

## TRAVEL ELECT (GROUP)

### SECTION A) PREAMBLE

Whereas the Policy Holder has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the Company), a proposal which is hereby agreed to be the basis of this Group Policy and the Policy Holder and or Insured Beneficiary has paid/agreed to pay the premium specified in the respective Certificate of Insurance, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured Beneficiary in excess of the amount of the Deductible and subject always to the Sum Insured specified in the respective Certificate of Insurance, against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period.

### SECTION B) DEFINITIONS- STANDARD DEFINITION

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. An **accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **"Cashless Facility"** Cashless Facility means a facility extended by the Company to the Insured Beneficiary where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network provider by the Company to the extend pre authorization approved.
3. **Condition Precedent-** Condition Precedent shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
4. **Congenital Anomaly-** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position .
  - a. Internal Congenital Anomaly which is not visible and accessible parts of the body is called Internal Congenital Anomaly
  - b. External Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.
5. **Co-Payment-** A co-payment is a cost-sharing requirement that provides that the Insured Beneficiary/Insured Persons will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
6. **Day care centre-** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under-
  - a. has qualified nursing staff under its employment;
  - b. has qualified medical practitioner/s in charge;
  - c. has fully equipped operation theatre of its own where surgical procedures are carried out;
  - d. Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
7. **Day Care Treatment-** Day care treatment refers to medical treatment, and/or surgical procedure which is:
  - i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
  - ii. Which would have otherwise required a hospitalization of more than 24 hours.

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

A detailed list of procedures considered under Day Care is attached with the Policy Wordings (refer annexure 1). For an updated list of Day Care Procedures kindly visit Our website

8. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
9. **Dental Treatment-** Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
10. **Disclosure to Information Norm-** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis- description or non-disclosure of any material fact.
11. **Emergency Care-** Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured Person's health.
12. **Hospital-**

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

  - a. has qualified nursing staff under its employment round the clock;
  - b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - c. has qualified Medical Practitioner(s) in charge round the clock;
  - d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - e. Maintains daily records of patients and makes these accessible to the insurance Company's authorized personnel.
13. **"Hospitalization"** Hospitalization means admission in a Hospital for a minimum period of 24 hours In Patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
14. **Illness-** 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

15. **Injury -** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
16. **"Inpatient Care"** Inpatient care means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
17. **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 had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

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List of non medical expenses is attached with the Policy Wordings (refer annexure I). For an updated list of Day Care Procedures kindly visit Our website.

18. **Medically Necessary Treatment** - Medically necessary treatment is defined as any treatment, tests, medications, or stay in hospital or part of a stay in hospital which-
  - a. is required for the medical management of the illness or injury suffered by the insured;
  - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - c. must have been prescribed by a medical practitioner,
  - d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
19. **Notification of Claim**- Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
20. **Pre existing ailment or disease**-  
Pre-existing Disease means any condition, ailment, injury or disease:
  - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
  - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
21. **Reasonable and Customary Charges**- Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
22. **Surgery or Surgical Procedure**- Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis, and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
23. **Unproven/ Experimental treatment**- Unproven/ Experimental treatment is treatment, including drug experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven

## SECTION B) DEFINITIONS- SPECIFIC DEFINITION

1. **"Airline"** means a public airline that holds a proper license for the jurisdiction in which it operates and that operates Certificate of Insurance flights for passengers and cargo.
2. **"Age"** means completed years as at the commencement date of the Policy.
3. **Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, and visible and evident means which is verified and certified by a Medical Practitioner
4. **"Checked Baggage"** means the baggage offered by the Insured and accepted by an Airline for international transportation in the same aircraft as the Insured and for which the airline has provided a baggage receipt, and the contents of the baggage checked in by the Insured so long as such contents do not violate any Airline policy or rule restricting the nature of items that may be carried on board its aircraft.
5. **"Claim"** means a Claim under an operative part of this Policy in respect of an insured event that has taken place or is likely to take place. All Claims resulting from one and the same event or circumstance shall jointly constitute one Claim under this Policy and as having been made at the time when the first Claim was made in writing and the Deductible shall be applicable to each section independently.
6. **Common Carrier**- Common Carrier means a person engaged in the business of collecting, storing, forwarding, or distributing goods, to be carried by goods carriage under a goods receipt or transporting for hire of goods from place to place by motorized transport, by road, water, air, for all persons indiscriminately in each case operated under a valid license issued by a concerned Government Authority, for transportation of passengers for hire.
7. **"Contribution"** Contribution is essentially the right of an Company to call upon other Company s, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.
8. **"Damages"** means monetary sums payable pursuant to judgements or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured is not financially liable, or which is without legal recourse to the Insured, or any matter that may be deemed to be uninsurable under Indian Law.
9. **Disease** means an affliction of the bodily organs having a defined and recognised pattern of symptoms that first manifests itself during the Policy Period and for which immediate treatment by a Physician is necessary.
10. **"Home Burglary"** Home burglary means any act of actual, forcible and violent entry and or exit from the premises of the Insured with intent to commit an act of crime or theft.
11. **Claims Administrator** means the person or organization named in the Certificate of Insurance.
12. **Insured** mean the Policy Holder who has taken the Group/Master Insurance Policy as Group Manager of a homogeneous group of person who assemble together for a commonality of purpose and there is a clear evident relationship between the member of group and Group Manager for services other than insurance.
13. **Insured Person or Insured Beneficiary or member of Group** means the person(s) named in the Certificate of Insurance who shall be the Beneficiaries covered as per Policy.
14. **"Insured Journey"** means a single journey during the Policy Period to a destination outside of India, which is undertaken (departure and arrival) during the Policy Period.
15. **"Family"** means the Insured, insured's spouse and 2 children. Dependant parents can not be covered under the Policy.
16. **Limit of Indemnity**-Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Certificate of Insurance during the Policy Period and in the aggregate for the person(s) named in the Certificate of Insurance during the Policy Period, and means the amount stated in the Certificate of Insurance against each Cover and subject to the limits specified.
17. **"Loss of Eye"** means the total and irrecoverable loss of sight from either or both eyes.
18. **"Loss of Limb"** means the loss of one or both hands or one or both feet by permanent physical severance at or above the wrist or ankle, and includes the total and permanent loss of use of either or both hands or either or both feet.
19. **"Medical Advisors"** mean the medical practitioners appointed by the Company / Claims Administrator.
20. **"Medical Evacuation"** means the removal of the Insured from abroad to a hospital within India where necessary medical care can be accorded to him, including medical care required en route.
21. **Permanent Total Disablement:**  
Means Loss of the physical ability through an accidental injury resulting in to the following:
  - a) loss of the sight of both eyes
  - b) physical separation of or the loss of ability to use both hands or both feet
  - c) physical separation of or the loss of ability to use one hand and one foot
  - d) loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

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Such Disability shall be calculated on basis of Disability Certificate from Civil Surgeon of Government Hospital stating the continuous and permanent disability with disability percentage.

