

CUSTOMER INFORMATION SHEET – Njoy
Description is illustrative and not exhaustive

SI No	Title	Description	Policy Clause Number
1	Product Name	Njoy	
2	What am I covered for	<p>Base Benefit-</p> <ul style="list-style-type: none"> • Accident: Medical Treatment, Assistance & Evacuation - Reimbursement for Medical expenses incurred for Hospitalization or outpatient treatment by an Insured Person due to an accident during the risk period. <p>Optional benefits -</p> <ul style="list-style-type: none"> • Personal Accident [24 Hrs]- Lumpsum benefit hedging against risk of permanent total disablement or death of the Insured Person in an event of an accident during risk period. • Personal Accident – Carrier- Lumpsum benefit against risk of permanent total disablement or death of the Insured Person in an event of an accident while travelling as a fare paying passenger in a Carrier. • Trip Cancellation- Reimbursement for travel and accommodation expenses that the Insured Person has paid and cannot recover, if outward journey is cancelled due to death or Hospitalisation of Insured Person or Insured Person’s immediate family member or natural disaster or riots or Government restrictions (like curfew). • Trip Curtailment- Reimbursement for travel and accommodation expenses that the Insured Person has paid and cannot recover, if the trip is unavoidably curtailed during the Risk period due to death or Hospitalisation of insured Person or Insured Person’s immediate family member. • Personal Liability- Indemnification against actual legal liability (including defense costs) to pay damages for negligence which results from a third party civil claim made for third party death, bodily injury or property damage. • Flight Delay- Reimbursement for expenses incurred by the Insured Person for meals and accommodation due to delay in flight for a continuous and completed 6 hour 	<p>Section 1</p> <p>Section 5</p> <p>Section 6</p> <p>Section 7</p> <p>Section 8</p> <p>Section 4</p> <p>Section 11</p>

		<p>period beyond its scheduled departure or scheduled arrival time, provided that the delay is due to Inclement Weather conditions, strike or industrial action of the airline employees and due to unforeseen breakdown of Carrier’s equipment.</p> <ul style="list-style-type: none"> • Trip Delay- Reimbursement for expenses incurred by the Insured Person for meals and accommodation due to delay in flight for a continuous and completed 6 hour period beyond, provided that the delay is due to severe weather conditions, strike or industrial action of the airline employees and due to unforeseen breakdown of Carrier’s equipment. • Total Loss of Checked-in Baggage- Reimbursement for expenses incurred to purchase new similar quality items in an event of total loss of checked-in baggage while travelling by a Carrier. • Delay of Checked-in Baggage- Reimbursement for purchasing essential personal items of medication, toiletries or clothing in an event of delay of accompanying checked-in baggage while travelling by a Carrier. • Emergency Travel- Reimbursement of return economy class airfare for one immediate family member in case of accidental hospitalization of insured person for more than 7 consecutive days. • Emergency Hotel- Reimbursement of costs for accommodation (boarding and lodging) for an immediate family member in case of accidental hospitalization of insured person for more than 7 consecutive days. • Emergency Arrangements to Escort Minor Children Home- Reimbursement of return economy class airfare and accommodation only for one immediate family member to travel to insured person location of hospitalization and escort minor child back home in case of hospitalization of insured person for more than 2 consecutive days. • Missed Connection Flight- If an Insured Person misses a connection flight during the Risk Period because of delayed arrival of inward flight, then We shall reimburse the reasonable costs incurred for necessary accommodation and alternative travel (must be of the same or lower class/type of original ticket purchased) to reach the Insured Person’s intended destination. • Flight Overbooking- If the flight boarding is denied on a booked ticket to Insured Person by the carrier due to overbooking, then We shall reimburse for reasonable 	<p>Section 12</p> <p>Section 2</p> <p>Section 3</p> <p>Section 9</p> <p>Section 10</p> <p>Section 13</p> <p>Section 14</p> <p>Section 15</p>
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		<p>expenses incurred by the Insured Person for meals, alternate transportation and accommodation provided that neither of these services were offered by the Carrier or any other person without charge.</p> <ul style="list-style-type: none"> • Flight Diversion- If the flight carrying Insured Person got diverted and lands at any location other than the Insured Person's destination place, then We shall reimburse the cost for reasonable expenses incurred by the Insured Person for meals, accommodation and alternate transportation to his/ her original destination, provided that neither of these services were offered by the Carrier or any other person without charge. • Legal Expenses- Cover cost against actual legal case (including prosecution costs) to claim damages for negligence of a third party which results in insured person's death, bodily injury or property damage. • Daily Hospital Cash- payment of daily cash amount for each continuous and completed period of 24 hours if the Insured Person is hospitalised for more than 48 hours. • Emergency Medical Treatment- Reimbursement for Medical expenses incurred for Hospitalization treatment by an Insured Person due to an accident or illness contacted during the risk period. • Pet Hostel Charges- If Insured Person leaves a pet in a pet hostel while going outstation and if his/ her return is delayed due to reasons beyond Insured Person's control, then reimbursement for the pet hostel charges for number of completed days by which Insured Person's return has been delayed. • Pet Injury/ Death- lumpsum amount to be paid in case of death or injury of pet while travelling from a airplane. • Bounce Hotel Booking- lumpsum payment in case of Insured Person is denied hotel accommodation service which was already booked for him on confirmed basis. • Sub-standard Hotel Room Allotment- lumpsum payment in case of Insured Person is allotted hotel room(s) which is(are) of lower category against what was booked on confirmed basis or in some other associated hotel/property. • Luggage damage- Reimbursement for damage of luggage because fire, flood, earthquake, tsunami, tornadoes, hail, hurricanes or landslides. • Adventure Sports Cover- Lumpsum benefit hedging against risk of permanent total disablement or death of the Insured Person in an event of an accident during risk period while engaged in adventure sports in a non- 	<p>Section 16</p> <p>Section 17</p> <p>Section 18</p> <p>Section 19</p> <p>Section 20</p> <p>Section 21</p> <p>Section 22</p> <p>Section 23</p> <p>Section 24</p> <p>Section 25</p>
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		<p>professional capacity.</p> <ul style="list-style-type: none"> • Rented sports equipment damage/ loss- If an insured Person damages or loses sports equipment which was rented out to Insured Person for his/ her personal use, then We shall reimburse the penalty/ fine charged by the sports equipment owner. • On trip Hospitalization- If insured person is hospitalized for a continuous period of more than 48 hours, then we will reimburse 50% of his hotel room rent. This benefit is payable only when the insured person is hospitalized in a city other than his originating or home city. • Hotel Booking Cancellation or Rescheduling- Reimbursement of cancellation or rescheduling charges incurred by insure person if he/ she cancels hotel booking due to specified reasons. • Hotel Booking Cancellation or Rescheduling owing to an Event- If Insured Person cancels or reschedules his/ her hotel room booking due to any change in date, time or location or cancellation of Event, then We shall provide reimbursement for the cancellation or rescheduling charges incurred by Insured Person. • Hijack- If the aircraft in which an Insured Person is travelling as a fare paying passenger during the Risk Period is Hijacked and the journey is interrupted for a continuous and completed period of more than 12 hours, then We shall provide a lumpsum amount. 	<p>Section 26</p> <p>Section 27</p> <p>Section 28</p> <p>Section 29</p> <p>Section 30</p>
<p>3</p>	<p>What are the major exclusions in the policy:</p>	<p>We will not pay for any claim which is caused by, arising from or in any way attributable to any of the following, including their associated complications, unless expressly stated to the contrary in this Policy.</p> <ul style="list-style-type: none"> i) War or similar situations: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent. iii) Participation in actual or attempted felony, riots or civil commotion. iv) Intentional self-injury or attempted suicide while sane or insane. v) Dangerous acts (including sports): An Insured Person’s participation or involvement in naval, military or air force operation 	<p>Section B</p>

