Trip cancellation due to insured peril – The policy shall pay the pecuniary loss in respect of any irrecoverable deposits and payments for unused travel and accommodation for which the insured contracted prior to the commencement of the insured trip as detailed in the coverage section of the policy.
- i. Hijacking of the common carrier in which the insured is travelling – Distress allowance as per the limit mentioned in the policy in view of the hijacking of the common carrier in which the insured was travelling.
- j. Missed connection – If the aircraft on which the insured is booked to travel from India is delayed beyond 12 hours from the scheduled time of arrival resulting in the Insured missing the connecting flight.
- k. Hospital Daily allowance – A daily allowance as specified in the policy would be reimbursed in view of the hospitalization of the insured due to accident or illness covered under the policy.

DEFINITIONS:

ACCIDENT – An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means.

ANNUAL MULTI TRIP INSURANCE – means a Trip or Trips of not exceeding 30 days duration each, that the insured person undertake during the Insured Period as specified on the Proposal and/or Declaration Form/Policy Schedule.

ASSISTANCE COMPANY means APRIL USA ASSISTANCE who provides emergency assistance and claims administration services. **Their address is 11900 Biscayne Blvd # 600, Miami, Florida 33181, USA. Phone no. – (001) 305-357-2100, E-mail :assistance@april-usa.com – website :www.april.com**

HERITAGE is Heritage Health TPA Private Limited, who provides assistance to the insured person whilst in India. Their registered & head office address is McLeod House, 3, Netaji Subhas Road, Kolkata – 700 001, Tel.: (033) 248 2411 Fax: (033) 248 0482, Email:heritage_health@bajoria.in The frontline office address is Elite Auto House, 54-A Ground Floor (Rear side), Next to Crisil House, Chakala, Andheri-Kurla Road, Andheri (East), Mumbai – 400 093 Phone no.022-61713891/92/93, Fax no.022-61273890, Toll free: 1800-224004 e-mail id : heritagehealth@vsnl.net.

CASHLESS FACILITY means a facility extended by the insurer 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 Overseas Service Provider to the extent pre-authorization approval.

CHECKED IN BAGGAGE means the baggage handed over by the Insured Person and accepted by an International Airlines / carrier outside India for transportation in the same mode of conveyance as the Insured Person travels and for which the carrier has issued a baggage receipt.

COMPANY shall mean the UNITED INDIA INSURANCE COMPANY LIMITED.

CONTRIBUTION – Contribution is 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 rateable proportion of Sum Insured.

DEDUCTIBLE is a cost-sharing requirement under the 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.

DEPENDENT shall mean the lawful spouse of the Insured and any non-earning child of the Insured.

DISCLOSURE TO INFORMATION NORM – This policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-dexcription or non-disclosure of any material fact.

EMERGENCY DENTAL TREATMENT means the services or supplies provided by a Licensed dentist, Hospital or other provider that are medically and immediately necessary to treat dental problems resulting from injury. However, this definition shall not include any treatment taken for a pre-existing condition.

EMERGENCY MEDICAL TREATMENT means the services or supplies provided by a Physician, Hospital or Licensed provider that are Medically Necessary to treat any illness or other covered condition that is acute (onset is sudden and unexpected), considered life threatening, and one which, if left untreated, could deteriorate resulting in serious and irreparable harm.

EMERGENCY MEDICAL EVACUATION means the medical condition of the Insured Person warrants Immediate transportation of the insured person from the place he/she is sick/sustains accidental injuries to the nearest hospital for appropriate treatment and/or

- ii. After the treatment the medical condition of the Insured person warrants transportation to the Country where the Trip commenced for the purpose of further medical treatment or recovery.

HIJACK shall mean any unlawful seizure or exercise of control, by force of or violence or threat of force or violence and with wrongful intent, of an aircraft or any other Common Carrier in which the Insured person is travelling as a passenger.