22. A **Physician** is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. "Physician" shall not include any member of the Insured's family. Chiropractitioner stands excluded from the scope of the Policy.
23. **Policy** means the proposal, the Certificate of Insurance with terms and conditions therein, these Policy Wording/Standard Terms and conditions and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
24. **"Policy Period"** means the period between:
  - i. Date of Commencement of Insurance cover mentioned in the Policy Schedule, being the date on which the Insured first boards the mode of transportation by which he finally leaves the Country of Residence for the insured Trip, and  
**Note** - In case the Insured has availed of the cover Personal Accident Cover in India The commencement date of the Policy shall be the date on which the Insured travels from his Country of residence to the Airport, to board the mode of transportation for his overseas departure from India provided the domestic travel within India takes place within 24 hours prior to the time of the boarding of the mode of transport for his overseas departure.
  - ii. Date of expiry of insurance cover as mentioned in the Policy Schedule or the actual date on which Insured returns to the Country of Residence, whichever is earlier.  
**Note** - In case the Insured has availed of Personal Accident Cover in India the expiry date specified in the Policy or shall be the date on which the Insured has reached his place of residence in India by rail or road or air after disembarkation from the mode of transportation by which he has returned to India, Provided the domestic travel has occurred within 24 hours of his/her disembarkation.
25. **"Property Damage"** means actual physical damage to tangible material property belonging to a third party.
26. **"Certificate of Insurance"** means the Certificate of Insurance, and any annexure to it, attached to and forming part of this Policy.
27. **Sickness** means a condition or an ailment affecting the general soundness and health of the Insured's body that first manifests itself during the Policy Period and for which immediate treatment by a Physician is necessary.
28. **"Sum Assured" or "Sum Insured"** means the amount stated in the Certificate of Insurance against each relevant Section, which shall be the Company's maximum liability under this Policy (regardless of the number of the amount of Claims made) for any one Claim and in the aggregate for all Claims under such Section.
29. **"Theft"** means whoever intending to take dishonestly any moveable property out of the possession of the Insured without Insured's consent, moves that property in order to such taking with the intention to permanently deprive the Insured of that property is said to commit theft.
30. **Valuables** means:
  - a. Electronic and electrical equipment including, but not limited to, photographic equipment, Audio equipment, video and/or televisual equipment, computers and/or organizers;
  - b. Binoculars, spectacles, sunglasses, or the like;
  - c. watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles;
  - d. Gold or silver or any precious metals or articles made from any precious metals; deeds, ATM Cards, credit cards, charge cards, bonds, bills of exchange, bank treasury or promissory notes, cheques, money, securities or any other negotiable instrument.
31. **You, Your, Yourself** named in the Certificate of Insurance means the person or persons that We insure as set out in the Certificate of Insurance.
32. **We, Our, Ours**, Company means the Bajaj Allianz General Insurance Company Limited.
33. **"Usual and Customary Level"** means medical charges that:
  - a. Do not exceed the usual levy of charges for similar treatment or allied services, in the locality where such treatment or allied services have been obtained; and
  - b. Do not include charges that would not have been made if no insurance existed.

### SECTION C) COVERAGE

#### What We will pay for-

The Company hereby agrees to indemnify/pay in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in the Policy.

#### SECTION 1: PERSONAL ACCIDENT-

1. The Company will pay the Sum Assured under Personal Accident Section specified in the Certificate of Insurance if the Insured Person sustains Accidental Bodily Injury during the course of The Insured Journey and such Bodily Injury within 12 months of the date upon which it was sustained is the sole and direct cause of the-
  - a. Insured Person's death
  - b. Permanent Total Disablement
2. Provided always that the Policy will not pay under more than one of the foregoing sub clauses in respect of the same accident and in excess of the amount stated in the Certificate of Insurance.
3. The company will be liable to pay 25% of the Sum assured stated in the Certificate of Insurance in respect of the death of the Insured Person if the Insured Person's age is under 18 years; to be calculated at the time of effecting this insurance.

In event of a claim under personal accident section the Sum Assured will be applicable as follows:

- For Proposer and earning spouse 100 % of sum assured
- For Non-earning spouse and every additional adult 50% of Sum Assured
- For Child 25% of Sum Assured

#### SECTION 2: MEDICAL EXPENSES & MEDICAL EVACUATION-

1. The Company will indemnify the Insured Person up to the Section Medical Expenses and Medical Evacuation Sum Assured specified in the Certificate of Insurance in respect of:
  - a. The Medical and related expenses incurred by the Insured Person for medical treatment outside India. The expenses covered would include physician services, hospital and medical services and local emergency medical transportation and Day Care Treatment. Dental Services for immediate relief of dental pain are covered up to the amount specified in the Certificate of Insurance. However dental care rendered necessary as a result of a covered accident shall be subject to the limit of cover as stated in the Policy.