		<ul style="list-style-type: none"> vi) Whilst engaged in adventure sport unless specifically insured. This exclusion shall not apply where Adventure Sport benefit is opted. vii) Treatment of illness or injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances. viii) Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia ix) Treatment at a healthcare facility which is NOT a Hospital. x) Treatment of obesity and any weight control program. xi) Treatment for correction of eye sight due to refractive error xii) Cosmetic, aesthetic and re-shaping treatments and surgeries: <ul style="list-style-type: none"> a. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns. b. Circumcisions (unless necessitated by illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations. xiii) Types of treatment, defined illnesses/ conditions/ supplies: <ul style="list-style-type: none"> a. Non allopathic treatment. b. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation. c. Charges related to peritoneal dialysis, including supplies d. Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion. e. Experimental, investigational or unproven treatment devices and pharmacological regimens. f. Admission primarily for diagnostic and evaluation purposes only g. Any diagnostic expenses which is not related and not incidental to any illness which is not covered in this Policy h. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion (“run-down condition”). i. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); j. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements k. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products. l. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer’s disease, m. Sleep-apnoea. n. Any external or internal congenital diseases, defects or anomalies. However, internal congenital diseases exclusion shall not apply for life saving unforeseen emergency measures or measures solely directed at relieving acute 	
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		<p>pain.</p> <ul style="list-style-type: none"> o. Genetic Disorders. However, this exclusion shall not apply for life saving unforeseen emergency measures or measures solely directed at relieving acute pain. p. Stem cell therapy or surgery, or growth hormone therapy. q. Venereal disease, sexually transmitted disease or illness; r. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis. s. Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only. t. Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same. u. Birth control, and similar procedures including complications arising out of the same. v. The expense incurred by the Insured Person on organ donation. w. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. x. Dental treatment and surgery of any kind, unless requiring Hospitalisation. <p>xiv) Any non-medical expenses mentioned on our website (http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf) .</p> <p>xv) Healthcare providers (Hospitals /Medical Practitioners)</p> <ul style="list-style-type: none"> a. Any Medical expenses incurred using facility of any Medical Practitioners or institution that We have told You/Insured Person (in writing) at the time of renewal or at any specific time during the Policy Period, as not to be used. This exclusion would not be applicable if it is verified that the hospitalization was for a lifesaving emergency situations. b. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. c. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. <p>xvi) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.</p> <p>xvii) Admission for administration of Intra-articular or Intra-</p>	
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		<p>lesional injections, Monoclonal antibodies (few examples of monoclonal antibodies: Rituximab/Infliximab/Tratsuzumab, few examples of Trade names of monoclonal antibodies: Remicade, Rituxan, Herceptin), Supplementary medications (example: Zolendronic acid, examples of Trade names of supplementary medications: Zometa, Reclast) or IV immunoglobulin infusion.</p> <p>xviii) Any kind of service charge, surcharge, admission fees, registration fee levied by Hospital</p>	
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4	Waiting period	NA	
5	Payment basis	<ul style="list-style-type: none"> • Reimbursement of covered expenses up to specified limits AND • Fixed amount on the occurrence of a covered event for XX benefit. 	
6	Loss Sharing	NA	

87	Renewal Benefits	Not Applicable	
8	Cancellation	This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days' notice without refund of premium. In other exceptional cases, premium will be refunded on pro-rata basis.	Section C.(n)
90	Claims	<p>Time limit for intimation and submission of claim documents is as follows:</p> <ol style="list-style-type: none"> 1) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then We or Our Assistance Company must be informed within 7 days of the beginning of such treatment, consultation or procedure. 2) In all other cases, We or Our Assistance Company must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of the occurrence of the event giving rise to the claim. 	Section C (c)

11	Policy Servicing/ Grievances/Com plaints	<ul style="list-style-type: none"> • Please contact Us for Policy Servicing / Grievances / Complaints at any of our Branches. You can also reach us on: Toll Free – 1800 102 0333 Email – customerservice@apollomunichinsurance.com • IRDAI/(IGMS/Call Centre): For complaint registration – login at http://www.igms.irda.gov.in/ • Ombudsman Refer Section 'F' for details. 	Section F
12	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid and / or cancellation of the Policy.	Pre-existing diseases are excluded from the scope of this products cover.
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

POLICY WORDINGS - Njoy

Apollo Munich Health Insurance Company Limited will cover all the Insured Persons under this Policy upto the **Sum Insured**. The insurance cover is governed by, and subject to, the terms, conditions exclusions of this Policy, your payment of premium and realization thereof by us and your statements in the proposal form which is the basis of this Policy.

Section. 1 BENEFITS

We will provide the Benefits as detailed below for all the applicable events or occurrences, provided that such events or occurrences occurs during Policy Period. The Sum Insured for each Section represents Our maximum liability for each Insured Person for any and all claims made under that section during the Policy Period.

Benefit. 1 Accident: Medical Treatment, Assistance & Evacuation

If any Insured Person suffers an Accident during the Risk Period that alters the Insured Person's state of health and requires immediate medical treatment in order to maintain life or relieve immediate pain or distress, then We will pay:

1) Medical Treatment

The Medical Expenses incurred for Hospitalisation or Out-patient Treatment during the Risk Period for:

- a) Room rent, boarding expenses,
- b) Nursing,
- c) Intensive care unit,
- d) Medical Practitioner,
- e) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- f) Medicines, drugs and consumables,
- g) Diagnostic procedures,
- h) The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

2) Medical Evacuation

We will reimburse the reasonable cost of the transportation of the Insured Person (and an attending Medical Practitioner if We are satisfied this is necessary) during the Risk Period (a) from a Hospital to the nearest facility which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, and (b) following the treatment, from the place in which the Hospital is based to the Insured Person's usual place of residence, provided in both cases that:

- a) Transportation has been prescribed by a Medical Practitioner and is medically necessary, and
- b) Our Assistance Company has agreed to the reimbursement of the costs of transportation in advance of the transportation, and has arranged the same.

3) Transportation of mortal remains

If the Insured Person dies due to an accident during the Risk Period, then We will reimburse the reasonable cost of either transporting his mortal remains to his usual place of residence or to a cremation or burial ground.

Special Exclusions to Benefit 1

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Any infections except pyogenic infection developing on or as a result of a wound caused by an accident which occurs through an Accidental cut or wound.
- b) Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- c) Any medical treatment which was not medically necessary.
- d) Plastic or cosmetic surgery unless this is certified by the attending Medical Practitioner to be medically necessary for reconstruction following an Accident.
- e) Dental treatment or surgery of any kind, unless to sound natural teeth and necessitated by an Accident.
- f) Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an accident
- g) Any costs relating to physiotherapy unless undertaken while the insured person is hospitalised and necessitated by an Accident.
- h) Any costs or periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- i) Any costs in any way related to psychiatric or mental disorders.
- j) Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either.
- k) Any external or internal congenital diseases, defects or anomalies. However, internal congenital diseases exclusion shall not apply for life saving unforeseen emergency measures or measures solely directed at relieving acute pain.

OPTIONAL BENEFITS

Benefit. 2 Total Loss of Checked-in Baggage

If an Insured Person's accompanying checked-in baggage is permanently lost by a Common Carrier on which the Insured Person is travelling as a fare paying passenger to his destination and to whom it was entrusted against a receipt during the Risk Period, then We will pay the amount required to purchase new items of the same kind and quality less the amount representing the condition and reasonable depreciation of the articles lost, provided that:

- a) Our maximum liability for any one item within one piece of baggage will be 10% of the benefit Sum Insured. If the Insured Person has checked in more than one item of baggage,

then Our maximum liability for all items within one piece of baggage will be 50% of the benefit Sum Insured.