A *HOSPITAL* means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as an hospital with the appropriate authorities and

- Holds a valid licence to practice medicine and
- Has qualified nursing staff under its employment round the clock.
- Has qualified medical practitioner(s) or Physician(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and make these accessible to the Insurance Company's authorized personnel;

- The primary function is to provide for the care and treatment of sick or injured persons
HOSPITALISATION means admission in a Hospital for a minimum period of 24 In-patient care consecutive hours except for a specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

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 required medical treatment.

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.

LOSS OF EYE means the total and irrecoverable loss of sight from one or more eyes.

LOSS OF LIMB means the loss of a hand or foot by permanent physical severance at or above the wrist or ankle including total and permanent loss of use of a hand or foot.

MEDICAL ADVISORS are medical Practitioners appointed by 'April USA Assistance' / 'Heritage'.

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.

MEDICALLY NECESSARY treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- a. Is required for the medical management of the illness or injury suffered by the insured;
- b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- c. Must have been prescribed by a Medical Practitioner;
- d. Must conform to the professional standards widely accepted in international medical practice.

MEDICAL PRACTITIONER is a person who holds a valid registration and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

NETWORK PROVIDER – means hospitals or health care providers enlisted by an insurer or by a OSP and insurer together to provide medical services to an insured on payment by a cashless facility. You may visit www.coris-heritage.com for full list of Network hospitals.

NON-NETWORK – Any hospital, day care centre or other provider that is not part of the network.

NOTIFICATION OF CLAIM – Notification of claim is the process of notifying a claim to the insurer or Overseas Service provider by specifying the timelines as well as the address/telephone number to which it should be notified.

POLICY means the Insurance contract, the Policy schedule, and any attached enrollment forms/proposal forms, table of benefits, endorsements, papers or riders.

PERIOD OF INSURANCE - This insurance is valid from the First Day of Insurance or date and time of departure from India, whichever is later, subject to General Condition [1 (i)] and expires on the last day of the number of days specified in the policy schedule or on return to India whichever is earlier.

Extension of the period of insurance is automatic for the period not exceeding 7 days, and without extra charge if necessitated by delay of public transport services beyond the control of the Insured person.

When injury/illness accident covered under this policy is contracted during policy period and treatment for the same commences during the period and continues beyond the expiry date of this policy, only emergency expenses would be paid up to 45 days from the date of expiry of the policy provided the insured person is medically incapable of travel. 'April' must be notified immediately as soon as it is known that insured person is unfit to return to India. If any new illness/injury/accident is contracted beyond the expiry date of the policy, treatment for the same would not be covered.

PERMANENT TOTAL DISABLEMENT means a condition wherein the insured person is permanently, totally and absolutely disabled from engaging in any employment or occupation of whatsoever description.

PRE-EXISTING DISEASE/CONDITION means Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months prior to commencement of risk under the policy.

REASONABLY AND NECESSARY EXPENSES INCURRED means expenses that in the opinion of the treating physician and April are medically necessary in order to maintain life and/ or relieve immediate pain or distress for illness/disease accident first manifested/occurring during the period of insurance. Reasonable and Customary charges means the charges for services or supplies that are Medically Necessary to treat the insured person, and 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 illness/injury involved.

SUBROGATION – 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.

SURGERY – Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

VALUABLES means photographic, audio, computer, telecommunication and electrical equipment, telescopes, binoculars, spectacles, sunglasses antiques, watches, jewellery, furs and articles made of precious stones and metals.

SPOUSE means the legal husband or wife, who is between the age of 18 and 80 years old and is living in Country of Residence.

CHILDREN means dependent children including adopted children of the Insured person between the age of six and 18 years (26 years if attending as a full time student of a recognized institution) who are unmarried, who permanently reside with the Insured person at the country of residence.

SERVICE PROVIDER shall mean any Person, organization or institution providing services to the insured for an Insurable event.

TRAVEL AGENT shall mean the Travel Agent, tour operator, or other entity from which the Insured purchases his/her policy or travel arrangements, and includes all officers, employees and affiliates of the Travel Agent or tour operator.