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- b. Medical Evacuation to a hospital in the Republic Of India required as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. The Medical Evacuation will have to be pre-approved by the Company / Claims Administrator of the Company.
- c. In case of Medical Evacuation to hospital in India, if medical expenses & Medical Evacuation is approved by the Company / Claims Administrator, up to the "Medical Expenses & Medical Evacuation" Sum Assured remaining (if any), the Company will also indemnify the Insured Person in respect of the Medical Expenses incurred by him within India to continue medical treatment commenced by the Insured Person outside of India, as a result of the Insured Person first having sustained Accidental Bodily Injury and/or Sickness and/or Disease during the course of the Insured Journey. The Company's liability to make payment hereunder shall be limited to a period of 90 days from and including the date upon which the aforesaid Accidental Bodily Injury and/or Sickness and/or Disease occurred or first manifested itself, and to Medical Expenses at the Usual and Customary Level.
- d. The deductible applicable as per the Certificate of Insurance of the Policy would be applicable in respect of each and every claim made under the Policy and the company's liability in all claims put together under this Section would be restricted to the Sum Assured mentioned against this Section as per the Certificate of Insurance of the Policy during the Policy Period.
- e. The Mental Illness as specified in Annexure II will be covered as per below Sub-limits within the medical expenses section
  - i. In Patient Hospitalization Treatment (IPD) will be covered upto 1% of sum insured upto maximum 2000 USD per policy period
  - ii. Out Patient Treatment (OPD) will be covered upto 100 USD per visit including consultations, investigations and pharmacy. Maximum 3 sessions will be allowed per policy period
  - iii. Overall medical expenses limit for Mental Illness including In Patient Hospitalization Treatment and Out Patient Treatment shall not exceed 1% of SI upto maximum 2000 USD whichever is lower per policy period
- f. If You are hospitalized on the advice of a Doctor because of Illness or accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred during hospitalization as per the table of benefits below

(The table of benefits provided below is applicable only for plans where Insured Person is above 60 years of age at the time of inception of Policy.)

Sublimit (Group) for age 61 and above years					
Hospitalization Benefits	Silver 50000 USD	Gold 2 Lakhs USD	Platinum 5 Lakhs USD	Super Platinum 7.5 Lakhs USD	Maximum 10 Lakhs USD
Hospital Room, Board and hospital miscellaneous	1200 USD/ day	1500 USD/ day	1700 USD/ day	2000 USD/ day	2300 USD/ day
Intensive Care Unit	2000 USD/ day	2500 USD/ day	2500 USD/ day	3000 USD/ day	3200 USD/ day
Surgical Treatment	8000 USD	9000 USD	11500 USD	15000 USD	20000 USD
Anesthetist Services	25%	25%	25%	25%	25%
Physician's Visit	50 USD/ Visit	75 USD/ Visit	75 USD/ Visit	100 USD/ Visit	150 USD/ Visit
Diagnostic and Pre Admission Testing	400 USD	500 USD	600 USD	1000 USD	1500 USD
Ambulance Services	300 USD	400 USD	500 USD	600 USD	1000 USD

**SECTION 3: REPATRIATION**

We will pay benefits up to the amount stated in the Certificate of Insurance for covered expenses reasonably incurred to return Insured Beneficiary's body to India if You die during a Trip as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. Benefits will not exceed the maximum shown in the Certificate of Insurance. All Repatriation of Remains arrangements must be approved in advance by Company / Claims Administrator of the Company. Covered expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.

**SECTION 4: LOSS OF CHECKED BAGGAGE**

The Company will pay the Insured Person up to the Sum Assured specified in the Certificate of Insurance in respect of the complete and permanent loss or destruction of the Insured Person's Checked Baggage, save that the Company may, in its sole and absolute discretion, opt to reinstate or replace the Checked Baggage as an alternative to making payment to the Insured Person hereunder.

**Specific Conditions**

It is a condition precedent to the Company's Liability hereunder that upon discovering the loss of Checked Baggage the Insured Person shall obtain a relevant property irregularity report from the Airline and submit the same to the Company / Claims Administrator in the event of a Claim.

- 1) The company's liability to make payment shall not arise until liability is admitted and paid by the Airline in the form of compensation, supported by documentary proof issued by Airline.
- 2) The company's liability will be restricted to maximum of 50 % of the Sum assured (as per the Certificate of Insurance of the Policy) per piece of baggage and 100 % of the Sum Insured for all pieces of checked in baggage put together. Any Claim for any item lost in respect of which the claim exceeds INR 6000/- or other currency equivalent must be supported by documentation evidencing the Insured Person's ownership of the same, such documentation to be submitted to the Company/ Claims Administrator in the event of a claim. In the absence of this, the maximum liability shall be restricted to 50% of the cost of this item, subject to maximum INR 6000/- considering same as one item for multiple numbers or quantity.
- 3) In case of the same baggage being covered under any other insurance, the Policy will contribute its ratable proportion.
- 4) The Company's payment to the Insured Person will be reduced by:
  - i) Any payment made under Section "Delay of Checked Baggage", and
  - ii) Any sum for which the Airline is liable to make payment.

**SECTION 5: ACCIDENTAL DEATH & DISABILITY (COMMON CARRIER)**

The Policy will pay the Sum Insured specified in the Certificate of Insurance in addition to the Sum Insured specified under the "Personal Accident" section if the Insured Person sustains Accidental Bodily Injury during the course of the his/her overseas journey while travelling in a common carrier such as rail, bus, tram or aircraft and such bodily injury is within 12 months of the date upon which it was sustained the sole and direct cause of the Insured Person's death or Permanent Total Disablement.



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### SECTION 6: LOSS OF PASSPORT

In the event of Insured Person's loss of passport, the Company will pay Insured Person Sum Assured (less the deductible) specified in the Certificate of Insurance towards expenses necessarily incurred by the Insured Person in obtaining a duplicate passport

### SECTION 7: PERSONAL LIABILITY

The Company will indemnify the Insured Person up to the Section 7 Sum Assured (less the deductible) specified in the Certificate of Insurance against any legal liability incurred by the Insured Person in his private capacity to pay Damages for third party civil Claims arising out of Accidental Bodily Injury or Accidental Property Damage occurring during an Insured Journey.

