



Group Activ Travel - Policy Terms and Conditions

Section A. PREAMBLE

This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form. This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions as specified in the Policy Schedule/Certificate of Insurance/Product Benefit Table of this Policy.

You/ Group Policyholder/ Group Organiser shall at all times ensure compliance with the requirements of IRDAI's Circular on Travel Insurance Products and operational matters bearing ref: IRDAI/HLT/CIR/MISC/174/O9/2019 dated September 27, 2019 as may be amended from time to time. Provided that in case You/ Group Policyholder/ Group Organiser fails to ensure compliance with the requirements of the said circular, the Insurer shall have a right to cancel the Group Policy with or without notice.

Key Notes:

The terms listed in Section D (Definitions) and which have been used elsewhere in the Policy shall have the meaning set out against them in Section D (Definitions), wherever they appear in the Policy.

Section B. BENEFITS UNDER THE POLICY

Benefit B.1. "Medical Cover" is an in-built Benefit and is available to all Insured Persons. The Certificate of Insurance will specify which of the Optional Benefits and Optional Extensions are in force for the Insured Person.

All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured. Our maximum, total and cumulative liability in respect of an Insured Person for any and all Claims arising under a Benefit/Optional Benefit during the Period of Insurance shall not exceed the benefit amount specified against the applicable Benefit/Optional Benefit in the Certificate of Insurance and subject always to the availability of the Sum Insured of the respective Benefit or Optional Benefit, as the case may be. Claims made under applicable Optional Extensions shall be considered as a part of the limit for that Benefit/Optional Benefit to which the Optional Extension has been added and such Claims shall be payable subject to the availability of that benefit amount specified in the Certificate of Insurance and the Sum Insured. Claims made under Optional Benefit "Additional Services" and Optional Extensions "Corporate Floater" and "Additional Sum Insured in case of Accident" shall be in addition to the Sum Insured and subject to the limit for that Optional Benefit/Optional Extension specified in the Certificate of Insurance.

Each Claim in respect of an Insured Person shall be payable subject to any applicable Deductible or Co-payment as specified against that Benefit or Optional Benefit or Optional Extension in the Certificate of Insurance or as opted and in force. Claims made under this Policy will be paid on reimbursement basis only unless specifically approved by Us or Our Assistance Service Provider or as may be specifically provided for in the subsequent sections.

If the Geographical Scope specified in the Certificate of Insurance is out of India, Country of Residence (India) is to be considered and if the Geographical Scope specified in the Certificate of Insurance is restricted to India, City of Residence is to be considered. Coverage shall be restricted to the Geographical Scope in force for the Insured Person.

The Certificate of Insurance will specify the currency in which claims under the Benefit, Optional Benefits and Optional Extensions will be made.

Claim documents as specified in Section C.4.3 is applicable to each and every claim. Additional Claim documents related to specific Benefit / Optional Benefit / Optional Extension are mentioned against the respective Benefit/Optional Benefit/Optional Extension.

B.1. MEDICAL COVER

a) The Certificate of Insurance will specify whether Section B.1(a.1) or Section B.1(a.2) applies to the Insured Person.

1. IN-PATIENT CARE WITH DAY/ CARE TREATMENT

If an Insured Person is diagnosed with an Illness or suffers an Injury whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person's Hospitalization or the Insured Person to undergo any of the Day Care Treatments specified in Annexure – I at a Day Care Centre or Hospital, then We shall indemnify the Medical Expenses incurred on that Hospitalization or Day Care Treatment provided that:

- (i) The Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (ii) The treating Medical Practitioner certifies in writing that the treatment taken for that Illness or Injury is Medically Necessary Treatment;
- (iii) The treatment for the Illness or Injury commences during the Period of Insurance immediately and not exceeding 15 days following the diagnosis of the Illness or occurrence of the Injury.

For the purpose of this Benefit, 'treatment' shall be deemed to include only the following:

- (i) In patient treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an insured event or at the nearest suitable Hospital.
- (ii) Medical aid that is prescribed by a physician as necessary part of the treatment for broken limbs or injuries by the Insured Person (e.g. plaster casts, bandages and walking aids).
- (iii) Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a physician.
- (iv) X-Ray, and other diagnostic tests, provided these pertain to the diagnosed Illness/Injury due to which Hospitalization was deemed medically necessary.
- (v) Cost of transportation, including necessary medical care en-route, by recognized emergency service providers/surface Ambulance for medical attention at the nearest Hospital or at the nearest available Physician.
- (vi) Lifesaving unforeseen emergency measures, or measures solely designed to relieve acute pain, provided to the Insured Person by medical practitioners.

2. IN-PATIENT CARE FOR INJURY WITH DAY CARE TREATMENT

If an Insured Person suffers an Injury whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person's Hospitalization or the Insured Person to undergo any of the Day Care Treatments specified in Annexure – I at a Day Care Centre or Hospital, then We shall indemnify the Medical Expenses incurred on that Hospitalization or Day Care Treatment provided that:

- (i) The Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (ii) The treating Medical Practitioner certifies in writing that the treatment taken for that Injury is Medically Necessary Treatment;
- (iii) The treatment for the Injury commences during the Period of Insurance and within 15 days of the occurrence of the Injury;

(iv) No claims in relation to any Illness suffered by the Insured Person will be considered under this Benefit.

b) OPTIONAL EXTENSIONS TO BENEFIT – ‘MEDICAL COVER’

The Certificate of Insurance will specify which of the following Optional Extensions are in force for the Insured Person. The Extensions mentioned under this Section are extensions to Section B.1(a.1) or B.1(a.2), as specified under the Policy Schedule/ Certificate of Insurance and cannot be read /selected on a standalone basis.

(i) OPTIONAL EXTENSION 1: PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION

We will indemnify the Medical Expenses incurred in respect of the Insured Person’s Hospitalization whilst on a Trip during the Period of Insurance for treatment of a Life Threatening Medical Condition in an Emergency which arises due to any Sudden, Unexpected, Unforeseen Development Attributable to a Pre-Existing Disease provided that:

- (i) Section C.3.1(ii) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension;
- (ii) The Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iii) The treating Medical Practitioner certifies in writing that the treatment taken for that Pre-Existing Disease is Medically Necessary Treatment;
- (iv) The Pre-Existing Disease in respect of which treatment is being taken has been declared to Us and accepted and noted in the Certificate of Insurance.
- (v) We or Our Assistance Service Provider are given written intimation within 48 hours of Hospitalization;
- (vi) Our maximum, total and cumulative liability for any and all claims under this Optional Extension in respect of the Insured Person is limited to the amount specified in the Certificate of Insurance.
- (vii) Medical Expenses incurred on the treatment taken for these emergency measures will be indemnified only until the Insured Person becomes medically stable or is relieved from acute pain. All further Medical Expenses to maintain the medically stable state or to prevent the onset of acute pain shall be borne by the Insured Person.
- (viii) All claims pertaining to this Benefit shall be indemnified by Us on reimbursement basis only.

(ii) OPTIONAL EXTENSION 2: EXTENDED COVER IN THE COUNTRY OF RESIDENCE

If We have admitted a Claim under Section B.1.(a.1) or B.1.(a.2) as applicable, then We shall also indemnify the Medical Expenses incurred on Hospitalization of the Insured Person in the Country 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 Section B.1.(a.1) or B.1.(a.2) was admitted for the Insured Person;
- (ii) Our pre-authorization under this Optional Extension has been obtained.

If We have admitted a Claim is admitted under Section B.1.(a.1) or B.1.(a.2) and Our pre-authorization under this Optional Extension has been obtained, then We shall also indemnify the costs of an air ticket for a direct route economy class travel for the Insured Person and one accompanying attendant to return to the Country of Residence from the place of occurrence of the Illness or Injury provided that:

- (i) We shall be liable to pay an amount only up to the direct route economy class airfare available on the date of the journey;
- (ii) The costs for the attendant’s airfare shall be indemnified by Us only if the treating Medical Practitioner has certified in writing that an attendant must accompany the Insured Person.

(iii) OPTIONAL EXTENSION 3: AUTOMATIC EXTENSION

We shall automatically extend the Period of Insurance for coverage under Section B.1 (a.1) and / or B.1 (a.2) (as applicable) for the Insured Person without payment of any extra premium for up to 7 days from the date of expiry of the Period of Insurance provided that:

- (i) We have admitted a Claim under Section B.1.(a.1) or B.1.(a.2); OR
- (ii) There is a delay or cancellation of the departure of the Common Carrier in which the Insured Person was booked and scheduled 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 to the Country of Residence/City of Residence.

(iv) OPTIONAL EXTENSION 4: ADDITIONAL SUM INSURED IN CASE OF ACCIDENT

If We have admitted a Claim under Section B.1.(a.1) in respect of the Insured Person for an Injury arising due to an Accident occurring during the Period of Insurance, We shall automatically provide an Additional Sum Insured as specified in the Certificate of Insurance for Section B.1.(a.1) for that Insured Person provided that:

- (i) The Additional Sum Insured shall be utilized only after the original Sum Insured under Section B.1(a.1) 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 applied only once for the Insured Person during the Period of Insurance.

(v) OPTIONAL EXTENSION 5: MATERNITY

We will indemnify the Maternity Expenses incurred in respect of the Insured Person whilst on a Trip during the Period of Insurance for Hospitalization of the Insured Person for the delivery of the Insured Person’s child provided that:

- (i) Section C.3(h) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension;
- (ii) Claims under this Optional Extension are admissible only if the Maternity Expenses are incurred in a Hospital for delivery of the child as an in-patient.
- (iii) The delivery occurs after the completion of the waiting period specified in the Policy Schedule / Certificate of Insurance.
- (iv) We 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.
- (v) We shall cover the reasonable pre-natal and post-natal expenses necessarily incurred, to up to 10% of the amount specified in the Policy Schedule/Certificate of Insurance against Section B.1 provided that the condition necessitates treatment in a Hospital and the Insured Person is Hospitalized.
- (vi) Hospitalisation to treat maternity related complications which do not require delivery of the child shall be indemnified under this Benefit to up to 10% of the amount specified in the Policy Schedule/Certificate of Insurance against Section B.1 provided that the condition necessitates treatment in a Hospital and the Insured Person is Hospitalized.
- (vii) We shall only accept such number of claims under this benefit during the Period of Insurance as is specified against this Benefit Maternity in the Policy Schedule / Certificate of Insurance.

(vi) OPTIONAL EXTENSION 6: TREATMENT OF MENTAL & NERVOUS DISORDER

We will indemnify the Medical Expenses incurred whilst the Insured Person is on a Trip during the Period of Insurance for treatment of mental and/or nervous disorders suffered by the Insured Person provided that:

(l) Section C.3 (r) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension.