TRIP means journey out of the Republic of India and back. Multi Trip shall mean two or more Trips to a destination outside the Republic of India during the policy period.

Exclusions

Pre-existing diseases at the time of commencement of risk. The Company shall not be liable for –

1. Where the Insured Person :

- a. is travelling against the advice of a Physician; or
- b. is receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate; or
- c. is travelling for the purpose of obtaining treatment; or
- d. Has received a terminal prognosis for a medical condition.
- e. If the insured is aware of any circumstances that could reasonably be expected to give rise to a claim.
- f. Direct participation in riot or civil commotion.

2. Liability arising out of suicide, attempted suicide or willfully self inflicted injury or illness, mental disorder, anxiety, stress or depression, venereal disease, alcoholism, drunkenness or the use/abuse of drugs.

3. Liability arising out of insured person taking part in Naval, Military or Air- force operations.
4. Liability arising out of War, invasion, acts of foreign enemy, hostilities (Whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
5. Liability arising out of the loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from
 - a. ionising radiation or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel; or
 - b. radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
6. Liability arising out of from the Insured person engaging in Air Travel unless he or she flies as a passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion, Air Travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting therefrom following a flight.
7. Liability arising out of due to participation of the Insured person in winter sports, mountaineering (where ropes or guides are customarily used), riding or driving in races or rallies, caving or potholing, hunting or equestrian, skew diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles). Further no claim will be paid in case Insured Person participates in professional sports or any other hazardous sports. The claim is neither payable if it arises from participation in potentially dangerous sports for which the Insured Person is either un-trained, or physically unfit or using improper equipment.
8. Liability arising out of accidents on two wheeled motorised vehicles unless at the time of the accident the driver is dully qualified, is in possession of a current full International driving license and the insured person is wearing a safety crash helmet, or losses arising from accidents on two wheeled motorised vehicles over 50 cc.
9. Liability arising out of losses arising directly or indirectly from manual work or hazardous occupation, or if engaging in any criminal or illegal act.

MANUAL WORK is physical work done by people most especially in contrast to that done by machines.

HAZARDOUS OCCUPATION would include occupation that are risky, perilous, dangerous and uncertain and would include inter-alia occupations related to Aviation, Mountain climbing, surfing,, race car driving, scuba diving, parachuting and such similar activities.
10. Any loss covered directly or indirectly from any injury, illness, death expenses or other liability attributable HIV (Human Immunodeficiency virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) or AIDS related Complex however caused and/or mutant derivatives, variations or treatment thereof however caused.
11. Claims arising from Pregnancy.
12. Pre-existing whether physical or mental defect or infirmity as defined in definition no.1.31.
13. Deliberate exposure to exceptional danger (except in an attempt to save human life).
14. Liability arising out of the transmission of a communicable disease by insured.
15. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.

16. Suits or legal actions arising from the insured's family member against the insured.

17. Loss, damage or destruction arising from confiscation or detention by customs or other official authorities

18. Liability arising out of any loss or damage due to insured being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.

(Note : The above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)

Who can take the policy

Any Individual between the completed age of 18 years and 80 years can avail this policy. Children between 6 months and 18 years can also be covered along with the policy issued to either of his/her parent. Children upto 26 years if attending as a full time student of a recognized institution who are unmarried, non-earning who permanently reside with the Insured person at the country of residence can also be covered along with parent.

The maximum age limit for entry into the policy for CFT, Multi-Trip and travel to Schengen countries will be 70 years only.

Sum Insured

Various Sum Insured ranging from USD 50,000 to USD 500,000 are available . The sum insured is to be chosen by the Insured. The sum insured and plan type vary depending on the countries of travel.

Policy Term

This insurance is valid from the First Day of Insurance or date and time of departure from India, whichever is later, subject to General Condition [1 (i)] and expires on the last day of the number of days specified in the policy schedule or on return to India whichever is earlier.

Extension of the period of insurance is automatic for the period not exceeding 7 days, and without extra charge if necessitated by delay of public transport services beyond the control of the Insured person.