#### Specific Conditions

1. No Deductible shall be applicable in respect of the legal liability incurred by the Insured Person in his private capacity to pay Damages for third party Accidental Bodily Injury.
2. The Company's liability to indemnify the Insured Person under this Section shall be to the extent finally determined by a foreign court of law or otherwise as consented to in advance by the Company. In the event that legal action is taken against the Insured Person within India, it is a condition precedent to the Company's liability hereunder that the Insured Person shall:
  - i. Give immediate written notice to the Company to the address specified in the Certificate of Insurance, and
  - ii. Not incur any defense costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent of the Company, which shall be entitled (but in no case obligated) at any time to take over and conduct in the name of the Insured Person the defense and/or settlement of any action or claim and shall be entitled at all times to receive the Insured Person's cooperation and assistance and to appoint lawyers on the Insured Person's behalf. Any and all costs and expenses incurred by the Company or the lawyers appointed by the Company shall be a first charge on the Sum Assured hereunder.
3. The Company shall not settle any claim without the express consent of the Insured Person, but if the Insured Person refuses an available settlement recommended by the Company then the Company's liability shall thereafter be restricted to the amount by which the claim could have been settled.

### SECTION 8 – HIJACK COVER

For each 24 hour period the Insured Person is detained by hijackers following hijacking of any aircraft in which the Insured Person is travelling, the Company will pay up to the maximum sum specified in the Certificate of Insurance.  
All other Policy terms and conditions shall remain unaltered.

### SECTION 9 - TRIP DELAY

Subject to all other terms and conditions, if the air craft on which the Insured Person has booked his/her ticket/s to travel from Republic of India or travel to Republic of India, is delayed beyond 12 hours than the original Certificate of Insured departure time, the Company will pay the sum mentioned in the Certificate of Insurance for every 12 hours delay in excess of 12 hours, subject to the maximum amount mentioned in the Certificate of Insurance.

Company shall indemnify only one event of Trip Delay during the Policy Period.

### SECTION 10 – HOSPITALIZATION DAILY ALLOWANCE

Subject to all other terms and conditions, it is hereby agreed that following hospitalization of the Insured Person named in the Certificate of Insurance of the Policy due to an accident or illness covered under the Policy, a daily allowance as specified in the Certificate of Insurance shall be paid by the Company under this Policy. For this purpose a day will be reckoned as continuous 24 hours.

All other terms and conditions shall remain unaltered.

Hospitalization Daily Allowance benefit shall be extended only if such hospitalization is admissible under section Medical Expenses specified under the Policy.

### SECTION 11 – GOLFER'S HOLE-IN-ONE

Subject to all other terms and conditions, it is hereby agreed that the Company shall reimburse expenses incurred in celebration of achieving a hole-in-one by the Insured Person during the trip, anywhere in the world excluding India, in a United States Golfers' Association (USGA) recognized golf course, subject to maximum the limit shown in the Certificate of Insurance against this cover. All other terms and conditions shall remain unaltered.

### SECTION 12 – TRIP CANCELLATION

Subject to all other terms and conditions, the company will indemnify the Insured Person subject to limits shown in the Certificate of Insurance, for loss of personal accommodation or travel charges paid or contracted to be paid by the Insured Person, which are not recoverable from any other source, following the necessary and unavoidable cancellation of the trip prior to its commencement.

Company shall indemnify only one event of Trip cancellation during the Policy Period.

The company shall indemnify the Insured Person for any overseas trip cancellation for any journey from Republic of India only if the Insured Journey is cancelled due to the following conditions:

- 1) Insured Person's Death, Insured Person's serious injury or sudden sickness requiring minimum three day hospitalization within 07 days before the date of departure which is noted as Policy inception date on Policy Copy.
- 2) Death of Insured Person's spouse or parent or child.
- 3) Serious injury or sudden sickness requiring minimum three days hospitalization of the Insured Person's wife or child (within 07 days before the date of departure which is noted as Policy inception date on Policy Copy.) and who were booked to travel with the Insured Person and who is also insured with Us.
- 4) Inclement Weather conditions like Storm, flood, Hurricanes, or Natural Disaster.  
The company shall indemnify the Insured Person for trip cancellation for journey to Republic of India only if the Insured Journey is cancelled due to the following conditions:
- 5) Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster

### SECTION 13 – TRIP CURTAILMENT

Subject to all other terms and conditions, the Company will indemnify the Insured Person subject to limit shown in the Certificate of Insurance, for loss of personal accommodation or travel charges paid or contracted to be paid by the Insured Person, which are not recoverable from any other source, following the necessary and unavoidable curtailment (the cutting short by early return to India) of the trip because of:

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1. Death, serious injury or sudden sickness of Your spouse, parents, parent in laws or child residing with You in India and who is not travelling with You on the insured journey
2. Serious injury or sudden sickness requiring minimum three days hospitalization of the Insured Person's wife or child (within 07 days before the date of departure) and who were booked to travel with the Insured Person and who is also insured with Bajaj Allianz General Insurance Company Limited.
3. The hijack of an aircraft in which You are travelling as a fare-paying passenger.

**SECTION 14- DELAY OF CHECKED BAGGAGE**

The Company will pay the Insured Person up to Sum Assured specified in the Certificate of Insurance in respect of the Insured's emergency purchase of toiletries, medication and clothing to replace those contained in Checked Baggage, the arrival of which is delayed by more than 12 hours beyond the time of the Insured Person's arrival at the intended destination outside of India.

**Specific Condition**

- 1) It is a condition precedent to the Company's Liability hereunder that upon discovering the delay in arrival of the Checked Baggage the Insured Person shall obtain written non-delivery confirmation from the Airline along with the period of delay, which must be submitted to the Company / Claims Administrator in the event of a Claim.

In case of more than one claim during the insured journey the Company's liability in all claim put together will be restricted to the Sum Insured stated against this coverage. The time deductible of 12 hrs will apply separately for every claim.

**SECTION 15 – HOME BURGLARY INSURANCE**

The Policy will indemnify the Insured Person for claims made in respect of loss of or damage to contents of the Insured Person's home in India (located at the address mentioned in the Certificate of Insurance) caused by actual or attempted Burglary and/or Robbery during the Policy Period. The cover incept from the date of departure of the Insured Person from the country and ends on the expiry date or date of return to the country whichever is earlier. The company's liability will be limited to the Sum Insured specified in the Certificate of Insurance. The cover excludes loss or damage to jewellery and valuables.