(vii) OPTIONAL EXTENSION 7: HIV/ AIDS COVER

We will indemnify the Medical Expenses incurred whilst the Insured Person is on a Trip during the Period of Insurance for treatment of acquired immune deficiency syndrome (AIDS) suffered by the Insured Person provided that:

- (i) Section C.3(g) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension.
- (ii) The Insured Person was not suffering from or had any signs / symptoms of HIV / AIDS prior to the commencement of the Period of Insurance.

(viii) OPTIONAL EXTENSION 8: DRUG AND ALCOHOL ABUSE

We will indemnify the Medical Expenses incurred whilst the Insured Person is on a Trip during the Period of Insurance for treatment of symptoms arising from alcohol and drug abuse suffered by the Insured Person provided that:

- (i) Section C.3(z) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension.
- (ii) The Insured Person is Hospitalized for such treatment and the Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iii) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.

(ix) OPTIONAL EXTENSION 9: SELF INFLICTED INJURY

We will indemnify the Medical Expenses incurred whilst the Insured Person is on a Trip during the Period of Insurance for treatment of an Injury which is self-inflicted by the Insured Person provided that:

- (i) Section C.3(e) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension.
- (ii) The Insured Person is Hospitalized for such treatment and the Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iii) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.

(x) OPTIONAL EXTENSION 10: MATERNITY COMPLICATIONS

We will indemnify the Medical Expenses (surgical and non-surgical) incurred which require the Hospitalization of the Insured Person whilst the Insured Person is on a Trip during the Period of Insurance for treatment of any of the following maternity complications suffered by the Insured Person provided that:

- (i) Section C.3(h) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension.

S. No Maternity Complication

- 1 Uterine rupture
- 2 Post partum haemorrhage
- 3 Amniotic fluid embolism
- 4 Placenta previa
- 5 Placental Abruption
- 6 Disseminated Intravascular Coagulation(DIC)
- 7 Still Birth
- 8 Uterine Inversion

(xi) OPTIONAL EXTENSION 11: RESTRICTION / SUB-LIMIT ON MEDICAL EXPENSES

If this Optional Extension is in force, then Our maximum liability for Claims made in respect of the Insured Person's Hospitalization under Section B.1(a.1) and B.1(a.2) shall be limited in accordance with the table below:

Medical Expense Sub-limit

Medical Expenses	Restriction / Sub Limits
Room Rent	As specified in the Policy Schedule/Certificate of Insurance
ICU Charges	
Operation Theatre charges (including Surgeon charges)	
Anaesthesia	
Ambulance Services	
Diagnostics & Radiology Services	
Medical Practitioner's visit fees	
Miscellaneous Expenses	
Per Hospitalisation Limit under section B.1.a.1 or B.1.a.2	
Hospitalisation or day care for Emergency Care only	

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 the cost of transportation of the Insured Person to the nearest Hospital and paramedic services.
- (iii) **Miscellaneous Expenses** includes but is 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

If an Insured Person suffers an Injury whilst participating in Adventure Sports on a Trip during the Period of Insurance that solely and directly requires the Insured Person's Hospitalization, then We shall indemnify the Medical Expenses incurred on that Hospitalization provided that:

- (i) Section C.3(gg) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension;
- (ii) The Insured Person's Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iii) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.
- (iv) The sports activity has been carried out in accordance with the guidelines, codes of good practice and recommendations as laid down by a governing body or authority in respect of that sport.

(xiii) OPTIONAL EXTENSION 13: PROFESSIONAL SPORTS INJURY

If an Insured Person suffers an Injury whilst participating in Professional Sports on a Trip during the Period of Insurance that solely and directly requires the Insured Person's Hospitalization, then We shall indemnify the Medical Expenses incurred on that Hospitalization provided that:

- (i) Section C.3(ff) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension;
- (ii) The Insured Person's Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iii) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment.
- (iv) The Insured Person shall inform Us in writing of the participation in such professional sport / training session prior to the commencement of the Period of Insurance.

(xiv) OPTIONAL EXTENSION 14: CORPORATE FLOATER

If an Insured Person has exhausted the benefit amount specified in the Policy Schedule/Certificate of Insurance under Section B.1(a.1) or B.1(a.2) and further incurs any Medical Expenses that would otherwise have been admitted under Section B.1(a.1) or B.1(a.2), these Medical Expenses will be indemnified from the Sum Insured of Corporate Floater up to the limits as specified in the Policy Schedule/Certificate of Insurance. The amount payable under this Optional Extension for an Insured Person per claim shall be restricted to the amount as specified in Policy Schedule / Certificate of Insurance, however in no event exceeding the original benefit amount specified in the Certificate of Insurance under Section B.1(a.1) or B.1(a.2) for the Insured Person and is payable subject to the availability of the Sum Insured of Corporate Floater, provided that:

- (i) The amount from corporate floater Sum Insured shall be utilized only after the original benefit amount specified in the Certificate of Insurance under Section B.1(a.1) or B.1(a.2) and the Additional Sum Insured specified in the Certificate of Insurance in case of Accident (if in force for the Insured Person) has been completely exhausted;
- (ii) The total amount payable under such Claim shall not exceed the sum of the benefit amount specified in the Policy Schedule/Certificate of Insurance under Section B.1(a.1) or B.1(a.2) and Additional Sum Insured specified in the Certificate of Insurance in case of Accident (if in force for the Insured Person) and the eligible amount under corporate floater Sum Insured;
- (iii) The amount from corporate floater Sum Insured shall be available only for such Insured Person for whom Claim for Hospitalization following an Accident / Illness has been accepted under the Policy;
- (iv) The amount from corporate floater Sum Insured shall be applied only once during the Period of Insurance for an Insured Person.
- (v) We shall only accept such number of claims under this benefit during the Period of Insurance as is specified against this benefit Corporate Floater in the Policy Schedule/Certificate of Insurance.

c) Documents to be submitted for any Claim under this Benefit No. B.1

It is a Condition Precedent to Our liability under this Benefit and any applicable Optional Extension under Benefit B.1 that the following necessary information and documentation shall be submitted to Us 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, admission and discharge summary, day care summary, ROMIF, attending physician statement, 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.

B.2. OPTIONAL BENEFIT 1 – MEDICAL EVACUATION

a) We shall indemnify the reasonable costs necessarily incurred for the Medical Evacuation of the Insured Person whilst on a Trip during the Period of Insurance in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment), 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) The Insured Person's Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iv) This Optional Benefit shall be provided on a Cashless Facility basis only, provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance;
- (v) The scope of cover for this Optional Benefit shall be limited to the following:
 - a. For any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.1).
 - For any Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.2).

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.3. OPTIONAL BENEFIT 2 – REPATRIATION OF MORTAL REMAINS

a) If the Insured Person dies whilst on a Trip during the Period of Insurance as a result of Illness / Injury occurring during the Period of Insurance, We shall indemnify the costs of repatriation of the mortal remains of the Insured Person to the Country of Residence/City of Residence or, up to an equivalent amount, for a local burial (excluding costs incurred towards buying / procuring a grave) or cremation at the place where death has occurred provided that:

- (i) We shall not be liable to make payment under this Optional Benefit in respect of the Insured person in excess of the amount specified in the Policy Schedule/Certificate of Insurance;
- (ii) This Optional Benefit shall be provided on a Cashless Facility basis only, provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance;
- (iii) The scope of cover for this Optional Benefit shall be limited to the following:
 - a. Death of the Insured Person solely and directly due to any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.1);

b. Death of the Insured Person solely and directly due to any Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.2).

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 post-mortem report/certificate (wherever applicable);
- (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.
- (v) Copy of Embalming certificate

B.4. OPTIONAL BENEFIT 3 – DENTAL EXPENSES

a) We shall indemnify the Medical Expenses incurred whilst on a Trip during the Period of Insurance 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) Section C.3(j) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension.

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.

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 orthopaedic, degenerative or odontogenic 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.
- (iv) Any treatment of a Pre-Existing Disease.
- (v) Cementing or fixation of tooth or teeth bridge(s).
- (vi) Beauty and / or cosmetic treatment and/or reconstructive plastic surgery in any form or manner, unless medically required as a result of Injury.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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, discharge summary, day care summary, indoor case papers and 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.

B.5. OPTIONAL BENEFIT 4 – LOSS OF PASSPORT

a) If the Insured Person loses his/her original passport whilst on a Trip during the Period of Insurance, We shall indemnify the necessary costs incurred by the Insured Person towards obtaining a duplicate or new passport.

b) Exclusions applicable to Optional Benefit 4: Loss of Passport

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) Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
- (ii) Loss of the passport due to theft unless it has been reported to the police within 24 hours of the Insured Person becoming aware of the theft and a written police report being obtained in that regard.
- (iii) Loss of the passport due to it being left unattended or forgotten by the Insured Person in a public place or public transport, hotel or apartment.
- (iv) Loss or theft of the passport from a private place or from a private vehicle, unless it was located in a locked hotel room, apartment or locked vehicle, and forcible and violent entry was used to gain access to it.

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

It is a Condition Precedent to the Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 (wherever applicable);
- (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;
- (iv) Copy of new passport;
- (v) Copy of old passport, if available.

B.6. OPTIONAL BENEFIT 5 – LOSS OF CHECKED-IN BAGGAGE

a) We shall indemnify the Insured Person for the value of the Checked-In Baggage which is totally lost whilst in custody of the Common Carrier during the Period of Insurance 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;
- (ii) If more than one (1) piece of Checked-In Baggage has been checked-in under the same ticket of the Insured Person, Our liability shall be restricted to 50% of the benefit amount specified in the Policy Schedule/Certificate of Insurance against this Optional Benefit 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 Us 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 Us 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) Any recovery effected from the Common Carrier, if any, or effected from the concerned agencies after settlement of the Claim under the policy, shall be remitted to Us to the extent of the difference in amount of claim admitted and paid by Us and the Common Carrier to the Insured Person.
- (vi) Our liability 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, Our 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.
- (vii) Any item that the Common Carrier’s policy or rules specifies should not have been carried.

For this Optional Benefit only:

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

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 Us/Assistance Service Provider).
- (vi) A valid ticket / proof of travel to the location the Insured Person is traveling as a bona fide passenger.

B.7. OPTIONAL BENEFIT 6 – DELAY OF CHECKED-IN BAGGAGE

a) We shall pay the benefit amount specified in the Policy Schedule/Certificate of Insurance against this Optional Benefit if the delivery of the Insured Person’s Checked-In Baggage which has been entrusted to the Common Carrier is delayed by a period equal to or exceeding the first period 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 the Certificate of Insurance for 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;
- (v) Any delay of checked-in baggage on the return to Country of Residence/City of Residence.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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;
- (iv) A valid ticket / proof of travel to the location the Insured Person is traveling as a bona fide passenger.