- b) The Insured Person obtains a property irregularity report from the Common Carrier confirming the loss.
- c) If Delay of Checked- In Baggage benefit is effective and We have accepted a claim under it, then We will only pay the difference between the amount due or paid under Delay of Checked- In Baggage benefit and the amount payable in respect of the subsequent claim.
- d) Our liability will be limited to the travel destinations specified in the Insured Person's original travel ticket, including all halts and destinations specified therein.
- e) Our payment will be reduced by any sum for which the Common Carrier is liable to make payment.
- f) For this benefit Common Carrier means scheduled aircraft operated under a valid license issued by the appropriate authority for transportation of passengers for hire

Special Exclusions to Benefit 2

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Valuables, Money, any kinds of securities or tickets.
- b) Any loss of checked-in baggage amounting to a partial loss or not amounting to a permanent loss.
- c) Any item within the checked-in baggage that is valued at more than Rs. 2000 if the Insured Person cannot provide Us with satisfactory proof of ownership.
- d) Any actual or alleged loss arising from any delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
- e) Any item that the Common Carrier's policy or rule specifies should not have been carried.
- f) Animals, perishables and consumables.
- g) Any loss of baggage sent in advance or souvenirs and articles mailed or shipped separately.

Benefit. 3 Delay of Checked-in Baggage

If the delivery of an Insured Person's accompanying checked-in baggage is delayed by a Common Carrier on which the Insured Person is travelling as a fare paying passenger and to whom it was entrusted against a receipt during the Risk Period, then We will reimburse the actual expenses incurred by the Insured Person in purchasing essential personal items of medication, toiletries or clothing, provided that:

- a) The delay is 12 or more hours from the scheduled arrival time.
- b) The Insured Person gives Us written proof of delay from the Common Carrier.

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- c) Our liability will be limited to the travel destinations within India specified in the Insured Person's original travel ticket, including all halts and destinations specified therein.
- d) Our payment will be reduced by any sum for which the Common Carrier is liable to make payment.
- e) For this benefit Common Carrier means scheduled aircraft operated under a valid license issued by the appropriate authority for transportation of passengers for hire

Special Exclusion to Benefit 3

We will not make any payment for any delay directly or indirectly caused by, arising from or in any way attributable to:

- a) Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.
- b) Any delay of checked-in baggage on the return to the Insured Person's usual place of residence.

Benefit. 4 Personal Liability

- a) We will indemnify an Insured Person subject to the Limit of Indemnity specified in the Schedule against his actual legal liability (including defence costs) to pay damages for his negligence which results from a third party civil claim first made against the Insured Person during the Policy Period for third party death, bodily injury or property damage.
- b) To the extent that We accept a claim under a) then We will also, subject to the Limit of Indemnity, pay all costs, fees and expenses incurred with Our prior written consent in the investigation, defence or settlement of any claim.
- c) Coverage under a) is limited to third party civil claims which are made against an Insured Person during the Policy Period for an event or occurrence which took place during the Risk Period.

Special Conditions to Benefit 4

- a) The Insured Person shall:
 - i) Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.
 - ii) Not admit liability for or settle or compromise or make or promise any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.
 - iii) 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.

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- b) 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 prior written consent up to the date of such refusal.
- c) In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under the Limit of Indemnity 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 Policy in respect of the claim, including the costs of defending it.
- d) Any and all amounts We expend in the payment of any claim or defence costs will reduce the Limit of Indemnity.

Special Exclusions to Benefit 4

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) A claim by one Insured Person against another Insured Person with whom he had arranged to travel or against an Insured Person by a relation, a travelling companion or work colleague.
- b) The transmission of an illness by an Insured Person.
- c) The Insured Person's professional activities or the supply of goods or services.
- d) Being a keeper or owner of animals.
- e) The ownership, possession or use of vehicles, aircraft or watercraft.
- f) The use or misuse of weapons, including firearms.
- g) Any deliberate, wilful, malicious or unlawful act or omission.
- h) Insanity, the use or abuse of solvents, alcohol or drugs (except as medically prescribed but not including for the treatment of drug addiction).
- i) Any ownership or occupation of land or buildings except as a temporary residence by the Insured Person.
- j) Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement.

Benefit. 5 Personal Accident

- a) If during the Risk Period an Insured Person suffers an Accident and this solely and directly results in:
 - i) His death within 365 days of the Accident, then We will pay the Sum Insured.
 - ii) The permanent impairment of the Insured Person's physical capabilities as detailed in the table below only within 365 days of the Accident, then We will make payment in accordance with the table below if that permanent impairment is claimed for and

confirmed by the attending Medical Practitioner and Our medical advisor within 365 days of the Accident.

	% of Sum Insured
Accidental death	100%
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

In no event shall Our payment under this benefit exceed the Sum Insured.

Special Conditions to Benefit 5

- a) If the Insured Person dies as a result of the Accident within 365 days of its occurrence, or thereafter for any other covered reason, and a claim for permanent impairment had been made prior to the death, then We will make payment of the Sum Insured less any sum paid for the permanent impairment, and any sum that was due to be paid for the permanent impairment shall not be paid.
- b) If the Insured Person is not found within 365 days of the disappearance, sinking or wrecking of the Common Carrier in which he was travelling as a fare paying passenger, the Insured Person will be presumed to have died as a result of the Accident.

Special Exclusions to Benefit 5

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- a) Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- b) Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

Benefit. 6 Personal Accident: Common Carrier

If during the Risk Period an Insured Person suffers an Accident while travelling as a fare paying passenger in a Common Carrier (including boarding and alighting from that Common Carrier) or is struck by a Common Carrier, and this solely and directly results in:

- a) His death within 365 days of the Accident, then We will pay the Common Carrier PA Sum Insured.

- b) The permanent impairment of the Insured Person's physical capabilities as detailed in the table below only within 365 days of the Accident, then We will make payment in accordance with the table below if that permanent impairment is claimed for and confirmed by the attending Medical Practitioner and Our medical advisor within 365 days of the Accident.

	% of Sum Insured
Accidental death	100%
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

In no event shall Our payment under this benefit exceed the Sum Insured.

Special Conditions to Benefit 6

- a) If the Insured Person dies as a result of the Accident within 365 days of its occurrence, or thereafter for any other covered reason, and a claim for permanent impairment had been made prior to the death, then We will make payment of the Sum Insured less any sum paid for the permanent impairment, and any sum that was due to be paid for the permanent impairment shall not be paid.
- b) If the Insured Person is not found within 365 days of the disappearance, sinking or wrecking of the Common Carrier in which he was travelling as a fare paying passenger, the Insured Person will be presumed to have died as a result of the Accident.

Special Exclusions to Benefit 6

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- a) Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- b) Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

Benefit. 7 Trip Cancellation

If an Insured Person's outward journey as a fare paying passenger (as shown on his original travel booking and ticket) on a Common Carrier is unavoidably cancelled because of:

- a) The death of the Insured Person or the travelling Insured Person's Immediate Family Member or travelling companion, OR

- b) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child due to a sudden illness or injury where a Medical Practitioner has recommended that due to the severity of the medical condition it is necessary to cancel the trip, OR
- c) Natural disaster or due to riots, Government restrictions (like curfew)

Then We will reimburse up to the Trip Cancellation Sum Insured, for those travel and accommodation expenses that the Insured Person has paid and cannot recover or for which no value can be derived or he is liable to pay.