**SECTION 16 – EMERGENCY CASH BENEFIT**

In case of this section being available under the Travel Plan selected by the Insured Person and shown in the Certificate of Insurance of the Policy issued to him/her. This is a benefit when the Insured Person requires emergency cash flow following incidents like theft/burglary of luggage/money or hold up. The company itself or through Claims Administrator of the Company shall co-ordinate with the Insured Person's to provide emergency cash to him/ her up to the limit specified in the Certificate of Insurance. The Company's liability to arrange for cash shall not arise until the FIR registered with the local police authority is made available to the Company itself or through Claims Administrator of the company is verified and The Company itself or through claims administrator of the Company confirm that the loss was due to theft/burglary of luggage/money. Admissibility of claim under this section will be subject to following conditions:

1. As soon as the theft/burglary of luggage/money occurs, Insured Person should first register FIR with the local police authority
2. Insured person may then intimate The Company itself or through Claims Administrator of the Company on Email or contact on telephone number indicated in the Certificate of Insurance.
3. The company shall verify the details of the Insured Person and ascertain the amount of cash required and admissible under this section
4. The company will arrange for cash payments to the Insured Person through a variety of sources, including but not limited to credit cards, hotels, banks, consulates and Western Union. Credit Card Transactions performed by The Company are subjected to the confirmed Credit.

**Wordings applicable for Additional Covers under Travel Elect (Group) Plan (Specifically for other than Asia Supreme and Asia Flair plans)****SECTION 17 - MISSED CONNECTION**

Subject to all other terms and conditions, if the air craft on which the Insured Person is booked to travel from India is delayed beyond 12 hours than the original Certificate of Insurance arrival time at the destination of the connecting flight resulting in the Insured Person missing the connecting flight, the company will pay the sum mentioned in the Certificate of Insurance towards missed connection. For a Claim to be admissible under this section it is a condition precedent to liability that the claim is admissible under Section "Trip Delay"

**SECTION 18- DIFFERENCE IN AIRFARE DUE TO DELAYED OR EARLY RETURN**

Subject to all other terms and conditions of the Policy, if the Insured Person return back to India before or after the Certificate of Insured date of return, due to illness or accident, because of which Certificate of Insurance return flight is cancelled then The company will pay for the fare difference for economy class return ticket when the Insured Person's original return ticket was issued at a reduced rate and with a fixed or limited return date, and such return date cannot be met due to the Insured Person's illness or accident covered under the Policy.

**SECTION 19- BOUNCED HOTEL**

In case of the Insured Person not getting hotel services booked on confirmed basis with the suppliers, the Insured Person would be reimbursed 90% of the cost of, expenses relating to transportation to the alternative hotel, cost of up gradation to a superior class of hotel if required, up to the Sum Insured stated on the Certificate of Insurance.

**SECTION 20- PERSONAL ACCIDENT COVER IN INDIA**

- 1) The Company will pay the Sum Assured under Personal Accident cover in India Section specified in the Certificate of Insurance if the Insured Person sustains Accidental Bodily Injury during his travel intended from home to airport on the day of overseas departure from India and on day of his arrival back to India for his travel intended from Airport to home and such Bodily Injury within 12 months of the date upon which it was sustained is the sole and direct cause of the-
  - i) Insured Person's death,
  - ii) Permanent Total Disablement,
  - iii) Provided always that the Policy will not pay under more than one of the foregoing sub clauses in respect of the same accident and in excess of the amount stated in the Certificate of Insurance.
- iv) The company will be liable to pay 50% of the Sum assured stated in the Certificate of Insurance in respect of the death of the Insured Person if the Insured Person's age is under 18 years; to be calculated at the time of effecting this insurance

**OPTIONAL COVER****TRIP DELAY DELIGHT- FLIGHT DELAY FOR INTERNATIONAL TRAVEL**

## TRAVEL ELECT (GROUP)

### (ALREADY APPROVED UNDER UIN- BAJHLIA19077VO11819)

If Public Aircraft on which Insured/ Insured Person/Beneficiary is travelling from/to Republic of India and or his/her connecting flight(s) during Insured Journey is delayed beyond the time deductible opted by the Insured from original scheduled departure time for whatsoever reason within Policy Period, the Company will pay the sum as per the below table.

This cover is not extended to pay for any domestic journey i.e travel within India except from the airport where the Insured/ Insured Person/Beneficiary finally leaves India for international destination and in case of "Round Trip Journey" the cover will cease on his / her arrival in India e.g

- **One Way Journey:** In case of Insured Journey from Pune to Delhi to Dubai, if flight delay occurs from Pune to Delhi will not be covered under the Rider .However if the flight originating from Delhi to Dubai is delayed beyond the opted time deductible from the original scheduled departure time, same shall be covered.
- **Round Trip Journey:** In case of Insured Journey from Dubai to Delhi to Pune, if flight delay occurs from Delhi to Pune will not be covered under the Rider. However if the flight originating from Dubai to Delhi is delayed beyond the opted time deductible from the original scheduled departure time, same shall be covered

Options available under flight delay for International Travel (Not available for annual multi-trip plan)

1. One way Journey-
  - i. Insured/ Insured Person/Beneficiary can opt for "Trip Delay Delight" for his/her one way journey only.
  - ii. We shall pay maximum one claim i.e claim arising out of first delay, during his/her one way trip irrespective of number of connecting flights till his final destination.
2. Round trip Journey
  - i. Insured/ Insured Person/Beneficiary can opt for "Trip Delay Delight" for his/her round trip
  - ii. We shall pay maximum first two claims ie. claims arising out of first two delays, during his/her complete trip irrespective of number of connecting flights till his arrival in country of origin. .

### Conditions applicable-

1. These Covers need to be opted in addition to Base travel Insurance Policy from Us.
2. Private Aircraft, private air vehicles is excluded from the scope of this Product.
3. In family floater policies, this benefit will be triggered to one person only i.e proposer, for Insured Journey of complete family.