B.8. OPTIONAL BENEFIT 7 - PERSONAL ACCIDENT

a) If the Insured Person dies or suffers Permanent Total Disablement (of the nature specified in the table below) within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Trip within the Period of Insurance, We shall pay in accordance with the cover opted for and specified in the Policy Schedule / Certificate of Insurance, 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.

Event	% of SI Payable
Death	100%
Permanent Total Disablement (PTD)	-
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%
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.

The criteria for deciding total loss of function of body part or organ for the permanent total disablement shall be based on a certificate from treating Medical Practitioner's certificate / disability certificate from civil surgeon

If a Claim has been made under this Optional Benefit in respect of the Insured Person which does not result in 100% of the benefit amount specified in the Certificate of Insurance against this Optional Benefit being paid, then cover for the Insured Person under this Optional Benefit shall continue for the remainder of the benefit amount. Any amounts already paid under this Optional Benefit in respect of an Insured Person during the Period of Insurance shall be subtracted from any further amounts due under this Optional Benefit in respect of the Insured Person during that Period of Insurance.

Our maximum, total and cumulative liability under this Optional Benefit shall not exceed the amount specified against this Benefit in Policy Schedule / Certificate of Insurance.

Our maximum, total and cumulative liability under this Optional Benefit for Insured Person less than 5 years of Age shall not exceed US\$2000 unless specified otherwise in the Certificate of Insurance/Policy Schedule.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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) Post-mortem report/certificate (wherever applicable).
- (iv) Police report (wherever applicable).
- (v) Medical Practitioner's certificate stating the reasons for and the extent of the Injury.
- (vi) Copy of discharge summary (if available).
- (vii) Treating Medical Practitioner's certificate describing the disablement.
- (viii) Disability certificate from a civil surgeon.

B.9. OPTIONAL BENEFIT 8 - COMMON CARRIER FATALITY

a) The Certificate of Insurance will specify whether Section B.9(a)(1) or Section B.9(a)(2) applies to the Insured Person.

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 whilst on a Trip during the Period of Insurance whilst the Insured Person is mounting into or dismounting from or travelling in a Common Carrier on a valid ticket, We shall pay the benefit amount specified in the Policy Schedule/Certificate of Insurance against this Optional Benefit provided that death arises 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 whilst on a Trip during the Period of Insurance whilst the Insured Person is mounting into or dismounting from or travelling in a Common Carrier which is an aircraft on a valid ticket, We shall pay the amount specified in the Policy Schedule/Certificate of Insurance against this Optional Benefit provided that death arises 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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) Post-mortem report/ certificate (wherever applicable);
- (iv) Police report (wherever applicable);
- (v) Valid ticket or certificate from the Common Carrier establishing the Insured Person's bona fide travel in the affected Common Carrier at the time of the Accident.
- (vi) Copy of discharge summary if available

B.10. OPTIONAL BENEFIT 9 - PERSONAL LIABILITY

a) We shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties whilst on a Trip during the Period of Insurance and arising on account of Insured Person's negligence for which a civil claim is made or a suit is brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.

b) We shall also indemnify the Insured Person towards the cost of defence up to a maximum of 10% of the claim amount admitted under this Optional Benefit provided that these defence costs are incurred with Our prior written consent.

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 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 there from;
- (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 by-products 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.
- (xix) Liability arising out of use or misuse of weapons, including firearms.
- (xx) Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement.

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 Us immediately and in any case within 7 days upon 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 Our prior written consent.
- (iii) The Insured Person shall fully co-operate and support and act as per Our advise or that of the Assistant Service Provider.
- (iv) The Insured Person shall fully support Us 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 Us in the defence, settlement and/or payment of any Claim, shall correspondingly reduce the benefit amount specified in the Policy Schedule/Certificate of Insurance under this Optional Benefit.
- (vi) In the event We choose to exercise Our right pursuant to this condition, no action taken by Us in the exercise of such right will serve to modify or expand in any manner, Our liability or obligations under this Optional Benefit beyond what Our liability or obligations would have been had it not exercised Our 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 Us or the Assistance Service Provider.
- (viii) In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under this Optional Benefit or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Optional Benefit in respect of the claim, including the costs of defending it.
- (ix) The Insured Person shall allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defence and/or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.
- (x) We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent to any settlement We recommend and chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.
- (xi) 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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).
- (iii) Witness statements if available
- (iv) Any other documents relevant to the incident including summons, legal notice, copy of court award, notice from third party claiming the amount.

B.11. OPTIONAL BENEFIT 10 - HIJACK DISTRESS ALLOWANCE

a) If the Common Carrier in which the Insured Person is traveling whilst on a Trip during the Period of Insurance on a valid ticket is Hijacked, then We shall pay the daily amount specified in the Certificate of Insurance for each day for which the Insured Person continues to be held captive by the hijackers, provided that:

- (i) We shall be liable to make payment under this Optional Benefit only if the Hijack has continued for a period of at least 24 consecutive hours unless a separate period is specified in the Certificate of Insurance;
- (ii) We shall not be liable to make payment under this Optional Benefit for more than 30 days unless a separate number of days is specified in the Certificate of Insurance;
- (iii) We shall not be liable to make payment if the Insured Person is travelling by any other mode of transportation;
- (iv) Our 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;
- (v) We 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.
- (vi) Any claim where the Insured Person is considered as the principal or accessory or is in anyway involved with the Hijacking.
- (vii) Any claim as a consequence of change in the direction of the route of the aircraft due to traffic, weather, fuel shortage, technical snag or security reasons.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 bona fide travel in the affected Common Carrier.

B.12. OPTIONAL BENEFIT 11 – EMERGENCY CASH ADVANCE

a) If the Insured Person suffers a Financial Emergency whilst on a Trip during the Period of Insurance, then We or the Assistance Service Provider shall 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) Our liability under this Optional 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) We 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 Period of Insurance.

For the purpose of this Optional Benefit only:

Financial Emergency means the Insured Person's loss of Money (money, travellers cheque or credit cards issued in favor of the Insured Person) available with him, including but not limited to that arising from burglary and theft of luggage 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.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 We shall indemnify for those travel expenses that the Insured Person already 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 at least 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 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 (in case this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1) or due to an unforeseen Injury (in case this Optional Benefit is applicable to the Insured Person along with B.1(a.2) 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 Our 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 We shall 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;
- (iv) Childbirth, pregnancy or any medical complications arising out of and related to maternity/pregnancy resulting within 2 months of the expected date of delivery.
- (v) Negligence or fault of the travel agent.
- (vi) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- (vii) Facts or matters of which the Insured Person was aware or should have been aware (by the way of sources such as travel advisories issued by competent / Government authority(s) etc.) might result in the cancellation or curtailment of the trip.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation (as applicable) shall be submitted to Us 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.
- (viii) Death certificate (if applicable).

B.14. OPTIONAL BENEFIT 13 - 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 from the schedule departure time for more than the number of consecutive and completed hours/minutes as specified in the Certificate of

- (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 Us to the extent of the amount of claim admitted and paid by Us to the Insured Person.

b) Exclusions applicable to Optional Benefit 16 – 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 accommodation booking.

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

It is a Condition Precedent to the Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 Person 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 having occurred solely at their instance and responsibility.
- (iii) A confirmation from the accommodation provider of the bounced booking having occurred 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.
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B.18.OPTIONAL BENEFIT 17 – POLITICAL RISK AND CATASTROPHE EVACUATION

a) We shall indemnify the Insured Person for the actual expenses necessarily incurred by the Insured Person whilst on a Trip during the Period of Insurance to return to the Country of Residence/City of Residence or the nearest place of safety for one of the following reasons, up to the cost of a direct route economy class air fare for the same (one way) or hotel accommodation up to a maximum of 7 days for a limit lower of USD 300 / Euro 225 / INR 1500/original booking (if any) per day :

- (i) Officials of embassy of the Country of Residence of the Insured Person in writing recommend, or a notification is issued by the Government of the city where Insured Person is visiting, that people, which include the Insured Person 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 in which the Insured Person is in, necessitating his/her immediate evacuation in order to avoid risk of personal Injury or Illness to himself/herself.

b) Exclusions applicable to Optional Benefit 17 – 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) The Insured Person violating the laws or regulations of the city/country from which he is to be evacuated or deported or declared as a person non-grata.
- (ii) Failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation.
- (iii) Failure to honour any contractual obligation or bond or to obey any conditions in a license.
- (iv) If the Geographical Scope specified in the Certificate of Insurance is out of India, the Insured Person is a national of the country from which he/she is to be evacuated and if Geographical Scope specified in the Certificate of Insurance is within India, the Insured Person is a resident of the city from which he/she is to be evacuated.
- (v) Circumstances that resulted in the Insured Person's evacuation being in existence prior to the Insured Person entering the city /country or their occurrence being foreseeable to a reasonable person before the Insured Person entered the country/ city by the way of sources such as travel advisories issued by competent / Government authority(s) etc..

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 Person/ Notification from Government.
- (ii) Original invoice of hotel accommodation during the period the Insured Person 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.
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B.19.OPTIONAL BENEFIT 18 – COMPASSIONATE VISIT

a) We shall indemnify the Insured Person for the actual expenses necessarily incurred by the Insured Person for a return (two-way) direct route economy class airfare 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 Medically Necessary Treatment which is required in an Emergency for treatment of any Injury or Illness suffered by the Insured Person whilst on a Trip during the Period of Insurance;
- (ii) The treating Medical Practitioner advises in writing that the attendance of an Immediate Family Member is necessary;
- (iii) The treating Medical Practitioner certifies in writing that the Insured Person is required to be Hospitalized for at least 5 consecutive days unless a separate number of days is specified in the Certificate of Insurance;
- (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.
- (v) It is a Condition Precedent to Our liability under this Optional Benefit that the need for such a special assistance and consequent visit of any one of the Immediate Family Member from a particular place is also approved by the Assistance Service Provider before the Immediate Family Member undertakes the Trip.
- (vi) This Optional Benefit shall be provided on a Cashless Facility basis only, provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance.
- (vii) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.
- (viii) The scope of cover for this Optional Benefit shall be limited to the following:

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

We shall pay the benefit amount specified in the Policy Schedule/Certificate of Insurance against this Optional Benefit provided that We 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 13 – 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 10 or Optional Benefit 14.
- (iv) Delay caused by strike or industrial action if already notified at the time the Insured Person booked his/her ticket or paid or committed to other travel and accommodation expenses.
- (v) The failure to arrive for the Common Carrier's departure in sufficient time to complete all departure formalities in accordance with the Common Carrier's published time schedule.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.15.OPTIONAL BENEFIT 14 - MISSED CONNECTION

a) If the Insured Person misses the connecting flight during the Period of Insurance solely and directly due to the delayed arrival of the Common Carrier in which the Insured Person was traveling on a valid ticket, We shall 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) We 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 by the way of sources such as travel advisories issued by competent / Government authority(s) etc.;
- (ii) We 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 the number of consecutive hours specified in the Certificate of Insurance;
- (iii) Our liability to make payment under this Optional Benefit shall be in excess of the total amount refunded or returned to the Insured Person by the flight service provider.

b) Exclusions applicable to Optional Benefit 14 – 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 10 or Optional Benefit 13.
- (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 the 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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;
- (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.