Special Exclusions to Benefit 7

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Childbirth, pregnancy or related medical complications.
- b) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- c) Facts or matters that resulted into cancellation of trip and the same were known to customer at the time of making the payment for travel/ accommodation arrangements.
- d) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for due to depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse, addiction or overdose, elective, cosmetic, or plastic surgery

Benefit. 8 Trip Curtailment

If an Insured Person's journey as a fare paying passenger (as shown on his original travel booking and ticket) on a Common Carrier is unavoidably curtailed during the Risk Period before completion and after it has commenced because of:

- a) The death of the Insured Person or the travelling Insured Person's Immediate Family Member or travelling companion, or
- b) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for due to a sudden illness or injury where a Medical Practitioner has recommended that due to the severity of the medical condition it is necessary to curtail the trip.

Then We will reimburse up to the Trip Curtailment Sum Insured, for those travel and accommodation expenses that the Insured Person has paid and cannot recover or for which no value can be derived or he is liable to pay.

Special Exclusions to Benefit 8

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Childbirth, pregnancy or related medical complications.

- b) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- c) Facts or matters that resulted into curtailment of trip and the same were known to customer at the time of making the payment for travel/ accommodation arrangements.
- d) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for due to depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse, addiction or overdose, elective, cosmetic, or plastic surgery

Benefit. 9 Emergency Travel

If We have accepted a claim under Benefit 1-1) and the Accident suffered by the Insured Person necessitates his Hospitalisation for more than 7 consecutive days, We will reimburse the actual cost of an economy return airfare for one Immediate Family Member to travel to the Insured Person's place of Hospitalisation subject to the Emergency Travel Sum Insured, provided that:

- a) The Immediate Family Member resides in India, and
- b) The Insured Person was travelling alone.

Benefit. 10 Emergency Hotel

If We have accepted a claim under Benefit 1-1) and the Accident suffered by the Insured Person necessitates his Hospitalisation for more than 7 consecutive days, We will reimburse the reasonable costs of accommodation (boarding and lodging), of the Immediate Family Member subject to the Emergency Hotel Sum Insured, provided that:

- a) The Immediate Family Member resides in India, and
- b) The Insured Person was travelling alone.

Benefit. 11 Flight Delay

If an Insured Person's journey on a Common Carrier as a fare paying passenger is delayed for a continuous and completed 6 hour period beyond its scheduled departure or scheduled arrival time during the Risk Period because of any of the reasons below, then We will reimburse up to the Flight Delay Sum Insured - for those expenses incurred by the Insured Person for meals and accommodation provided that neither meals nor accommodation were offered by the Common Carrier or any other person without charge:

- a) Delay of the Common Carrier due to any Inclement Weather conditions.
- b) Delay caused by strike or industrial action by the employees of the Common Carrier.
- c) Delay caused by any sudden or unforeseen breakdown of the Common Carrier's equipment.
- d) For this benefit Common Carrier means scheduled aircraft operated under a valid licence issued by the appropriate authority for transportation of passengers for hire

Special Condition to Benefit 11

- a) The Insured Person must provide Us with written confirmation from the Common Carrier of the length and exact nature of the delay.

Special Exclusions to Benefit 11

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Facts or matters that resulted into delay and the same were known or should have known to customer at the time of making the payment for tickets.
- b) Any delay arising from a publically issued notice or action of any government, civil authority or official government body.
- c) Suspension or cancellation of Operating Permit of Common Carrier by Directorate General of Civil Aviation (DGCA), Government of India.

Benefit. 12 Trip Delay

If an Insured Person's journey on a Common Carrier or Scheduled Railway as a fare paying passenger is delayed for a continuous and completed 6 hour period beyond its scheduled departure or scheduled arrival time during the Risk Period because of any of the reasons below, then We will reimburse up to the Trip Delay Sum Insured for those expenses incurred by the Insured Person for meals and accommodation provided that neither meals nor accommodation were offered by the Common Carrier or Scheduled Railway or any other person without charge:

- a) Delay of the Common Carrier or Scheduled Railway due to any severe weather conditions.
- b) Delay caused by strike or industrial action by the employees of the Common Carrier or Scheduled Railway.
- c) Delay caused by any sudden or unforeseen breakdown of the Common Carrier or Scheduled Railway's equipment.

Special Condition to Benefit 12

- a) The Insured Person must provide Us with written confirmation from the Common Carrier of the length and exact nature of the delay.

Special Exclusions to Benefit 12

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Facts or matters that resulted into delay and the same were known or should have known to customer at the time of making the payment for trip.
- b) Any delay arising from a publically issued notice or action of any government, civil authority or official government body.
- c) Suspension or cancellation of Operating Permit of Common Carrier by Directorate General of Civil Aviation (DGCA), Government of India.

Benefit. 13 Emergency Arrangements to Escort Minor Children home

If an Insured Person, accompanied only by a minor child, is hospitalized for a continuous period of more than 48 hours and is unable to take care of minor child, then We shall reimburse the actual cost of an economy return airfare and reasonable costs of accommodation (boarding and lodging) only for one Immediate Family Member to travel to the Insured Person's location of Hospitalisation and escort minor child back home, provided that the Immediate Family Member resides in India.

Benefit. 14 Missed Connection Flight

If an Insured Person misses a connection flight during the Risk Period because of delayed arrival of inward flight, then We shall reimburse the reasonable costs incurred for necessary accommodation and alternative travel (must be of the same or lower class/type of original ticket purchased) to reach the Insured Person's intended destination.

Special Conditions to Benefit 14

- a) The Insured Person must do everything reasonably possible to get to the departure point by the time specified on his ticket.
- b) Our payment will be reduced by any sum paid or payable by either the inward airline or the connecting airline for the missed travel connection.
- c) Delay of inward flight is caused by reasons beyond the control of Insured Person.

Special Exclusions to Benefit 14

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) A strike or industrial action of which the Insured Person should reasonably have been aware before the Risk Period.
- b) The Insured Person's 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) Any occasion when the Common Carrier has offered a reasonable alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

Benefit. 15 Flight Overbooking

If the flight boarding is denied on a booked ticket to Insured Person by the Common Carrier due to overbooking, then We shall reimburse for reasonable expenses incurred by the Insured Person for meals, alternate transportation and accommodation provided that neither of these services were offered by the Common Carrier or any other person without charge.

If the Common Carrier arranges an alternate transportation whose scheduled departure is at least 6 hours after the arrival of diverted flight and Insured Person chooses to arrange transportation by himself instead of availing services of Common Carrier, then We shall reimburse for the reasonable charges incurred to arrange for such transportation.

Special Condition to Benefit 15

The Insured Person must provide Us written confirmation from the Common Carrier for denial of seat on a booked ticket due to flight overbooking.

Benefit. 16 Flight Diversion

If the flight carrying Insured Person got diverted and lands at any location other than the Insured Person's destination place, then We shall reimburse the cost for reasonable expenses incurred by the Insured Person for meals, accommodation and alternate transportation to his/ her original destination, provided that neither of these services were offered by the Common Carrier or any other person without charge.

If the Common Carrier arranges an alternate transportation whose scheduled departure is at least 6 hours after the arrival of diverted flight and Insured Person chooses to arrange transportation by himself instead of availing services of Common Carrier, then We shall reimburse for the reasonable charges incurred to arrange for such transportation.

Special Conditions to Section 16

The Insured Person must provide Us written confirmation from the Common Carrier confirming diversion of flight

Benefit. 17 Legal Expenses

- a) We will indemnify an Insured Person subject to the Limit of Indemnity specified in the Schedule to cover his actual legal fee (including prosecution costs) to claim damages caused by negligence of a third party. This third party civil claim should be first made by or in favour of the Insured Person during the Policy Period for his/ her death, bodily injury or property damage.
- b) To the extent that We accept a claim under a) then We will also, subject to the Limit of Indemnity, pay all costs, fees and expenses incurred with Our prior written consent in the investigation, prosecution or settlement of any claim.
- c) Coverage under a) is limited to third party civil claims which are made by or in favour of an Insured Person during the Policy Period for an event or occurrence which took place during the Risk Period.