### Conditions applicable for Claim Payments -

1. One way Journey-
  - i. First Trip Delay while Your onward journey from India will be payable irrespective of any connecting flight from India where flight is booked to travel to any international destination till Your final destination as per ticket itinerary.
  - ii. Only one claim during the Policy Period will be payable as per Sum Insured slab mentioned in Your Policy Schedule.
2. Round trip Journey
  - i. First two Trip Delay while Your complete to and fro journey from India will be payable as per ticket itinerary.
  - ii. Sum Insured will be restored to full for second claim for payable delay as per Rider terms.
  - iii. We shall pay maximum two claims during his/her complete trip irrespective of number of connecting flights till his arrival.

### Sum Insured Restoration

The Sum Insured provided under the rider will be restored to 100% of the Sum Insured on complete or partial utilization of Your Plan Sum Insured. Eg For "Round Trip Journey" - Sum Insured will be restored to full for second claim.

## SECTION D) EXCLUSIONS- STANDARD

### I. GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

- 1) The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
- 2) The Insured's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.
- 3) War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, civil unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
- 4) The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from:
  - a) Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
  - b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or
  - c) Asbestosis or any related Sickness or Disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or products thereof.
- 5) The Insured's actual or attempted engagement in any criminal or other unlawful act.
- 6) Any consequential losses.
- 7) In respect of travel by the Insured to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.
- 8) The insured engaging in air travel unless he flies as a passenger on an Airline. For the purpose of this exclusion, air travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.

## SECTION D) EXCLUSION- SPECIFIC

### I. SECTION 1: PERSONAL ACCIDENT, SECTION 2: MEDICAL EXPENSES & MEDICAL EVACUATION, SECTION 3: REPATRIATION

- 1) The Company shall be under no liability to make payment in respect of any routine physical or other examination where there is no objective indication of impairment of normal health, and for medical treatment obtained within the Republic of India same as provided for under Section Medical Expenses & Medical Evacuation.

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- 2) The company shall be under no liability to make payment of any Medical Expenses incurred before the Policy inception and beyond the expiry of Policy Period, same as provided for under Section Medical Expenses & Medical Evacuation.
- 3) The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
  - i) Where the Insured Beneficiary is:
    - (a) Travelling against the advice of a Physician; or
    - (b) Receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate provided by the Insured Person in his proposal; or
    - (c) Travelling for the purpose of obtaining treatment; or
    - (d) In receipt of a terminal prognosis for a medical condition
- 4) Suicide, attempted suicide or willfully self-inflicted injury or illness, alcoholism, drunkenness or the abuse of drugs.
- 5) The participation of the Insured Person unless under supervision of a trained professional in winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), professional sports or any other hazardous or potentially dangerous sport.
- 6) The participation of the Insured Person in riding or driving in races or rallies.
- 7) Losses arising from Accidents as a driver on motorized vehicles unless at the time of the Accident the Insured Person is in possession of a current full international driving license and while riding a two wheeler is wearing a safety crash helmet.
- 8) Losses arising directly or indirectly from manual work or hazardous occupation, self-exposure to needless peril (except in an attempt to save human life), or if engaging in any criminal or illegal act.
- 9) Pregnancy, resulting childbirth, miscarriage, abortion, medical termination of pregnancy or complication arising out of any of the foregoing
- 10) Experimental, unproven or non-standard treatment.
- 11) Treatment by any other system other than modern medicine (also known as Allopathy).
- 12) The cost of spectacles, contact lenses, and hearing aids, crutches, and all other external appliances and/or devices whether for diagnosis or treatment.
- 13) Any medical condition or complication arising from it which existed before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician.
- 14) Weight management services and treatment related to weight reduction programs including treatment of obesity and its complications.
- 15) Congenital anomalies or any complications or conditions arising there from.
- 16) Any Fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.

**II. SECTION 4: LOSS OF CHECKED BAGGAGE**

- 1) The self-carried baggage is specifically excluded from the Policy coverage.
- 2) Part or partial destruction of baggage or missing of contents from the baggage is not covered under the Policy.
- 3) The Company shall be under no liability to make payment hereunder in respect of any Claim for valuables.
- 4) Professional Equipments, liabilities or instruments in the baggage are excluded from the scope of the Policy.

**III. SECTION 6: LOSS OF PASSPORT**

The Company shall be under no liability to make payment for:

1. Loss or damage to the Insured Person's passport as a result of the confiscation or detention by customs, police or any other authority
2. Loss which is not reported to the appropriate police authority within 24 hours of the discovery of the loss, and in respect of which an official report has not been obtained.
3. Failure to exercise Reasonable Care by Insured to guard against the loss of the passport.

**IV. SECTION 7: PERSONAL LIABILITY**

The Company shall not be under any liability to make payment for Claims arising out of:

1. The Insured Person's liability to any employee (whether under a contract of or for services);
2. Bodily Injury to and/or Property Damage to property belonging to the Insured Person's Family, any co-worker of the Insured Person, and any travelling companion of the Insured Person;
3. Any liability for Bodily Injury and/or Property Damage arising directly or indirectly from or due to:
  - a) Livestock belonging to the Insured Person or in the Insured Person's care, custody or control;
  - b) Any willful, malicious, criminal or unlawful act, error, or omission;
  - c) The pursuit of any trade, business of profession, employment or occupation;
  - d) The ownership, possession or use of vehicles, aircraft, or watercraft;
  - e) Parachuting, hand-gliding, hot air ballooning or the use of firearms or any other dangerous or hazardous activity;
  - f) The use or misuse of any alcohol, hallucinogenic substance, drugs (except those used as medically prescribed), or drug addiction;
  - g) The supply of goods or services;
  - h) Any form of ownership or occupation of land or buildings (other than occupation only of any temporary residence).
  - i) Any professional liability arising out of the Insured Person's profession/activities.

**V. SECTION 9: TRIP DELAY**

However, the Company will not pay,

1. For any departure which is delayed as a result of the Insured Person or any other person who have arranged to travel with failing to check-in correctly as required by the airline.
2. For any delayed departure caused by strike or industrial action known to exist or was anticipated when Insured Person booked the flight tickets for Insured Journey.

**VI. SECTION 14: DELAY OF CHECKED BAGGAGE**

- 1) Delay of baggage when the intended travel destination is India.

**SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES**

1. **Condition Precedent to Admission of Liability-** The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.