B.16.OPTIONAL BENEFIT 15 – IDENTITY DOCUMENT THEFT

a) If the Insured Person loses his original identity proof document (Driving license, PAN card, Aadhaar or Voter ID card) on account of theft occurring whilst on a Trip during the Period of Insurance, We shall indemnify the necessary costs incurred by the Insured Person towards obtaining a duplicate identity proof document.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 (wherever applicable);
- (ii) Original receipt for payment of charges to the authorities for obtaining a new or duplicate identity proof document.

B.17.OPTIONAL BENEFIT 16 – BOUNCE BOOKING

a) We shall indemnify the Insured Person for the actual additional expenses / cost incurred by the Insured Person for alternative flight arrangements and/or for alternative accommodation in the event of (i) the confirmed flight booking for any part of the Trip within the Period of Insurance not getting confirmed at the sole instance of the Common Carrier, or (ii) the confirmed accommodation booking at the place of stay in any part of the Trip not getting confirmed solely at the instance of the accommodation provider, provided that:

- (i) the Our liability shall be in relation to the travel covered by such confirmed booking and in relation to accommodation in the same place of stay and also provided that the Our liability to such additional expenses shall be in relation to the same class of travel and same category of accommodation (lower of original booking amount or limit as specified in Certificate of Insurance / Policy Schedule) as the case may be covered by the original confirmed bookings.
- (ii) It is a Condition Precedent to Our admission of liability under this Optional Benefit that the Insured Person 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 Person by way of additional expenses for alternative travel arrangement or alternative accommodation arrangement. Details of the steps taken by the Insured Person shall be furnished to Us.

a. For any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.1).
For any Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.2).

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following information and documentation shall be submitted to Us 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.

B.20.OPTIONAL BENEFIT 19 – RETURN OF MINOR CHILD

a) We shall indemnify the Insured Person for the actual expenses subject to limit as specified in Certificate of Insurance / Policy Schedule for the amount necessarily incurred by the Insured Person in respect of the children of such Insured Person, for the actual cost of a direct route economy class airfare for the children to travel 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 Treatment which is required in an Emergency for treatment of any Injury or Illness suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or treatment of any Injury suffered (if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.1)) by the Insured Person whilst on a Trip during the Period of Insurance;
- (ii) The Insured Person's children are all less than Age 18;
- (iii) The Insured Person's children are covered under this Policy as Insured Persons or are covered under any other travel insurance policy issued by Us for the same Period of Insurance;
- (iv) The Insured Person's children are unattended in the place of Hospitalization;
- (v) The treating Medical Practitioner certifies in writing that the Insured Person is required to be Hospitalized for at least 5 consecutive days or the number of days specified in the Certificate of Insurance; (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.(vii) This Optional Benefit shall be provided on a Cashless Facility basis only, provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance.
- (viii) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.21.OPTIONAL BENEFIT 20 – UP-GRADATION TO BUSINESS CLASS

a) We shall indemnify the Insured Person for the actual expenses incurred by the Insured Person for 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 Hospitalized for Medically Necessary Treatment which is required in an Emergency for treatment of any Injury or Illness suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or treatment of any Injury suffered if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) by the Insured Person whilst on a Trip during the Period of Insurance and such Hospitalization continues for at least a period of 5 consecutive days unless a separate number of days is specified in the Certificate of Insurance;
- (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;
- (iii) If the Insured Person's air ticket can be up-graded from economy class to business class, Our maximum liability under this Optional Benefit shall be limited to the difference in cost between the economy class air ticket and business class air ticket;
- (iv) If the Insured Person's direct route economy class air ticket cannot be up-graded, then Our maximum liability under this Optional 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) We shall not be liable to make any payment under this Optional Benefit if the Insured Person was originally booked to return to the Country of Residence on a business class air ticket.
- (vi) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.

b) In case any Claim is accepted under this Optional Benefit, no expense of airfare shall 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.22.OPTIONAL BENEFIT 21 – DAILY ALLOWANCE

a) If the Illness or Injury suffered by the Insured Person whilst on a Trip during the Period of Insurance solely and directly requires the Insured Person's Hospitalization during the Period of Insurance, then We shall pay the daily amount specified in the Certificate of Insurance for each continuous and completed day of Hospitalization for up to the maximum duration specified in the Certificate of Insurance, provided that:

- (i) The Insured Person is Hospitalized for Medically Necessary Treatment which is required in an Emergency for treatment of any Injury or Illness suffered by the Insured Person.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.23.OPTIONAL BENEFIT 22 – REPLACEMENT OF STAFF

a) We shall indemnify the reasonable expenses necessarily incurred by You during the Period of Insurance for the actual cost of direct route economy class airfare for another staff member of Your organization to travel from the Country of Residence/City of Residence to the place of Hospitalization of the Insured Person for treatment of the Injury or Illness suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or treatment of any Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) by the Insured Person whilst on a Trip during the Period of Insurance, provided that:

- (i) The treating Medical Practitioner certifies in writing 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 in writing by You as necessary to minimize the loss of business and/or violation of the Your contractual obligations.
- (iv) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 You along with the copies of the contracts supporting the immediate need for replacement of the Insured Person.
- (vi) Letter from human resources department of the organisation confirming the replacement details.

B.24.OPTIONAL BENEFIT 23 – EMERGENCY HOTEL ACCOMMODATION / EXTENSION

a) If the Illness or Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or treatment of any Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) by the Insured Person whilst on a Trip during the Period of Insurance solely and directly requires the Insured Person's Hospitalization, We shall indemnify the reasonable hotel accommodation charges necessarily 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 Us for the same period as the Period of Insurance.
- (iv) Our liability shall be in relation to hotel accommodation in the lower of same category of accommodation or original booking (per day) as the case may be covered by the original confirmed bookings.
- (v) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following information and documentation shall be submitted to Us 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 of hotel booking with the documentation.

B.25.OPTIONAL BENEFIT 24 – OUT-PATIENT COVER

a) The Certificate of Insurance will specify whether Section B.25(a.1) or Section B.25(a.2) applies to the Insured Person.

1. OUT-PATIENT CARE

If an Insured Person suffers an Illness or an Injury whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person to take Outpatient Treatment, then We shall indemnify the Medical Expenses incurred on that Out-patient Treatment.

2. OUT-PATIENT CARE FOR INJURY

If an Insured Person suffers an Injury whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person to take Out-patient Treatment, then We shall indemnify the Medical Expenses incurred on that Out-patient Treatment.

b) OPTIONAL EXTENSION TO OUT-PATIENT COVER

The Certificate of Insurance will specify which of the following Optional Extensions are in force for the Insured Person.

(i) OPTIONAL EXTENSION 1: CANCER SCREENING AND MAMMOGRAPHY

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for cancer screening and/or mammography on the advice of a Medical Practitioner whilst on a Trip during the Period of Insurance provided that

- (i) Section B.25(c)(viii) of the Exclusions applicable to Optional Benefit 24 shall not apply only to the extent of cover under this Optional Extension.

(ii) OPTIONAL EXTENSION 2: TREATMENT OF MENTAL & NERVOUS DISORDER

We will indemnify the Medical Expenses incurred whilst the Insured Person is on a Trip during the Period of Insurance for Out-patient Treatment of mental and/or nervous disorders suffered by the Insured Person provided that:

- (i) Section C.3 (r) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension.

(iii) OPTIONAL EXTENSION 3: RADIOTHERAPY AND CHEMOTHERAPY CHARGES

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for Radiotherapy and/or Chemotherapy whilst on a Trip during the Period of Insurance provided that:

- (i) Section B.25(c)(iv) of the Exclusions applicable to Optional Benefit 24 shall not apply only to the extent of cover under this Optional Extension.

(iv) OPTIONAL EXTENSION 4: VACCINATION CHARGES

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for vaccination whilst on a Trip during the Period of Insurance provided that:

- (i) Section B.25(c)(vi) of the Exclusions applicable to Optional Benefit 24 and Section C.3(v) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension.
- (ii) Notwithstanding (i) above, tetanus vaccination post Injury and vaccine post animal bite are not covered.

(v) OPTIONAL EXTENSION 5: NON-EMERGENCY OPD CONSULTATION

We will indemnify the Medical Expenses incurred in respect of the Insured Person's Out-patient Treatment for a medical consultation required on a non-emergency basis whilst on a Trip during the Period of Insurance provided that:

- (i) Section B.25(c)(iii) of the Exclusions applicable to Optional Benefit 24 shall not apply only to the extent of cover under this Optional Extension.

(vi) OPTIONAL EXTENSION 6: PSYCHOLOGICAL AND MENTAL COUNSELLING

We will indemnify the Medical Expenses necessarily incurred in respect of the Insured Person for psychological and/or mental counselling immediately following the Hospitalisation (commencing not later than 7 days of discharge from the Hospital) of the Insured Person provided that:

- (i) Section C.3 (r) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Extension;
- (ii) The treating Medical Practitioner certifies in writing that the treatment taken is Medically Necessary Treatment;
- (iii) The Insured Person is not Hospitalized for such treatment.

c) Exclusions applicable to Optional Benefit 24 – 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 Expenses incurred for any Illness which is a Pre-Existing Disease.
- (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.
- (viii) Screening for cancer or mammography.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.26.OPTIONAL BENEFIT 25 – HOTEL CANCELLATION:

a) We 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 Our 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:

- 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 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 (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or any Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.27.OPTIONAL BENEFIT 26 – REIMBURSEMENT OF GOLF FEES AND OTHER NON-TRANSFERABLE TICKET EXPENSES

a) If the Insured Person is Hospitalized for treatment of an Illness or Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or treatment of any Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) immediately and not exceeding 15 days prior to the commencement of the Period of Insurance, We shall indemnify the Insured Person for any cancellation charges related to golf fees and other non-transferable ticket expenses which were already paid in advance for the Period of Insurance, provided that:

- (i) The Insured Person's Hospitalization continues for more than 5 consecutive days;
- (ii) The cancellation of the proposed golf/other events is solely and directly due to the Insured Person's Hospitalization for Medically Necessary Treatment;
- (iii) Our liability shall be limited to the difference between the charges incurred for such golf fees and other non-transferable ticket expenses 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 pre-paid golf fees and other pre-paid non-transferable ticket expenses.
- (ii) Medical certificate from the attending Medical Practitioner confirming the reason and length of time the Insured Person would be unable to play golf and/or attend the program for which the ticket was already purchased.
- (iii) Attested copy of hospital discharge summary pertaining to the same period of Hospitalization of the Insured person.