The Policy will be valid only if the insured journey commences within 14 days of the first day of insurance as indicated in the policy schedule.

Premium

Premium shall be calculated based on the completed age, Sum Insured opted, country/ies of travel and the number of days of travel abroad.

The Premium chart is enclosed.

Online Discount

A discount of 10% on the total premium is allowed when the policy is bought online through our website www.uiic.co.in.

PROCEDURE FOR TAKING A POLICY

The duly completed and signed Proposal form giving details of all Insured persons and a signed copy of the Prospectus along with Health Check-up reports, if any, should be submitted to the Company.

The pre-acceptance health check-up reports for persons above 70 years of age have to be submitted at proposer's cost. The following Medical reports to be submitted -

1. Physical examination report from MD as detailed in Proposal Form.

2. ECG
3. Stress test, if recommended by Doctor
4. Fasting Blood and Urine Sugar and Urine Strip test

Restricted Cover;

In the event such medical tests and reports cannot be undertaken/ submitted due to shortage of time before travel, restricted cover shall be granted up to 10000 US \$ only.

Cancellation clause

Cancellation of the policy may be done in cases where a journey is not undertaken and /or early completion of journey and ONLY on production of the Insured person's PASSPORT as a proof that the journey has not been undertaken and/or a documentary proof of early completion of journey. Any request for cancellation will be not entertained within 14 days and beyond 30 days from the First Day of Insurance where a journey is not undertaken as indicated in the policy schedule. For early completion of journey, request for cancellation shall be made within 14 days of return from trip covered under the policy

- a. In case a journey is not undertaken, cancellation will be subject to deduction of cancellation charges by the underwriters as applicable.
- b. In case of early completion of journey the premium as per the table chargeable for the journey period applicable to the trip band will be retained. For this purpose the minimum balance period should not be less than 14 days. The refund of premium under this clause shall be subject to no claim made or preferred under the policy.

CLAIM PROCEDURE

All claims will be processed and settled by specified Overseas Service Provider (OSP).

The payment will be made directly to Hospital/Nursing Home in case of Cashless treatment. In all reimbursement claims, the claims will be paid to the Proposer/insured person, in Indian Rupees only.

- 1 NOTICE OF CLAIM – It is a condition precedent to our liability hereunder that written notice of claim must be given by the insured person within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 days after an actual or potential loss begins. If the property covered under the policy is lost or damaged, (a) a notification to that effect to be given immediately, (b) take preventive steps to protect, save and/or recover the covered property, (c) give immediate notice to the concerned authorities who is liable for the loss or damage, (d) notify the police or other appropriate authority in the case of robbery or theft within 24 hours.**
- 2 TIME FOR FILING CLAIM FORM – Completed claim forms and written evidence of loss along with other necessary and supportive original documents to be furnished to the Assistance within thirty days after the date of such occurrence of loss.**
- 3 PAYMENT OF CLAIM – All Claims under this Policy that are payable to the Insured Person shall be paid in Indian Currency only.**
- 4 COMPLIANCE WITH POLICY PROVISIONS – Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.**

Intimation of Hospitalisation– to be made immediately to the OSP.

To avail Cashless facility - Pre-authorisation request to be sent or faxed to OSP immediately on admission.

In Reimbursement cases and claims under other Sections of policy (other than Section-A) – Insured to intimate OSP/Heritage Health TPA Pvt.Ltd., Mumbai about hospitalisation of insured persons immediately on admission or not later than 24 hours.

Claim bills to be submitted to TPA within fifteen days of discharge.

Note : Waiver of delay may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

GRIEVANCE REDRESSAL : In the event of the policyholder having any grievance relating to the insurance, the insured person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office.

Disclaimer clause

Neither the Insurers nor Claims Settling agents shall be responsible for the availability, quality or results of any Medical treatment or the failure of the insured to obtain Medical treatment.

This Prospectus shall form part of the proposal form. Please sign in token of having noted the contents of Prospectus.

Signature

Name

Place

Date