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### 2. Fraud-

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy:—

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

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

### 3. Cancellation-

- a. This Policy may be cancelled by the Insured up to the expiry of 15 days from the Policy effective date, in writing to the Company as long as the Insured is able to establish to the Company's satisfaction that the Insured Journey has not commenced, and this Policy shall stand cancelled if the Insured Journey has not commenced within 14 days of the commencement date shown on the Certificate of Insurance.
- b. Cancellation charge shall not be applicable for Travel Elect (Group)
- c. In case of any early return of the Insured Beneficiary under Travel Elect (Group) prior to expiry of the Policy Period the company will refund premium at the following rates subject to no claims being incurred on the Policy.

Period on Risk	Rate of Premium Retained by the Company
Above 50% of Policy Period	100%
Above 40% to 50% of Policy Period	80%
Above 30% to 40% of Policy Period	75%
Above 20% to 30 % of Policy Period	60%
Policy Inception 20% of Policy Period	50%

- a. The Certificate of Insurance shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form/transcript of proposal, personal statement, declaration and connected documents, or any material/non-material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Beneficiary or any one acting on behalf of Insured Beneficiary to obtain any benefit under this Certificate of Insurance.
- b. Under normal circumstances, Certificate of Insurance will not be cancelled except for reasons of misrepresentation, fraud, untrue or incorrect statement, on non-disclosure in any material particular/facts in the proposal, personal statement, declaration and connected documents, or any material information having been withheld, or any fraudulent means or devices being used by the Insured Beneficiary or any one acting on behalf of Insured Beneficiary to obtain any benefit under the Certificate of Insurance or non-cooperation, in such cases premium shall be forfeited and no refund of premium shall be made by the Company. In other cases of cancellation of Certificate of Insurance by the Company, premium will be refunded.

### 4. Endorsements-

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
- ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.  
The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

### 5. Arbitration and courts jurisdiction –

- a) If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy (liability/claim being otherwise admitted by the Company), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the Company and the Insured Beneficiary who has made claim under this Policy or if they cannot agree upon a single arbitrator within 30 days of any party [the Insurers or the Insured Beneficiary who has made claim under this Policy] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by the Insured Beneficiary/Family Member(s) of Insured Beneficiary who has made claim under this Policy, as the case may be and the Company, respectively, who are the parties to the dispute/ difference and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law, and the seat of arbitration and venue for all hearings shall be within India.
- b) It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Company has disputed or not accepted/admitted the liability/claim under the Policy.
- c) It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit read with this Policy that the award by such arbitrator/ arbitrators of the amount of the Loss or damage shall be first obtained.
- d) It is also hereby further expressly agreed and declared that if the Company shall disclaim/repudiate the liability to the Insured Beneficiary for any claim under the Policy, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit in a court of law, then all benefits/indemnities under the Certificate of Insurance Policy shall be forfeited and the rights of Insured Beneficiary shall stand extinguished and the liability of the Company shall also stand discharged.
- e) The seat of the arbitration shall be Pune. This condition remains valid, should the Policy become void.
- f) In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other clauses herein.

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**6. Grievance Redressal Procedure-**

**Welcome to Bajaj Allianz and Thank You for choosing Us as Your insurer.**

Please read Your Policy Period.

The Policy Period and terms and conditions to Policy Period and the Policy set out the terms of Your contract with Us. Please read Your Policy Period and Policy carefully to ensure that the cover meets Your needs.

We do Our best to ensure that Our customers are delighted with the service they receive from Bajaj Allianz. If You are dissatisfied We would like to inform You that We have a procedure for resolving issues. Please include Your Policy Period number in any communication. This will help Us deal with the issue more efficiently. If You don't have it, please call Our Branch office.

Initially, We suggest You contact the Branch Manager/ Regional Manager of the local office which has issued the Policy Period. The address and telephone number will be available in the Policy Period. Naturally, We hope the issue can be resolved to Your satisfaction at the earlier stage itself. But if You feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

**Bajaj Allianz General Insurance Co. Ltd**

Bajaj Allianz House, Airport Road

Yerawada, Pune 411006

E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

Call :

1800-225858 (free calls from BSNL/MTNL lines only)

1800-1025858 ( free calls from Bharti users – mobile /landline ) or

020-30305858

(Please do visit Our website for further details)

**Grievance Redressal Cell for Senior Citizens**

Senior Citizen Cell for Insured Beneficiary who are Senior Citizens

'Good things come with time' and so for Our customers who are above 60 years of age We have created special cell to address any healthinsurance related query. Our senior citizen customers can reach Us through the below dedicated channels to enable Us to service them promptly

**Health toll free number:** 1800-103-2529 (To be dialed from India)

**Exclusive Email address:** [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in)

If You are still not satisfied, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned in Annexure III:

Note: **Note:** Address and contact number of Governing Body of Insurance Council

Council For Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.

Tel.: 022 - 69038801/03/04/05/06/07/08/09

Email: [inscoun@cioins.co.in](mailto:inscoun@cioins.co.in)

**SECTION E) GENERAL TERMS AND CLAUSES - SPECIFIC TERMS AND CLAUSES**

1. **Insured-** Only those persons named as the insured in the *Certificate of Insurance* shall be covered under this *Policy*. Cover under this *Policy* shall be withdrawn from any Insured Beneficiary upon such Insured Beneficiary giving 14 days written notice to be received by *Us*.
2. **Communications-** Any communication meant for *Us* must be in writing and be delivered to *Our* address shown in the *Certificate of Insurance*. Any communication meant for *You* will be sent by *Us* to *Your* address shown in the *Certificate of Insurance*.
3. **Eligible Entry Age Limit :**  
1 day to Lifetime
4. **Policy Excess**  
For medical sickness/accident there is a Policy excess of USD 100 (deductible) which the Insured will have to self-pay and this amount cannot be claimed. Policy excess for rest of the benefits will be applicable as per Certificate of Insurance and will be applicable for each and every claim.  
This implies for any claim the Policy excess to be borne by the insured. This applies for all benefits with Policy excess stated in Certificate of Insurance.
5. **Other Insurance/ Contribution-**  
If two or more policies are taken by *You* during a period from one or more insurers to indemnify treatment costs, We shall not apply the contribution clause, but *You* shall have the right to require a settlement of *Your* claim in terms of any of *Your* policies.
  - a. In all such cases the insurer who has issued the chosen *Policy* shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen *Policy*.
  - b. If the amount to be claimed exceeds the Sum Insured under a single *Policy* after considering the deductibles or co pay, *You* shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
  - c. Except in benefit policies, in cases where *You* have policies from more than one insurer to cover the same risk on indemnity basis, *You* shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the *Policy*.
6. **Notifications & Declarations-**  
Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be sent to the address specified in the Certificate of Insurance.
7. **Governing Law-**  
The construction, interpretation and meaning of the provisions of this *Policy* shall be determined exclusively in accordance with the Laws of Republic of India. The section headings of this *Policy* are included for descriptive purposes only and do not form part of this *Policy* for the