Special Conditions to Benefit 17

- a) The Insured Person shall:
 - i) Immediately and in any event within 10 days give Us written notice of any claim or demand made by him or any circumstance which might reasonably be expected to give rise to a claim or demand.
 - ii) Not settle or compromise or receive any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.
 - iii) Allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, prosecution 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 prosecution of any claim, We may in Our sole and absolute discretion relinquish the same.

- b) 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 prosecution costs incurred with Our consent up to the date of such refusal.
- c) Any and all amounts We expend in the prosecution costs will reduce the Limit of Indemnity.

Special Exclusions to Benefit 17

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) A claim by one Insured Person against another Insured Person with whom he had arranged to travel or against an Insured Person by a relation, a travelling companion or work colleague.
- b) The transmission of an illness to an Insured Person.
- c) The Insured Person's professional activities or the supply of goods or services.
- d) Being a keeper or owner of animals.
- e) The ownership, possession or use of vehicles, aircraft or watercraft.
- f) The use or misuse of weapons, including firearms.
- g) Any deliberate, wilful, malicious or unlawful act or omission.
- h) Insanity, the use or abuse of solvents, alcohol or drugs (except as medically prescribed but not including for the treatment of drug addiction).
- i) Any ownership or occupation of land or buildings except as a temporary residence by the Insured Person.
- j) Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement

Benefit. 18 Emergency Medical Treatment

If any Insured Person contracted a disease during the Risk Period that alters the Insured Person's state of health and requires immediate medical treatment in order to maintain life or relieve immediate pain or distress, then We will pay for the Medical Expenses incurred for inpatient Hospitalisation Treatment during the Risk Period for:

- a) Room rent, boarding expenses,
- b) Nursing,
- c) Intensive care unit,
- d) Medical Practitioner,

- e) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- f) Medicines, drugs and consumables,
- g) Diagnostic procedures,
- h) The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure

Special Exclusions to Benefit 18

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Any pre-existing diseases. However, this exclusion shall not apply for life saving unforeseen emergency measures or measures solely directed at relieving acute pain.
- b) Planned surgeries
- c) Any medical treatment which was not medically necessary.
- d) Plastic or cosmetic surgery unless this is certified by the attending Medical Practitioner to be medically necessary for reconstruction following an Accident.
- e) Dental treatment or surgery of any kind, unless to sound natural teeth and necessitated by an Accident.
- f) Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an accident
- g) Any costs relating to physiotherapy unless undertaken while the insured person is hospitalised.
- h) Any costs or periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- i) Any costs in any way related to psychiatric or mental disorders.
- j) Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either.
- k) Any external or internal congenital diseases, defects or anomalies. However, internal congenital diseases exclusion shall not apply for life saving unforeseen emergency measures or measures solely directed at relieving acute pain.

Benefit. 19 Daily Hospital Cash

If We have accepted a claim under Benefit 1.1) or Benefit 18, then We will in addition pay a daily cash amount mentioned in the Schedule for each continuous and completed period of 24 hours that the Insured Person is Hospitalised,

Benefit. 20 Pet Hostel Charges

If Insured Person leaves a pet in a pet hostel while going outstation and his/ her return is delayed due to reasons beyond Insured Person's control, then We will reimburse for the pet hostel charges for number of completed days by which Insured Person's return has been delayed.

Special Condition to Benefit 20

Our liability to make payment will only commence after the Insured Person return has been delayed by a period of more than 48 hours.

Benefit. 21 Pet Injury or Death

If Insured Person is accompanied by Insured Person's pet on the flight and the Insured Person's pet gets injured or dies during the flight, then we shall pay the amount mentioned in schedule of benefits. For injury, We will pay 50% of Benefit Sum Insured. .

Special Condition to Benefit 21

The Insured Person must provide Us written confirmation from the Common Carrier confirming injury or death.

Benefit. 22 Bounce Hotel Booking

In case Insured Person is denied hotel accommodation services which were already booked for him on confirmed basis, then We shall pay the amount as mentioned in schedule of benefits.

Special Conditions to Benefit 22

Any delay in scheduled check-in (if any) must be communicated beforehand to hotel by the Insured Person.

Benefit. 23 Sub-standard Hotel Room Allotment

If insured person is allotted hotel room(s) which is (are)

- a) of lower end/ category compared to what was booked on confirmed basis or
- b) in some other associated hotel/property

Then we shall pay the amount as mentioned in schedule of benefits.

Special Conditions to Benefit 23

Any delay in scheduled check-in (if any) must be communicated beforehand to hotel by the Insured Person.

Benefit. 24 Luggage Damage

If Insured Person's luggage is damaged because of fire, flood, earthquake, tsunami, tornadoes, hail, hurricanes or landslides while on trip, then we shall pay upto the amount as shown in schedule of benefits.

Special Conditions to Benefit 24

- a) Our maximum liability for any one item within one piece of baggage will be 10% of the benefit Sum Insured. If the Insured Person is carrying more than one item of baggage, then Our maximum liability for all items within one piece of baggage will be 50% of the benefit Sum Insured.
- b) Our liability will be limited to the damages happened within hotel premises only.

Special Exclusions to Benefit 24

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Valuables, Money, any kinds of securities or tickets.
- b) Any partial damage of baggage.
- c) Any item within the baggage that is valued at more than Rs. 2000 if the Insured Person cannot provide Us with satisfactory proof of ownership.
- d) Animals, perishables and consumables.
- e) Any loss of baggage sent in advance or souvenirs and articles mailed or shipped separately.

Benefit. 25 Adventure Sports

If an Insured Person suffers an Accidental bodily injury during the Policy Period while engaged in adventure sports in a non-professional capacity and under the supervision of trained professional and this is the sole and direct cause of his death or permanent total disablement within 365 days from the date of the Accident in one of the ways detailed in the table mentioned below, then We will pay the Accidental Death benefit Sum Insured or percentage of the Sum Insured shown in the table in case of an Permanent Total Disablement.

	% of Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

For the purpose of illustration the Adventure Sports Benefit is extended for the below listed sports.

- **Sky Sports**
Sky Diving, Hang Gliding, Ballooning, Parasailing, Paragliding, Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking
- **Mountain Sports**
Skiing, Snowboarding, Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Cannoning, Mountaineering
- **Water Sports**
Fishing, Deep Sea Fishing, Kite Surfing ,Body Boarding, Paddle Boarding, Kayaking, Canoeing, Scuba Diving, Shark Diving, Swimming with Dolphins, Diving with Whales,

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Wakeboarding, Surfing, white water rafting, Snorkeling, Water skiing, Whale Watching

- **Racing Sports:**

Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawn, mower racing, Snowmobile racing, Truck racing, Off Road 4x4.

- **Racing Sports:**

Land Windsurfing, Zorbing, Sand Boarding.

Benefit. 26 **Rented sports equipment damage or loss**

If an insured Person damages or loses sports equipment which was rented out to Insured Person for his/ her personal use, then We shall reimburse the penalty/ fine charged by the sports equipment owner.

Special Conditions for Benefit. 26

- a) Insured person shall ensure the safety of sports equipment at all times during the rental period.
- b) Insured Person shall not pass on hired equipment to third parties.
- c) The complete payment of Rental equipment has been made by the Insured Person before the equipment is rented out to him/ her.
- d) The hired equipment is NOT insured and insurance is not included in the normal rental tariffs.
- e) In the case of theft, the Insured Person must report any such loss to the local Police authorities within 24 hours and must also inform the rental company.
- f) Insured Person shall make sure that the sports equipment rented out to him/ her are in good condition and without any damage.