B.28.OPTIONAL BENEFIT 27 –HOME CARE

a) If the Illness or Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or treatment of any Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) by the Insured Person requires the Insured Person to be necessarily attended by a Qualified Nurse immediately subsequent to the Insured Person's discharge from Hospital, We shall pay the daily payable benefit amount specified in the Certificate of Insurance 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 continues for more than 5 consecutive days unless a separate period is specified in the Certificate of Insurance;
- (ii) We shall not be liable to make payment under this Optional Benefit for a period of more than 15 days unless a separate period is specified in the Certificate of Insurance from the Insured Person's discharge from Hospital;
- (iii) The treating Medical Practitioner's Prescription must specify that medical services of a Qualified Nurse are required to be provided to the Insured Person at his/her home;
- (iv) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.29.OPTIONAL BENEFIT 28 – MATERNITY CASH BENEFIT

a) We shall pay the benefit amount specified in the Policy Schedule/Certificate of Insurance against this Optional Benefit if the Insured Person is Hospitalized for the delivery of the Insured Person's child during the Period of Insurance, provided that:

- (i) The delivery occurs after the completion of the waiting period specified in the Certificate of Insurance.
- (ii) We shall not be liable to make payment under this Optional Benefit in respect of the Insured Person more than once during the Period of Insurance and 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.

B.30.OPTIONAL BENEFIT 29 – LOSS OF LAPTOP /TABLET / HAND BAGGAGE / MOBILE

a) We shall indemnify the Insured Person for loss incurred due to theft of his/her laptop, tablet, hand baggage or mobile whilst on a Trip during the Period of Insurance provided that:

- (i) The claim will be settled at the market value (subject to the benefit amount specified in the Certificate of Insurance against this Optional Benefit) of the laptop, tablet, hand baggage or mobile before the loss, which shall be arrived at by depreciating the value by 25% per annum.
- (ii) It has been reported to the local police where the incidence has occurred within 24 hours of the Insured Person becoming aware of the theft and a written police report being obtained in that regard.

b) Exclusions applicable to Optional Benefit 29 – Loss of Laptop /Tablet / Hand Baggage / Mobile:

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 or mobile
- (ii) Any loss of software or data in the laptop, tablet or mobile and any consequential loss arising from the same.
- (iii) Any loss as a result of any action taken by customs department / Government department.
- (iv) Loss of mobile in case of domestic travel or loss reported within Indian Geography.
- (v) Any loss reported due to the laptop, tablet, hand baggage or mobile being left unattended or forgotten by the Insured Person in a public place or public transport, hotel or apartment.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following information and documentation shall be submitted to Us 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 (wherever applicable);
- (ii) Details of the attempts made to trace the laptop, tablet, hand baggage or mobile;
- (iii) Letter defining incidence of theft;
- (iv) Bill copy for the laptop, tablet, hand baggage or mobile.

B.31.OPTIONAL BENEFIT 30 – PARENT ACCOMMODATION

a) If the Insured Person suffers an Illness or Injury (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or an Injury (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) whilst on a Trip during the Period of Insurance, We shall indemnify the Insured Person for the actual expenses necessarily incurred in respect of the accommodation of one parent with the Insured Person in Hospital, provided that:

- (i) The Insured Person is less than Age 12 and is Hospitalized for Medically Necessary Treatment of any Injury or Illness suffered during the Period of Insurance;
- (ii) The Insured Person's parent is also covered under this Policy as an Insured Person or is covered under any other travel insurance policy issued by Us for the same Period of Insurance;
- (iii) The treating Medical Practitioner certifies that the Insured Person is required to be Hospitalized for at least 5 consecutive days.
- (iv) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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) Additional expenses for the accommodation of the parent in Hospital.

B.32.OPTIONAL BENEFIT 31 – HEALTH CHECKUP

a) We shall indemnify the actual expenses necessarily incurred in respect of the Insured Person whilst on a Trip during the Period of Insurance for a health check-up (including dental health check-up and eye/ vision check-up) 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 Our liability under this Optional Benefit that the following information and documentation shall be submitted to Us 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 Check-up of the Insured Person.
- (ii) Imaging reports / lab reports

B.33.OPTIONAL BENEFIT 32 – BAIL BOND

a) We shall indemnify 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 whilst on a Trip during the Period of Insurance by any government or statutory body or authority, provided that the copy of every notice, writ, summons or process and all documents relating to the claim/event shall be forwarded to Us immediately and in any case within 7 days upon receipt by the Insured Person.

b) Exclusions applicable to Optional Benefit 32 – 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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.
- (iv) A written confirmation from the appropriate authority/court, stating the offence committed and if it is bail-able or not/court copy, if applicable
- (v) Money receipt in original from the appropriate authority/court for the amount paid towards the bail bond.

B.34.OPTIONAL BENEFIT 33 – SPONSOR PROTECTION

a) We shall 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 Period of Insurance, provided that:

- (i) Our cumulative liability under this Optional Benefit shall be limited to the actual unpaid fees for the remaining period of the course or the Period of Insurance, whichever is earlier.
- (ii) We shall be liable to pay for such fees only after the demand for such fees is raised by the educational institute.
- (iii) We shall 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) We shall 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, We shall have the right to recover such fees paid by it from the Insured Person.

For the purpose of this Optional Benefit,

“Sponsor” shall mean any individual responsible for paying the tuition fees of the Insured Person for 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 Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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. Post-mortem certificate / report (wherever applicable).
- d. Police report (wherever applicable).

(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.
- j. Letter from school / college authority informing about the balance tuition fees, if any, for the course.

B.35.OPTIONAL BENEFIT 34 – STUDY INTERRUPTION

a) We shall 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 occurring 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. Hospitalization of the Insured Person for Medically Necessary Treatment of any Injury or Illness suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or treatment of any Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) for more than 30 consecutive days for either an Injury or Illness or in the 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.

We shall 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, provided that We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.

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 Us.

b) Exclusions applicable to Optional Benefit 34 – Study 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) Any routine physical check-up and/or any treatments or examinations related thereto.
- (ii) Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.
- (iii) Any elective surgery.
- (iv) Any costs in any way related to psychiatric or mental disorder or any costs or periods of residence in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- (v) Any costs relating in any way related to the abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
- (vi) Any treatment which is paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the educational institution to the extent so furnished or paid or under any mandatory government program or facility set up for treatment without cost to any individual.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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. Post-mortem certificate (wherever applicable).
- d. Police report (wherever applicable).
- e. Proof of relationship.

(ii) In relation to Hospitalization of Insured Person

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.

B.36.OPTIONAL BENEFIT 35 – MUGGING COVER

a) We shall indemnify an amount upto the limit as specified in Certificate of Insurance in the event of a financial emergency arising due to the Insured Person being mugged of funds whilst on a Trip during the Period of Insurance, provided that:

- (i) Such loss of travel fund is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of

the incident and a written report being obtained for the same.

- (ii) In case if loss of traveller's cheque the same needs to be immediately reported to the local branches of agents of the issuing authority.
- (iii) Loss of travel funds covered under this Optional Benefit shall be reported and the Claim be made immediately whilst on the Trip.
- (iv) Our liability shall be restricted to difference between the funds lost as a consequence of the event covered under this Optional Benefit and any funds which may have been recovered as an action taken by the police having jurisdiction or otherwise.

b) Exclusions applicable to Optional Benefit 35 – Mugging 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) A shortage or loss of funds due to currency fluctuation, errors, omissions, exchange loss or depreciation in value.
- (ii) Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incidence and a written report being obtained for the same.
- (iii) Any claim in respect of traveller's cheque not immediately reported to the local branches or agents of the issuing authority.
- (iv) Loss of funds not kept in personal custody of the Insured Person.
- (v) Any claim made after the first arrival post incidence of the Insured Person back to the Republic of India.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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) Police report issued by the police having jurisdiction at the place of loss.
- (ii) Evidence of report by the traveller's cheque issuing authority or the agent of traveller's cheque issuing authority.
- (iii) Detailed statement of the Insured Person for the occurrence of event.
- (iv) Bills/evidence of purchase of traveller's cheques/instruments, currency exchange.
- (v) Copy of passport signifying the latest entry and exit out of the country of visit where the incidence mentioned under this Optional Benefit has occurred.
- (vi) Copy of passport signifying the latest entry and exit out of Republic of India.

B.37.OPTIONAL BENEFIT 36 – MID TRIP MEDICAL COVER CONTINUANCE IN INDIA

a) In the event that an Insured Person in the midst of a Trip outside India travels back to India for a short duration and returns back on the same Trip outside India before the end of cover as specified in the Certificate of Insurance, then the Insured Person shall be covered under Section B.1(a.1) or B.1(a.2) (as applicable) for the Medical Expenses incurred for Hospitalization during the visit to India in the Indian geography, provided that:

1. The days allocated for the said Trip in the Certificate of Insurance shall be counted for the stay in India.
2. The maximum length of stay in India covered under this Optional Benefit shall not exceed the limit as specified in Certificate of Insurance.
3. In case the length of stay in India, commencing from the arrival in India as specified in this Optional Benefit exceeds the number of days as specified in the Certificate of Insurance, then the Trip automatically ends.
4. If We have paid a claim in India under Section B.1(a.1) or B.1(a.2) in respect of the stay in India under this Optional Benefit, then the cover in India under this Optional Benefit is extended until the expiry of the period specified in the Certificate of Insurance or may continue on the same Trip as the case may be.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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. Passport copy signifying the last date of entry and exit out of India.
2. Passport copy signifying the last date of entry and exit out of country of visit.
3. Documents as specified for Section B.1(a.1) or B.1(a.2) (as applicable).

B.38.OPTIONAL BENEFIT 37 – DOMESTIC HELP POST HOSPITALIZATION

a) If the Illness or Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or any Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) by the Insured Person requires the Insured Person to be necessarily attended by a non-qualified nurse or domestic help immediately subsequent to the Insured Person's discharge from Hospital, We shall pay the daily payable benefit amount specified in the Certificate of Insurance for each continuous and completed day of attendance by the non-qualified nurse or domestic help at the Insured Person's home provided that:

- (i) The Insured Person's Hospitalization continues for more than 5 consecutive days;
- (ii) We shall not be liable to make payment under this Optional Benefit for a period of more than 15 days or the period specified in the Certificate of Insurance from the Insured Person's discharge from Hospital;
- (iii) The treating Medical Practitioner's Prescription must specify that medical services of a non-qualified nurse or domestic help are required to be provided to the Insured Person at his/her home;
- (iv) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 services of a non-qualified nurse/domestic help 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 non-qualified nurse/domestic help bill and payment receipt as may be applicable.