Benefit. 27 **On trip Hospitalization**

If, during the trip Insured Person is hospitalized for a continuous period of more than 48 hours, then we shall reimburse 50% of his hotel room rent upto the amount mentioned in schedule of benefits. This benefit is payable only when the insured person is hospitalized in a city other than his city of residence or home city.

Special Conditions to Benefit 27

- a) Benefit is payable only if the customer was occupying the hotel room at the time of hospitalization.

Special Exclusions to Benefit 27

- a) Any Pre-existing Condition. However, this exclusion shall not apply for life saving unforeseen emergency measures or measures solely directed at relieving acute pain.
- b) Any treatment of cancer, orthopaedic, degenerative or oncology diseases, unless immediate medical treatment was required in order to maintain life or relieve acute pain or distress.
- c) Any treatment in any way related to psychiatric or mental disorders.

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- d) Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either.
- e) Dental treatment or surgery of any kind, unless to sound natural teeth and necessitated by an Accident.
- f) Any external or internal congenital diseases, defects or anomalies. However, internal congenital diseases exclusion shall not apply for life saving unforeseen emergency measures or measures solely directed at relieving acute pain.
- g) Planned surgeries
- h) Plastic or cosmetic surgery unless this is certified by the attending Medical Practitioner to be medically necessary for reconstruction following an Accident.
- i) Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an accident
- j) Any costs or periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.

Benefit. 28 Hotel Booking Cancellation or Rescheduling

If Insured Person cancels or reschedules confirmed hotel room booking due to

- a) Cancellation of scheduled flight by Common Carrier, OR
- b) Delay of at least 12 hours in departure of scheduled flight, OR
- c) The death of the Insured Person or the travelling Insured Person's Immediate Family Member or travelling companion, OR
- d) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child due to a sudden illness or injury where a Medical Practitioner has recommended that due to the severity of the medical condition it is necessary to cancel the trip, OR
- e) Natural disaster or due to riots, Government restrictions (like curfew).

Then, We shall reimburse the cancellation or rescheduling charges incurred by Insured Person upto the amount mentioned in schedule of benefits.

Special Exclusions to Benefit 28

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Childbirth, pregnancy or related medical complications.
- b) Any charges that could have been avoided but were incurred because of any delay in cancelling hotel accommodation.
- c) Facts or matters that resulted into cancellation of Hotel booking and the same were known or should have known to customer at the time of making the payment for hotel booking.

- d) The Hospitalisation of the Insured Person or the travelling Insured Person’s parent, spouse or child for due to depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse, addiction or overdose, elective, cosmetic, or plastic surgery.

Benefit. 29 Hotel Booking Cancellation or Rescheduling owing to an Event

If Insured Person cancels or reschedules hotel room booking due to any change in date, time or location or cancellation of an Event, then We shall reimburse the cancellation or rescheduling charges incurred by Insured Person. Our maximum liability under this benefit is limited the amount mentioned in schedule of benefits.

Benefit. 30 Hijack

If the aircraft in which an Insured Person is travelling as a fare paying passenger during the Risk Period is Hijacked and the journey is interrupted for a continuous and completed period of more than 12 hours, then We will pay the amount specified in the Schedule of benefits. General Exclusions i) to xviii) shall not apply to the extent of this Section only.

Special Exclusions to Benefit 30

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a) The first 12 hours of Hijacking.
- b) Any claim where the Insured person is considered as the principal or accessory or is in anyway involved with the Hijacking.
- c) 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.

Section. 2 GENERAL EXCLUSIONS:

Non-Medical Exclusions	<p>xix) War or similar situations: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>xx) Any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>xxi) Participation in actual or attempted felony, riots or civil commotion.</p> <p>xxii) Intentional self-injury or attempted suicide while sane or insane.</p> <p>xxiii) Dangerous acts (including sports): An Insured Person’s participation or involvement in naval, military or air force operation.</p> <p>xxiv) Whilst engaged in adventure sport unless specifically insured. This exclusion shall not apply where Adventure Sport benefit is opted.</p>
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Medical Exclusions	<p>xxv) Treatment of illness or injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances.</p> <p>xxvi) Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia</p> <p>xxvii) Treatment at a healthcare facility which is NOT a Hospital.</p> <p>xxviii) Treatment of obesity and any weight control program.</p> <p>xxix) Treatment for correction of eye sight due to refractive error</p> <p>xxx) Cosmetic, aesthetic and re-shaping treatments and surgeries:</p> <ul style="list-style-type: none"> c. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns. d. Circumcisions (unless necessitated by illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations. <p>xxxi) Types of treatment, defined illnesses/ conditions/ supplies:</p> <ul style="list-style-type: none"> y. Non allopathic treatment. z. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation. aa. Charges related to peritoneal dialysis, including supplies bb. Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion. cc. Experimental, investigational or unproven treatment devices and pharmacological regimens. dd. Admission primarily for diagnostic and evaluation purposes only ee. Any diagnostic expenses which is not related and not incidental to any illness which is not covered in this Policy ff. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion (“run-down condition”). gg. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); hh. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements ii. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products. jj. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer’s disease, kk. Sleep-apnoea. ll. Any external or internal congenital diseases, defects or anomalies. However, internal congenital diseases exclusion shall not apply for life saving unforeseen emergency measures or measures solely directed at relieving acute pain. mm. Genetic Disorders. However, this exclusion shall not apply for life saving unforeseen emergency measures or measures solely directed at relieving acute pain. nn. Stem cell therapy or surgery, or growth hormone therapy. oo. Venereal disease, sexually transmitted disease or illness; pp. “AIDS” (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to
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	<p>conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.</p> <p>qq. Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only.</p> <p>rr. Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.</p> <p>ss. Birth control, and similar procedures including complications arising out of the same.</p> <p>tt. The expense incurred by the Insured Person on organ donation.</p> <p>uu. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.</p> <p>vv. Dental treatment and surgery of any kind, unless requiring Hospitalisation.</p> <p>xxxii) Any non-medical expenses mentioned on our website (http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf).</p> <p>xxxiii) Healthcare providers (Hospitals /Medical Practitioners)</p> <p>d. Any Medical expenses incurred using facility of any Medical Practitioners or institution that We have told You/Insured Person (in writing) at the time of renewal or at any specific time during the Policy Period, as not to be used. This exclusion would not be applicable if it is verified that the hospitalization was for a lifesaving emergency situations.</p> <p>e. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.</p> <p>f. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.</p> <p>xxxiv) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.</p> <p>xxxv) Admission for administration of Intra-articular or Intra-lesional injections, Monoclonal antibodies (few examples of monoclonal antibodies: Rituximab/Infliximab/Tratsuzumab, few examples of Trade names of monoclonal antibodies: Remicade, Rituxan, Herceptin), Supplementary medications (example: Zolendronic acid, examples of Trade names of supplementary medications: Zometa, Reclast) or IV immunoglobulin infusion</p> <p>xxxvi) Any kind of service charge, surcharge, admission fees, registration fee levied by Hospital.</p>
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Section. 3 GENERAL CONDITIONS

a) Conditions Precedent

The fulfilment of the terms and conditions of this Policy including the payment of premium by the due dates mentioned in the Schedule/Certificate of Insurance and the correct disclosures in a complete manner in the proposal form insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the Policy will remain the same for the Policy Period as mentioned in Policy Schedule/Certificate of Insurance. The Policy will be issued for a period for 1 year and the Sum Insured & benefits will be applicable on Policy Year basis.

b) Insured Person

Only those persons named as Insured Persons in the Schedule/Certificate of Insurance shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies, he will cease to be an Insured Person upon Us/Administrator receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

c) Notification of Claim

- 3) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then We or Our Assistance Company must be informed within 7 days of the beginning of such treatment, consultation or procedure.
- 4) In all other cases, We or Our Assistance Company must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of the occurrence of the event giving rise to the claim.

d) Supporting Documentation & Examination

The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information. We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 30 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii) Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- iii) All reports and records, including but not limited to all medical reports, case histories/indoor case papers, investigation reports, treatment papers, discharge summaries.
- iv) A precise diagnosis of the treatment for which a claim is made.
- v) A detailed list of the individual medical services and treatments provided and a unit price for each (detailed break up).

- vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
- vii) All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which claim is being made
- viii) In case of disconnect between the documents submitted to us or in case of suspicion of fraud We may ask for the additional documents to verify the authenticity of the claim. These additional documents may include all investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection
- ix) Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
- x) Copy of settlement letter from other insurance company or TPA
- xi) Stickers and invoice of implants used during surgery
- xii) Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
- xiii) Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- xiv) Legal heir certificate (not required if valid nomination exists)

e) **Claims Payment**

- i) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii) We will only make payment to Insured Person under this Policy. Receipt of payment by Insured Person shall be considered as a complete discharge of Our liability against the respective claim under this Policy. In the event of Insured Person's death, We will make payment to the Nominee (as named in the Schedule/Certificate of Insurance), payments under this Policy shall only be made in Indian Rupees within India.
- iii) No assignment of this Policy or the benefits under the Policy shall be permitted.
- iv) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- v) We shall reject the claim by sending claim rejection letter to Insured Person or settle a claim by making the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of receipt of last necessary document(s) / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- vi) Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall

settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

- vii) All payments made shall be subject to an applicable Deductible (if any) for such payment for each and every claim made, and to the Accumulation Limit.
- viii) All payments under this Policy will be in Indian Rupees only.

f) Fraud/ Dishonest or Fraudulent Claims

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- cancelled ab-initio from the inception date or the renewal date (as the case may be), upon a 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance or the Policy may be modified by Us with the consent of the Proposer and
- all benefits payable, if any, under such Policy shall be forfeited with respect to such claim

g) Non-Disclosure or Misrepresentation

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance or the Policy may be modified by Us with the consent of the Proposer and
- the claim under such Policy if any, shall be rejected/repudiated forthwith

h) Other Insurance

If at the time when any claim is made under this Policy, Insured Person has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. The insurer so chosen by the Insured Person shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Also where the Insured Person has two or more policies from one or more Insurers, then the Insured Person shall have the right to claim from other policy/ policies for the amounts which is disallowed under earlier chosen policy/ policies even if sum insured is not exhausted. The insurer so chosen by the Insured Person shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Insured Person, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), the Insured Person shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the balance of the claimed amount as per the limits and according to terms of the respective Policy. This clause shall only apply to indemnity sections of the Policy

i) **Subrogation**

You and/or any Insured Persons shall at Your 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 making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

However, this clause shall not be applicable for benefit 18 which indemnifies the insured person for treatment cost incurred due to diseases contracted during the period of travel.

j) **Alterations to the Policy**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

k) **Notices**

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) Any Insured Person, it would be sent to You at the address specified in Schedule/endorsement/Certificate of Insurance.
- ii) Us, shall be delivered to Our address specified in the Schedule/Certificate of Insurance.
- iii) No insurance agents, brokers, other person/ entity unless authorised by Us is authorised to receive any notice on Our behalf.

l) **Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

m) **Geography**

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India.

n) **Termination**

- a) You may terminate this Policy at any time by giving Us/Administrator a written notice. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the Policy.

Length of time Policy in force	% of premium refund
Upto 1 Month	75.00%
Upto 3 Months	50.00%
Upto 6 Months	25.00%
Exceeding 6 Months	Nil

- b) We shall terminate this Policy for the reasons as specified under aforesaid section 3 i) (Non-Disclosure or Misrepresentation) & section 3 j) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule/endorsement/Certificate of Insurance.

o) Renewal

- 1) This Policy will terminate no later than the expiry date of the Policy Period unless we have agreed in writing to an extension of the Policy Period and Our conditions for agreeing to the extension, including as to the payment of additional premium, have been met.
 - 2) The Certificate of Insurance will terminate no later than the expiry date mentioned therein or the end of the Risk Period (whichever is earlier). No renewal or extension of the Certificate of Insurance will be permitted. After the commencement of the Risk Period, the amount paid for the Certificate of Insurance will be non-refundable.
- a) We are NOT under any obligation to:
- i) Send renewal notice or reminders.
 - ii) Renew it on the same terms or premiums as the expiring policy. In the likelihood of this Policy being withdrawn in future, the Insured Person will have the option to migrate to similar indemnity health insurance Policy available with Us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.

Section. 4 DEFINITIONS

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.

- a) **Accident** or **Accidental** means a sudden, unforeseen and unexpected event caused by external, violent and visible means (but does not include any Illness) which results in physical bodily injury during the Risk Period.
- b) **Administrator** means any entity/person(s) engaged by the Insurer for providing Policy and claims facilitation services to the Insured as well as to Us.
- c) **Accumulation Limit** means the amount stated in the Schedule which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same Accident, event or occurrence or series of related Accidents, events or occurrences, and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if the Sum Insured is not) the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Accumulation Limit is not exceeded.
- d) **Adventure sports** (also called are action sport, aggro sports and extreme sports) are popular term for certain sport/recreational activities perceived as involving a high degree of risk. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, skydiving, wind surfing, wakeboarding, scuba diving, surfing, wind surfing, kiteboarding, winter sports, parachuting, river rafting, canoeing

- involving rapid water current, rock climbing, pot holing, bungee jumping, ice hockey, ballooning, hand gliding, diving or under water activity, polo etc.
- e) **Age or Aged** means completed years as at the commencement date.
- f) **Common Carrier means** any scheduled aircraft, scheduled railway, road transport, or water borne vessel (which shall include ocean going and / or coastal vessels and / or vessels engaged for official or personal purposes), operating under valid license issued by the appropriate authority for transportation of passengers for hire.
- g) **Certificate of Insurance** means the certificate We issue to an Insured Person. The Certificate of Insurance can only be issued prior to the commencement of the Risk Period.
- h) **Commencement Date** means the commencement date of this Policy as specified in the Schedule/Certificate of Insurance.
- i) **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- j) **Congenital Anomaly** means a condition 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
- k) **Co-payment** means a cost sharing requirement under a health insurance Policy that provides that the Policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
- l) **Deductible** means, in respect of each and every claim, the amount stated in the Schedule which will first be paid by each Insured Person or apply for the period of time stated in the Schedule.
- m) **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- n) **Disclosure to information norms** means that the Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- o) **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.
- p) **Event** means a professionally and commercially planned public or social occasion for which Insured Person has bought ticket by paying prescribed amount. These will include international sports matches, music concerts organized by reputed national or international organizers, exhibitions and conferences and cancellation of such Events is published in national newspapers.
- q) **Medical Practitioner** means a person who holds a qualification in medicine from a recognised institution and is registered and licensed by a state council, governed by the Medical Council

of India, in which he operates and is practicing within the scope of such license and will include (but is not limited to) physicians, specialists and surgeons who satisfy the aforementioned criteria.

- r) **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- s) **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- i) has qualified nursing staff under its employment round the clock;
 - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii) has qualified medical practitioner(s) in charge round the clock;
 - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- t) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) 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
- (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. it recurs or is likely to recur
- u) **Immediate Family Member** means the Insured Person's legal spouse, parent, parent-in-law, child.
- v) **Inclement Weather** - means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.
- w) **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- x) **In-patient Care** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
- y) **Insured Person means** You and the persons named in the Schedule/Certificate of Insurance.