B.39.OPTIONAL BENEFIT 38 – HOME BURGLARY

a) We will indemnify the Insured Person for claims made in respect of loss of or damage to contents of the Insured Person's place of residence in India (at the address mentioned in the Certificate of Insurance) caused by actual or attempted Burglary and/or Robbery during the Period of Insurance. The cover incepts from the date of departure of the Insured Person from the Country of Residence and ends on the date of expiry of the Period of Insurance or date of return to the Country of Residence, whichever is earlier. Our liability will be limited to the in respect of the Insured Person to benefit amount specified in the Policy Schedule/Certificate of Insurance in any one Policy Period irrespective of the number of such incidents or occurrences arising out of such incidents..

b) Exclusions applicable to Optional Benefit 38 – Home Burglary

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) Loss of cash and loss or damage to jewellery and valuables.
- (ii) Loss or damage caused by the Insured Person's and / or Insured Person's employee(s) or agents and / or Insured Person's family member's direct or indirect involvement in the actual or attempted burglary;
- (iii) Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards, precious stones, gold bullion;
- (iv) Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following information and documentation shall be submitted to Us 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. Covering Letter detailing full statement of the facts of the incidence of theft.
- ii. Copy of FIR (filed with the local police authorities)
- iii. Details of local investigation and survey of loss in case carried out by Insured Person.
- iv. Details of any other insurance covering the same loss
- v. Passport and Visa copy with Entry Stamp from country of visit and exit Stamp from India

B.40.OPTIONAL BENEFIT 39 – EMERGENCY HOME VISIT

a) We shall indemnify the actual expenses necessarily incurred in respect of the Insured Person whilst on a Trip during the Period of Insurance for the actual cost of a return (two-way) direct route economy class airfare, up to the limit specified in the Certificate of Insurance from the country/city of visit to the Country of Residence/City of Residence of an Immediate Family Member, immediately post the event of death of the same Immediate Family Member, provided that:

- (i) The original scheduled return from the country/city of visit to the Country of Residence/City of Residence should not be less than 14 days away from the commencement of journey under this benefit.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 of death of the Insured Person's Immediate Family Member.
- (ii) Original ticket with invoice used for the travel by the Insured Person.
- (iii) Copy of passport of the Insured Person with entry and exit stamp.

B.41.OPTIONAL BENEFIT 40 – LIFESTYLE SUPPORT

a) We shall pay the amount as specified in Certificate of Insurance / Policy Schedule in case the Insured Person necessarily incurred cost on prosthesis, corrective devices, external durable medical equipment of any kind, such as wheelchair, walker, belts, collar, caps, splints, braces, stockings of any kind, crutches and ambulatory devices, if the Insured Person requires the same on the written advice of a Medical Practitioner for the same Injury suffered by the Insured Person in respect of which we have accepted a Claim under Section B.1(a.1) or B.1(a.2) as the case may be, provided that:

1. Section C.3(n) of the Permanent Exclusions shall not apply only to the extent of cover under this Optional Benefit.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
2. Medical advice of medical practitioner furnishing the requirement of the lifestyle support as mentioned in this section.

B.42.OPTIONAL BENEFIT 41 – MISSED CARRIER

a) If the Insured Person fails to reach the Place of Origin in time for commencing the Trip due to delayed arrival of a public transport or any Common Carrier of similar nature at the Place of Origin that the Insured Person was travelling in as a passenger on a valid ticket / bona fide passenger, or due to any Injury sustained by the Insured Person due to an Accident during such transit, We shall 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 up to the limit specified in the Certificate of Insurance / Policy Schedule provided that:

- (i) We 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 by the way of sources such as travel advisories issued by competent / Government authority(s) etc.;
- (ii) We shall be liable under this Optional Benefit only if the time gap between the scheduled/estimated time of arrival (ETA) of the Common Carrier to the Place of Origin as evidenced by an automated system of the same Common Carrier at the time of commencing such transit (which is used for transit to the Place of Origin of the booked journey), and the scheduled departure time of the missed Common Carrier (for the booked journey with the airline only in this case) from the Place of Origin is more than the number of consecutive minutes / hours specified in the Policy Schedule / Certificate of Insurance;
- (iii) The minimum time gap between ETA of the Common Carrier/public transport to the Place of Origin and the scheduled time of departure of the booked journey shall be as specified in the Policy Schedule / Certificate of Insurance in case the Common Carrier (hired for transit to the Place of Origin of the Trip) originates the transit within the same city / suburban city of the Place of Origin of the Trip. However, in case the Place of Origin of the Trip is beyond the same city / suburban city limits from which such transit commences, then the applicable minimum time gap between the ETA of the Common Carrier to the Place of Origin for commencement of the Trip and the scheduled time of departure of the missed Common Carrier (airline only in this case) from the Place of Origin shall be 30 minutes more than the number of consecutive minutes / hours specified in the Policy Schedule / Certificate of Insurance;
- (v) We shall not accept more than one claim under this Optional Benefit during the Period of Insurance for each Trip;
- (vi) Our liability to make payment under this Optional Benefit shall be in excess of the Deductible and the total amount refunded or returned to the Insured Person by any applicable Common Carrier.
- (vii) Where this Benefit is in force for the Insured Person, the scope of cover for this Section B.42 shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance in Section D of the Policy shall stand amended to the limited extent specified in this Benefit.
- (viii) The Insured Person provides Us with a written proof from the Common Carrier (airline only in this case, which the Insured person was expected to travel as a bona fide passenger) of the missed departure.
- (ix) For the purpose of this benefit only airline shall be considered as the Common Carrier which commences its Trip from the Place of Origin.

b) Exclusions applicable to Optional Benefit 41 – Missed Carrier

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) Delay caused by strike or industrial action if already notified at the time the Insured Person booked his/her travel tickets.
- (iii) The delay in arrival is caused by or attributable to any deviation from the originally scheduled route at the instance of the Insured Person for any reason whatsoever;
- (iv) Any failure to board the booked Common Carrier (airline) other than those directly attributable to the delay in arrival of the earlier Common Carrier.

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

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us 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 of the delay from the Common Carrier which is used for transit to the Place of Origin of the booked journey as to the scheduled ETA and the actual time of arrival at Place of Origin;
- (ii) Copy of unused ticket for the missed Common Carrier;
- (iii) Certificate from the missed Common Carrier that the fare for the part of the journey covered by the missed Common Carrier (airline) is non-refundable or is forfeited (in full or in part) together with the amount of forfeiture;
- (iv) Original used ticket obtained afresh towards the alternative Common Carrier for the part of the journey covered by the missed Common Carrier indicating the amount paid as fare, and in which such Insured Person has travelled.

B.43.OPTIONAL BENEFIT 42 – ADDITIONAL SERVICES

a) We or Assistance Service Provider shall arrange for the Insured Person to avail any of the following services, subject to details as specified in the Policy Schedule/Certificate of Insurance, including but not limited to:

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

We / Assistance Service Provider shall 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

We/ Assistance Service Provider shall provide medical assistance services such as referral, emergency medical assistance.

ii. Medical Service Provider Referral

We / 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"). We / Assistance Service Provider shall not be responsible for providing medical diagnosis or treatment. Although We / Assistance Service Provider shall make such referrals while exercising care and diligence in selecting the Medical Service Providers, We do not guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider as well as the extent to which the advice provided by such Medical Service Providers is followed shall be the sole decision of the Insured Person.

iii. Arrangement of Hospital Admission

If the medical condition of the Insured Person is of such gravity as to require Hospitalization, We/ Assistance Service Provider shall assist such Insured Person in the Hospital admission process.

iv. Arrangements of Appointments with Local Medical Practitioners for Treatment

We / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local Medical Practitioners for treatment.

v. Medical Translation Service

We / Assistance Service Provider shall arrange for the provision of medical translation to the Insured Person over the telephone.

vi. Delivery of Essential Medicine

We / Assistance Service Provider shall arrange to deliver to the Insured Person essential medicine, drugs and medical supplies that are necessary for the Insured Person'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 shall be subject to the laws and regulations applicable locally. We / Assistance Service Provider shall not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

vii. Arrangement of Compassionate Visit

We / Assistance Service Provider shall arrange for booking 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

We / Assistance Service Provider shall arrange for booking 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. An escort shall be provided, when requested.

ix. Arrangement of Parent Accommodation

We / Assistance Service Provider shall arrange for booking the hotel accommodation of the Insured Person's parent related to an incident requiring Emergency Medical Evacuation, Emergency Medical Repatriation or Hospitalization.

x. Inoculation and Visa Requirement Information

We / 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 shall be provided to the Insured Person at any time, whether or not the Insured Person is travelling or an emergency has occurred. We / Assistance Service Provider shall inform the Insured Person requesting such information that We / Assistance Service Provider is simply communicating the requirements set forth in a document and We / Assistance Service Provider shall name the document.

xi. Embassy Referral

We / 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

We / 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 a Qualified Nurse, We / Assistance Service Provider shall assist such Insured Person to provide reference of such Qualified Nurse.

xiv. Lifestyle Services

We / Assistance Service Provider shall assist the Insured Person by arranging local lifestyle service provider reference such as a gym or spa.

xv. Diet and nutrition consultation

We / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local diet and nutrition consultation.

xvi. Chat with Medical Practitioners

We / Assistance Service Provider shall arrange for the provision of medical advice to the Insured Person over the online chat.

xvii. We / Assistance Service Provider shall arrange 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. We / Assistance Service Provider shall arrange special discounts on medical equipment 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. 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:
- 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.
 - 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.
 - We 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.
 - We 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.
 - The Insured Person shall indemnify Us and hold Us 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:

- Claim under this Optional Benefit can be made only under Cashless Facility. We or Assistance Service Provider shall 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.
- Payment of Claims for this Optional Benefit are not subject to the Sum Insured.

B.44.OPTIONAL BENEFIT 43 – COVERAGE IN CITY OF RESIDENCE FOR MEDICAL COVER

Where this Benefit is specified in the Policy Schedule/Certificate of Insurance to be in force and applicable for the Insured Person, the scope of cover for Section B.1(a.1) or Section B.1(a.2) shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance in Section D of the Policy shall stand amended to the limited extent specified in this Benefit.

B.45.OPTIONAL BENEFIT 44 – COVERAGE IN CITY OF RESIDENCE FOR PERSONAL ACCIDENT

Where this Benefit is specified in the Policy Schedule/Certificate of Insurance to be in force and applicable for the Insured Person, the scope of cover for Section B.8 shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance in Section D of the Policy shall stand amended to the limited extent specified in this Benefit.

B.46.OPTIONAL BENEFIT 45 – COVERAGE IN CITY OF RESIDENCE FOR DAILY ALLOWANCE

Where this Benefit is specified in the Policy Schedule/Certificate of Insurance to be in force and applicable for the Insured Person, the scope of cover for Section B.22 shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance in Section D of the Policy shall stand amended to the limited extent specified in this Benefit.