- z) **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.
- aa) **Maternity expenses means** —
- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - b) expenses towards lawful medical termination of pregnancy during the Policy Period.
- bb) **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- cc) **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.
- dd) **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- ee) **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- i. is required for the medical management of the illness or injury suffered by the insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
 - iii. must have been prescribed by a medical practitioner;
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India
- ff) **Minor Child** means a child aged 10 years or less.
- gg) **Money** means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, travellers cheques, postal orders and current postage stamps (which are not part of a collection).
- hh) **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- ii) **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.
- jj) **Policy** means Your statements in the proposal form (which are the basis of this Policy), this Policy wording (including endorsements, if any) and the Policy Schedule (as the same may be amended from time to time).

- kk) **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule/Certificate of Insurance.
- ll) **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- mm) **Portability** means the right accorded to an individual health insurance Policyholder (including family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.
- nn) **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first Policy issued by the insurer and renewed continuously thereafter.
- oo) **Preventive Health Check-up** means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.
- pp) **Professional Sport** means a sport which is the primary livelihood earning of a sportsperson.
- qq) **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- rr) **Reasonable & 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.
- ss) **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.
- tt) **Risk Period** means only the period between:
- 1) The scheduled time of departure of the Common Carrier on which the Insured Person is booked to travel as a fare paying passenger, and
 - 2) The earlier of:
 - a. The time when the Insured Person reaches his/her destination in case of a one-way journey or returns to his/her usual place of residence in case of return journey, and
 - b. The expiry date specified in the Certificate of Insurance.
- In case insured person is on holidays and is not utilizing any common carrier, then the risk period would be from start date to end date of holiday booking.
 The Risk Period will be evidenced only by the Certificate of Insurance issued by Us during the Policy Period.
- uu) **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

- vv) **Schedule** means the schedule attached to and forming part of this Policy, and if more than one then latest in time.
- ww) **Sum Insured** means, in respect of each Section, the sum shown in the Schedule against that Section and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section.
- xx) **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- yy) **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule/Certificate of Insurance.
- zz) **Travelling companion** means a person(s) with whom You have coordinated travel arrangements or booked travel tickets or booked accommodation or are travelling together during the trip.
- aaa) **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- bbb) **Assistance Company** means the service provider that We appoint from time to time as specified in the Schedule.
- ccc) **Valuables** means photographic, audio, video, computer (including personal data assistants or handheld computers), telecommunications, electronic and electrical equipment, cellular phones, data recorded on tapes, cards, discs or otherwise, business goods or samples, securities such as credit cards, debit cards, membership cards, tickets or documents, musical instruments, telescopes, binoculars, spectacles, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, sunglasses, snow skis, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance (except bicycles while checked as baggage with a Common Carrier), household effects, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.
- ddd) **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- eee) **You/Your/Policyholder** means the person named in the Schedule/Certificate of Insurance who has concluded this Policy with Us.

Section. 5 CLAIM RELATED INFORMATION

For any claim related query, intimation of claim and submission of claim related documents, the Insured Person can contact Apollo Munich through:

- Website : www.apollomunichinsurance.com
- Toll Free : 1800-102- 0333
- Fax : 1800- 425- 4077
- Courier : Claims Department,
Apollo Munich Health insurance Co. Ltd
Ground floor, Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,

Road No. 2, Banjara Hills,
Hyderabad-500 034

Or

Claims Department
Apollo Munich Health Insurance Company Limited
iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar,
Phase – III,
Gurgaon -122016, HARYANA

Section. 6 GRIEVANCE REDRESSAL PROCEDURE

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : www.apollomunichinsurance.com
- E-mail : customerservice@apollomunichinsurance.com
- Toll Free : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of Our Branch office or Corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

The Grievance Cell, Apollo Munich Health Insurance Company Limited, iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar, Phase – III, Gurgaon -122016, HARYANA

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Office of the Executive Council of Insurers
(Monitoring Body for Offices of Insurance Ombudsman)
3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel no: 26106671/6889.
Email id: inscoun@ecoi.co.in website: www.ecoi.co.in
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If you have a grievance, approach the grievance cell of Insurance Company first.
If complaint is not resolved/ not satisfied/not responded for 30 days then
You can approach The Office of the Insurance Ombudsman(Bimalokpal)
Please visit our website for details to lodge complaint with Ombudsman

Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel nos: 079-25501201/02/05/06	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203
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email: bimalokpal.ahmedabad@ecoi.co.in	Email: bimalokpal.bhopal@ecoi.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@ecoi.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23234057/23232037 Fax : 011-23230858 Email: bimalokpal.delhi@ecoi.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, GUWAHATI-781 001 . Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@ecoi.co.in	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, KOLKATA - 700072 Tel No: 033-22124339/22124346 Fax: 22124341 Email: bimalokpal.kolkata@ecoi.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road,Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@ecoi.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@ecoi.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302005. Tel: 0141-2740363 Email: bimalokpal.jaipur@ecoi.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411030. Tel: 020-32341320 Email: Bimalokpal.pune@ecoi.co.in
Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU – 560025. Tel No: 080-26652049/26652048 Email: bimalokpal.bengaluru@ecoi.co.in	Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201301. Tel: 0120-2514250/51/53 Email: bimalokpal.noida@ecoi.co.in
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006 Tel No: 0612-2680952 Email id : bimalokpal.patna@ecoi.co.in.	

NJOY - CLAIM PROCEDURE

Please review your Product Name and familiarize yourself with the benefits available and the exclusions.

To help us to provide you with fast and efficient service, We kindly ask you to note the following.

1. We recommend that you keep copies of all documents submitted Apollo Munich.
2. Please quote your member ID/policy number in all your correspondences.

Claim Procedure for Hospitalisation related benefits

What do I do in case of a claim or any assistance?

Intimation & Assistance	Procedure for Reimbursement of Medical Expenses
<p>Please contact us within 7 days of the occurrence of the event which might give rise to a claim.</p> <p>We can be contacted through:</p> <ul style="list-style-type: none"> - Website : www.apollomunichinsurance.com - Toll Free : 1800-102- 0333 - Fax : 1800- 425- 4077 - Courier : <p>Claims Department, Apollo Munich Health insurance Co. Ltd Ground floor, Srinilaya – Cyber Spazio Suite # 101,102,109 & 110, Ground Floor, Road No. 2, Banjara Hills, Hyderabad-500 034</p> <p>Or</p> <p>Claims Department, Apollo Munich Health Insurance Co. Ltd., 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.</p> <p>Please use the Claim Intimation Form for intimation of a claim.</p>	<ul style="list-style-type: none"> • Please send the duly signed claim form and all the information/documents mentioned* therein to us within 30 days of the completion of the treatment. * Please refer to claim form for complete documentation. • If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents. • On receipt of the complete set of claim documents, we will make the payment for the admissible amount, along with a settlement statement within 30 days. • The payment will be made in the name of the proposer. <p>Note: Payment will only be made for items covered under your policy and upto the limits therein.</p>

For any doubt or clarifications and/or information, call our Toll Free Line at 1800-1020-333 or log on to our website www.apollomunichinsurance.com or email us at customerservice@apollomunichinsurance.com

We would be happy to assist you. For any help contact us at: E-mail: customerservice@apollomunichinsurance.com Toll Free: 1800 102 0333

Apollo Munich Health Insurance Co. Ltd. • Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, 8-2-293/82/J III/DH/900 Jubilee Hills, Hyderabad, Telangana - 500033, India. • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDAI Registration Number - 131 • Corporate Identity Number: U66030TG2006PLC051760