B.47.OPTIONAL BENEFIT 46 – COVERAGE IN CITY OF RESIDENCE FOR OUT-PATIENT COVER

Where this Benefit is specified in the Policy Schedule/Certificate of Insurance to be in force and applicable for the Insured Person, the scope of cover for Section B.25(a.1) or Section B.25(a.2) shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance in Section D of the Policy shall stand amended to the limited extent specified in this Benefit.

B.48.OPTIONAL BENEFIT 47 – COVERAGE IN CITY OF RESIDENCE FOR LOSS OF LAPTOP /TABLET / HAND BAGGAGE / MOBILE

Where this Benefit is specified in the Policy Schedule/Certificate of Insurance to be in force and applicable for the Insured Person, the scope of cover for Section B.30 shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance in Section D of the Policy shall stand amended to the limited extent specified in this Benefit.

B.49.OPTIONAL BENEFIT 48 – COVERAGE IN CITY OF RESIDENCE FOR HOME BURGLARY

Where this Benefit is specified in the Policy Schedule/Certificate of Insurance to be in force and applicable for the Insured Person, the scope of cover for Section B.39 shall be extended to the duration of transit within the City of Residence while commencing or concluding a Trip, provided that the Geographical Scope is restricted to India. In such case, the definition of Period of Insurance in Section D of the Policy shall stand amended to the limited extent specified in this Benefit.

Section C. TERMS AND CONDITIONS

The following special conditions shall be applicable only if the condition is specified to be in force for the Insured Person in the Policy Schedule/Certificate of Insurance.

1. Special Conditions

C.1.1. Floater Cover

(a) If the Certificate of Insurance is on family floater basis:

Our maximum, total and cumulative liability for any and all Claims under any Benefit/Optional Benefit in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period shall be the amount specified against that Benefit/Optional Benefit in the Certificate of Insurance.

Claims made under all applicable Optional Extensions in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period shall be considered as a part of the limit for that Benefit/Optional Benefit to which the Optional Extension has been added and claims shall be payable subject to the availability of that benefit amount specified in the Certificate of Insurance and the Sum Insured.

The Sum Insured amount specified in the Certificate of Insurance shall represent Our maximum, total and cumulative liability for any and all Claims under any and all Benefit/Optional Benefits/Optional Extensions in respect of any an all Insured Persons named in the Certificate of Insurance for the Policy Period.

C.1.2. Co-payment

(a) Notwithstanding anything to the contrary in the Policy, it is hereby agreed and declared that the Insured Person shall bear a Co-payment as specified in the Policy Schedule/Certificate of Insurance on each and every Claim made under the Policy and Our liability shall be restricted to the balance amount payable on the Claim.

C.1.3. Deductible

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

C.1.4. Trip Type

The Policy Schedule/Certificate of Insurance will specify whether Single Trip Cover or Annual Multi Trip Cover is in force for the Insured Person.

2. GENERAL CONDITIONS

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

C.2.1. The Insured Person's cover under the Policy shall not attach to any journey that has already commenced prior to the Policy Period Start Date or prior to the commencement of the Insured Person's cover under the Policy.

C.2.2. Extension of the Period of Insurance for a Single Trip Policy:

On Your written request, We may extend the Period of Insurance provided that the total Period of Insurance shall not exceed the maximum trip duration (as opted by You) specified in the Policy Schedule/Certificate of Insurance. If a Claim has been made under the Certificate of Insurance:

- (i) No insurance cover shall 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 shall be available under the Benefit or applicable 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.

C.2.3. Extension of the Geographical Scope:

On Your written request, We may extend the Geographical Scope specified in the Certificate of Insurance provided that the additional premium specified by Us is received in full in advance of the commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope or made any medical related Claim under the Policy.

C.2.4. 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 in respect of the Insured Person.

C.2.5. This product may be withdrawn / modified by Us after due approval from the IRDA of India. In case this product is withdrawn / modified by Us, this Policy can be extended under the then prevailing product or its nearest substitute filed with and approved by IRDA of India. We shall duly intimate You at least three months prior to the date of such withdrawal / modification of this product and the options available to You at the time of extension of this policy.

C.2.6. Extension shall automatically be granted except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person.

C.2.7. Assignment:

The Policy and the benefits under this Policy can be assigned in only in accordance with applicable law.

C.2.8. Grace Period & Renewal:

The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of any event that occurred during the Grace Period. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by the Insured Person. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

C.2.9. Cancellation / Termination - At Your request, the Certificate of Insurance shall 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 Us not later than 7 days from the Period of Insurance Start Date and before commencement of the first Period of Insurance (i.e. the first one of the Period of Insurances in case of Insured Person planning to visit multiple countries) 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 Us 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 shall 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 shall be effected by Us and We shall retain premium on short period scales as specified hereunder:

Period from the Period of Insurance start date	Number of Trip days utilized	Premium retained by Us
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 upto 3 months	Less than or upto 21 days	50% annual rate
	Greater than 21 days and upto 35 days	75% annual rate
	Greater than 35 days	Full annual rate
From 4th month upto 6 months	Less than or upto 35 days	75% annual rate
	Greater than 35 days	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. We shall have no liability to make payment of any claims which are incurred post cancellation of the Certificate of Insurance.

3. PERMANENT 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) Excluded providers: (Code- Excl11)
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure IV of this policy and as disclosed in website (<http://www.adityabirlacapital.com/healthinsurance>) / notified to the Policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
- (c) Any events occurring outside the Period of Insurance except for a Claim for Trip Cancellation under Optional Benefit 1.2.
- (d) The Insured Person:
 - (i) Traveling against the advice of a Medical Practitioner; or
 - (ii) Receiving medical treatment (or has planned to receive during the Policy Term for an existing illness/ diagnose/ condition); or
 - (iii) Traveling for the purpose of obtaining medical treatment; or
 - (iv) Taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation; or
 - (v) Traveling to any country for which his/her visa is not allotted.
- (e) An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.
- (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 caesarean section), abortion or complications of any of these. This exclusion shall not apply to ectopic pregnancy, which is proved by diagnostic means and certification by a gynaecologist 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 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) Unproven / Experimental Treatment 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.
- (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, respite 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 used to sustain a person, who has been declared brain dead, or is demonstrating any of the following conditions :
 - 1. Deep coma and unresponsiveness to all forms of stimulation; or
 - 2. Absent pupillary light reaction; or
 - 3. Absent oculovestibular and corneal reflexes; or
 - 4. Complete apnea.
- (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.
- (gg) Any Claim relating to Adventure Sports.
- (hh) Any Medical Expenses or other expenses which are not Reasonable and Customary Charges.
- (ii) Any procedure or diagnostic test for gender detection of foetus/unborn child.
- (jj) Sterility and Infertility: (Code- Excl17)
Expenses related to sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization

3.1. Additional Exclusions applicable to Benefit – 'Medical Cover', Optional Benefit 18 to 23, Optional Benefit 26, Optional Benefit 30 & Optional Benefit 34:

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 Expenses incurred for any Illness/Injury which was a Pre-existing Disease at the time of commencement of cover of the Insured Person under the Policy except for illnesses wherever proximate cause of loss is an accident.
- (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.
- (viii) Treatment of orthopaedic, degenerative and oncological diseases unless such treatment pertains to Life Threatening Medical Conditions or measures solely taken to relieve acute pain and in any case, excluding chemotherapy or radiotherapy expenses. This exclusion is applicable only to section B.1.a.1 and B.1.a.2.
- (ix) Any treatment or Medical Expenses incurred for any Accident/ Injury which has occurred prior to the commencement of the cover.

4. 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 Our liability under the Policy, You or Insured Person (or the Nominee or legal heir if 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:

4.1. 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, You or Insured Person (or the Nominee or legal heir if the Insured Person is deceased), shall notify Us either at Our 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 Us at the time of intimation of the Claim:
 - (i) Policy Number and 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 Us or the Assistance Service Provider.
- (c) Any event that may give rise to a Claim under a Hospitalization benefit has to be notified to Us or the Assistance Service Provider, within 48 hours of Hospitalization or before discharge (whichever is earlier). However, We shall examine and relax the timeframe specified for Claim intimation depending upon whether the reasons for delay are beyond the control of the claimant.

4.2. Claims Procedure

- (a) **Cashless Facility:** Cashless Facilities are available only at Our Network Providers 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:
 - (i) Pre-authorization: You or Insured Person must call the Us/ 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.
 - (ii) We shall 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. We or the Assistance Service Provider shall confirm in writing authorization or rejection of authorization to avail Cashless Facility for the Insured Person's Hospitalization.
 - (iii) If the request for availing Cashless Facility is authorized by Us 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 Us for availing Cashless Facility. Payment in respect of all Deductibles/Co-payments (if applicable) shall be made directly by You or the Insured Person to the Network Provider.
 - (iv) If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to Us to determine the admissibility of the Claim or if the treatment is not taken at a Network Provider, payment for the treatment shall have to be made by You or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to Us which shall be considered by Us subject to the terms, conditions and exclusions under the Policy.
 - (v) It is agreed and understood that in all cases where availing of Cashless Facility has been authorized in writing by Us, all the information and documentation specified below shall be submitted to Us 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, We may authorize You or the 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 Us. If this authorization is provided then, We shall 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) We 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 Our or Assistance Service Provider's website or call centre.
 - (iii) Before availing the Cashless Facility, You or the Insured Person is required to check the applicable list of Network Providers for the area where the Cashless Facility is intended to be availed 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 Section C. 4.3 below shall be submitted (at the Insured Person's expense) to us 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.

4.3. Claim Documentation

You or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his/her 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 Us 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) Copy of first and last page of passport copy with entry/exit stamp;
- (iii) Any other document as required by Us or Assistance Service Provider;
- (iv) Additional documents as specified for each Benefit.
- (v) Original pathological or diagnostic reports, discharge summary, Day Care summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital as applicable.
- (vi) Copy of e-ticket / boarding pass.
- (vii) NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee (where applicable) with pre-printed name; if name is not pre-printed please provide copy of bank passbook / bank statement.

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 will be considered if there are valid reasons for the delay.

4.4. 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 to Our liability in respect of 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 We 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 Section C.4 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 shall, at Our request and at Our cost and expense, submit himself / herself for a medical examination by Our/Assistance Service Provider's nominated Medical Practitioner as often as We consider reasonable and necessary.
- (e) We/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) We shall be provided with complete documentation and information which We have requested to establish Our 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.

4.5. Claim Assessment

- (a) All admissible Claims under this Policy shall be assessed by Us in the following progressive order:
 - i. If the provisions of the Contribution Section in Section C.13 are applicable, Our liability to make payment under that Claim shall first be apportioned accordingly.
 - ii. If any sub-limits on Medical Expenses are applicable in accordance with Section B.1 (b) (xi), Our 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. Our 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 Us after applying Section C.4.5(a) (i), (ii) and (iii).

4.6. Payment terms

- (a) We may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to You.
- (b) The obligation of the Company to make payments to the Insured Person in respect of claims made shall be to make payment in Indian Rupees and after the Insured Person's return to India only. For all admissible Claims, the exchange rate as follows shall be applied:
 - (i) Reimbursement (indemnity) – Date of Invoice
 - (ii) Fixed Benefit – Date of occurrence of insured event.
- (c) If the Assistance Service Provider or We request 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 You 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 Period of Insurance for the Insured Person.
- (e) We 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 or if the benefit amount under the applicable Benefit/Optional Benefit/Optional Extension as specified in the Policy Schedule/Certificate of Insurance 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 Facility Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (h) For the reimbursement Claims, We shall 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, We shall 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) All claims will be investigated (as required) and settled or rejected in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017. We shall settle or reject any Claim under the Policy within 30 days of receipt of the last necessary document/ information as required for settlement of such Claim and sought by Us. In case there is delay in the payment of any claim that has been admitted as payable by Us under the Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, We 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 has fallen due. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extant 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 cover.

5. 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 You, the Insured Person or any one acting on his or their behalf, We shall have no liability to make payment of any Claims and the premium paid shall be forfeited to Us on cancellation of the Policy.

6. Observance of Terms and Conditions

The due observance and fulfilment 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 You or any Insured Person, shall be Condition Precedent to Our liability under the Policy.

7. Reasonable Care

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

8. Material Change

It is a Condition Precedent to Our liability under the Policy that You shall immediately and in any case within 7 days notify Us in writing of any material change in the risk on account of change in occupation or business of the Insured Person at its own expense, as per Annexure -III. We may adjust the scope of cover and / or the premium paid or payable, accordingly.

9. Records to be maintained

You and Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You or Insured Person shall furnish such information as We 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.

10. No constructive Notice

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

11. Complete Discharge

Payment made by Us to the 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 Us.

12. Subrogation

You and Insured Person shall at his/her 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 Us 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 We are or would become entitled upon Us 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 You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his/her own expense provide Us with whatever assistance or cooperation is required to enforce such rights. This clause shall not apply to any Benefit or Optional Benefit or Optional Extension offered on a fixed benefit basis.

13. Contribution

(a) In case any Insured Person is covered under more than one indemnity insurance policies, with Us or with other insurers, You/Insured Person shall have the right to settle the Claim with any of Us, 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 the Insured Person shall have the right to choose the companies with whom the Claim is to be settled.
This clause shall not apply to any Benefit or Optional Benefit or Optional Extension offered on a fixed benefit basis.

14. 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.

15. Cancellation / Termination

We may at any time, cancel this Policy on grounds as specified in Section C.5 and We shall have no liability to make payment of any claims and the premium paid shall be forfeited, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to You at Your last known address.

16. Communication

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

17. 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 Us, which approval shall be evidenced by a written endorsement signed and stamped by Us.

18. 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.

19. Overriding effect of Policy Schedule / 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 Schedule and/or Certificate of Insurance, the information contained in the Policy Schedule or Certificate of Insurance shall prevail.

20. Electronic Transactions

You and Insured Person agrees to adhere to and comply with all such terms and conditions as We 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 Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Our terms and conditions for such facilities, as may be prescribed from time to time.

21. Grievances

In case of a grievance, the Insured Person/ You can contact Us with the details through:

Our website: <https://www.adityabirlacapital.com/healthinsurance/>

Email: care.healthinsurance@adityabirlacapital.com

Toll Free: 1800 270 7000

Address: Aditya Birla Health Insurance Co. Limited 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.

For senior citizens, please contact Our respective branch office or call at 1800 270 7000 or write an E-mail at seniorcitizen.healthinsurance@adityabirlacapital.com

The Insured Person/You can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person/You is not satisfied with the response then they can contact Our Head of Customer Service at the following E-mail carehead.healthinsurance@adityabirlacapital.com.

If the Insured Person/You is not satisfied with Our redressal, he/she may use the Integrated Grievance Management Services (IGMS). For registration in IGMS please visit IRDAI website www.irda.gov.in

If the Insured Person/You are still not satisfied, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure A.

Section D. DEFINITIONS

The terms and conditions, benefits, 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.

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means;
2. **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, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighbing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, 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;
3. **Age** means the completed age of the Insured Person on his last birthday;
4. **Ambulance** means a road vehicle or aircraft operated by a licensed / authorized service provider only and equipped for the transport and paramedical treatment of the person requiring medical attention;
5. **Annual Multi Trip Cover** means a cover under the Policy under which there can be more than one Period of Insurance for the Insured Person during the Policy Period, subject to the maximum trip duration (per trip) specified on the Policy Schedule/ Certificate of Insurance or as opted;
6. **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;
7. **Assistance Service Provider** means the service provider specified in the Policy Schedule and/or Certificate of Insurance, appointed by Us from time to time;
8. **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 insurer to the extent pre-authorization approved;
9. **Certificate of Insurance** means the certificate We issue to an Insured Person evidencing cover under the Policy;
10. **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;
11. **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 Schedule/Certificate of Insurance;
12. **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;
13. **Company** (also referred as We/Us/Our) means the Aditya Birla Health Insurance Company Limited;
14. **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;
15. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon;
16. **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;
17. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured shall bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured;
18. **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 Schedule or Certificate of Insurance, which for the purpose of this Policy shall be India;
19. **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;
20. **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 shall make these accessible to the insurance company's authorized personnel;
21. **Day Care Treatment** refers to medical treatment, and/or surgical procedure as specified under Annexure I which is:
- Undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and
 - 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;
22. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee / applicable currency 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;
23. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery;
24. **Dependent Child** means a child (natural or legally adopted), who is:
- Financially dependent on the Insured Person;
 - Does not have his independent sources of income; and
 - Has not attained Age 25 years;
25. **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;
26. **Emergency Care** means management for an 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;
27. **Family** means and includes the Insured Person's legal spouse and upto 2 dependent children upto age 25 years ;
28. **Geographical Scope** means the countries or geographical boundaries in which the coverage under the Policy is valid as specified in the Policy Schedule/ Certificate of Insurance;
29. **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;
30. **Hijack** means any act of unlawful seizure or control of a Common Carrier with a wrongful intent using force or violence or threat thereof;
31. **Burglary** means any act of actual, forcible and violent entry and or exit from the premises of the Insured Person with intent to commit an act of crime or theft.
32. **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:
- Has qualified nursing staff under its employment round the clock;
 - Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - Has qualified medical practitioner(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 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;
33. **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;
34. **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.
- Acute condition - 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.
 - Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - It needs ongoing or long-term control or relief of symptoms
 - It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - It continues indefinitely
 - It recurs or is likely to recur
35. **Immediate Family Member** means an Insured Person's lawful spouse, Dependent Children and parents only;
36. **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;
37. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event;
38. **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;
39. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.
40. **Insured Person** means a person whose name specifically appears under Insured in the Certificate of Insurance and is a covered group member;
41. **Life Threatening Medical Condition** means a medical condition suffered by the Insured Person which has the following characteristics:
- Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or
 - Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or
 - 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
 - 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 in writing by the attending Medical Practitioner as a Life Threatening Medical Condition;
42. **Man Day** means every completed 24 hrs per Insured Person from the start date of Period of Insurance which falls within the Period of Insurance.
43. **Maternity expenses** shall include—
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - Expenses towards lawful medical termination of pregnancy during the policy period;
44. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription;
45. **Medical Evacuation** means the removal of the Insured Person from the site of Accident or Illness to a nearest Hospital where necessary medical care can be accorded to him/her, including medical care required en route.

46. **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;
47. **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;
48. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- Is required for the medical management of the Illness or Injury suffered by the Insured Person;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - Must have been prescribed by a Medical Practitioner;
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
49. **Network Provider** means Hospitals or Health Care providers enlisted by an insurer or by an Assistance Service Provider and insured together to provide services to an insured on payment by a cashless facility;
50. **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;
51. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network;
52. **Notification of Claim** means the process of notifying a claim to the insurer or TPA through any of the recognized modes of communication;
53. **OPD Treatment** means the 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;
54. **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:
- 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
 - The expiry of the period specified in the Policy Schedule or Certificate of Insurance from the commencement of the Period of Insurance; or
 - The Policy Period End Date.
55. **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;
56. **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;
57. **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 Schedule or Certificate of Insurance;
58. **Policy** means these Policy Terms & Conditions, Benefit, Optional Benefits, Optional Extensions (if any), the Proposal Form, Policy Schedule, Certificate of Insurance, and Annexures which form part of the policy contract and shall be read together;
59. **Policy Schedule** means the certificate attached to and forming part of this Policy;
60. **Policyholder** (also referred as You) means the person who is the Group Administrator and named in the Policy Schedule as the Policyholder;
61. **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 Schedule;
62. **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Schedule;
63. **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Schedule;
64. **Post-natal** period is the period beginning immediately after the birth of a child and extending for about six weeks
65. **Pre-existing Disease (PED)** means any condition, ailment, injury or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
66. **Pre-Natal** period (also known as antenatal care) refers to the regular medical and nursing care recommended for women during pregnancy
67. **Professional Sports** means any sporting activity which is undertaken by the Insured Person from which he/she derives earnings, wage, reward, or profit of any kind.
68. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council in the respective jurisdiction;
69. **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;
70. **Renewal** means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods;
71. **Robbery** means an act of taking or attempting to take anything of value by force, threat of force, or by putting an individual in fear.
72. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include associated Medical Expenses;
73. **Single Trip Cover** means a cover of the Insured Person under the Policy under which there cannot be more than one Period of Insurance during the Policy Period;
74. **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;
75. **Sum Insured** means:
- If the Certificate of Insurance is on individual cover basis, the amount specified in the Certificate of Insurance which represents Our maximum, total and cumulative liability for any and all Claims under any and all Benefit/Optional Benefits/Optional Extensions in respect of the Insured Person for the Policy Period.
 - If the Certificate of Insurance is on family floater basis, the amount specified in the Certificate of Insurance which represents Our maximum, total and cumulative liability for any and all Claims under any and all Benefit/Optional Benefits/Optional Extensions in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period.
76. **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;
77. **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;

78. **Trip** means planned journey, which starts and ends in the Country of Residence / City of Residence as mentioned in the Policy Schedule / Certificate of Insurance during the Policy Period except where it is for emigration purpose
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.
80. **You/Your/Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

Aditya Birla Health Insurance Co. Limited. IRDAI Reg.153. CIN No. U66000MH2015PLC263677.

Product Name: Group Activ Travel. Product UIN: ADITGBP21377V022021.

Address: 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013. Email: care.healthinsurance@adityabirlacapital.com, Website: adityabirlahealthinsurance.com, Telephone: 1800 270 7000, Fax: +91 22 6225 7700. Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited. These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

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