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purpose of its construction or interpretation. The terms of this Policy shall not be waived or changed except by endorsement issued by the Company.

**8. Due Observance-**

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured shall be a condition precedent to the Company's liability under this Policy.

**9. Entire Contract-**

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever any term of this Policy or waive any of its provisions.

**10. Reasonable Care-**

The Insured shall take all reasonable and proper steps to safeguard and protect himself and his possessions including documents against any fact, matter, circumstance or cause that might result in a Claim under this Policy, and shall not do or cause to be done anything that might enhance the likelihood of a Claim under this Policy (except in an attempt to save human life).

**11. Revision/ Modification of the Policy-**

There is a possibility of revision/ modification of terms, conditions, cover ages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing Insured Beneficiary's at least 3 months prior to the date of such revision/modification comes into the effect.

**12. Withdrawal of Policy-**

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing Insured Beneficiary. In such an event of withdrawal of this product, at the time of Your seeking extension of this Policy, You can choose, among Our available similar and closely similar Travel insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA. Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for any extension and accordingly upon Your seeking extension of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You.

**13. Transfer of Interest under Certificate of Insurance-**

The Certificate of Insurance is a Contract between the Company and the Insured Beneficiary. The Insured Beneficiary) shall not transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific prior approval in writing by a duly authorised officer of the Company. However, if the Insured Beneficiary(s) is permanently incapacitated or deceased, the legal heirs of the Insured may represent him in respect of claim under the Policy.

**14. Transfer of Interest under Master Policy-**

The Master Policy is between the Company and the Insured and the Insured shall not transfer, assign, alienate or in any way pass the benefits and/or liabilities under the Master Policy to any other person, Institution, Hospital, Company or Body Corporate without specific prior approval in writing by a duly authorised officer of the Company.

**15. Penal Interest Clause-**

- a. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- b. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Certificate of Insurance read with Policy, We shall offer within a period of 30 days a settlement of the claim to You. Upon acceptance of an offer of settlement by You, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by You. In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- c. If We, for any reasons decide to reject the claim under the Policy, the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure stated.

**SECTION E) GENERAL TERMS AND CLAUSES – OTHER TERMS AND CLAUSES****1. Claims Procedures**

**(Applicable for Personal Accident, Medical Expenses, Medical Evacuation & Repatriation, Accidental Death & Disability (Common Carrier), Hospitalization Daily Allowance, Trip Cancellation, Trip Curtailment, Difference in Airfare due to delayed or early return, PA Cover in India**

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following.

**Hospitalization**

In case of medical sickness/accident You will have to call and notify Us at the 24 hours telephone number +91-20- 30305858. It is important to notify Us before seeking any medical consultation (unless it is an accident/emergency). In case of medical hospitalization, please notify Us immediately.

- a. We have Our coordinating doctor on duty to speak to the Insured and provide medical advice. However if the Insured wants a medical referral of any specialist doctor/hospital, We can provide the referral.
- b. It is important to notify Us immediately before/after seeking any kind of medical consultation (unless it is an accident/emergency) and provide Us with the treating doctor/hospital details, medical expenses incurred/paid and review appointment details because this will help Us to validate Your claim and provide You with a Claim Reference Number which must be mentioned in the Claim Form.

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- c. The Company's Insurance medical assistance department (doctor) will discuss Your medical condition with the treating doctor and if it is confirmed that the admission to a hospital is NOT due to any pre-existing conditions or any conditions listed in the exclusion list, then the Company shall guarantee payments to the hospital and settle the payments with the hospital.
- d. In order to expedite processing of the claim You must send the following documents immediately by fax to +91-20-30512207 or scan and email to Us at [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)
- e. Your prompt submission of the above documents/information (ROMIF, LMO details, Medical Reports, estimated medical expenses, Claim Form, Passport copy) will enable the medical assistance department to make a medical assessment and recommendation of coverage thereby facilitating the claims process.

**Outpatient Consultation**

- a. For outpatient consultation(s), the Insured will have to self-pay and file the claim upon return to India. However, if the amount is above USD 500 and the insured is facing difficulty in making payments due to shortage of cash on hand then We can arrange to make payments on behalf of the patient, provided the medical condition is confirmed to be non-pre-existing.
- b. If any hospital does not submit a bill to You for the treatment /service rendered, please inform Us before You leave the hospital. If the hospital insists that they will claim directly from the Company, please inform them that Company shall not entertain any such requests from the hospital. Only claims whereby the Insured filed directly with all relevant documents on return to India will be considered.
- c. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation (written details of the quantum of any claim along with all original supporting documentation as per the claims documents list specified below.
- d. In the event of the death of the Insured Person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (in case its conducted) within 30 days.
- e. In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the insured in writing, however We will retain the Xerox copies of the claim documents.
- f. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted along with the letter confirming the status of the claim & settlement details if any.
- g. In order to expedite processing of the claim You must send the following documents immediately by fax to +91-20-30512207 or scan and email to Us at [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

**Claims Procedures (applicable for other sections – Non Medical coverages)**

- a. You or someone claiming on Your behalf must promptly and in any event within 30 days from date of loss give Us documentation (written details of the quantum of any claim along with all supporting documentation as per the claims documents list specified below.
- b. Your prompt submission of the required documents/information will enable the claim processing unit for assessment the claim
- c. In order to expedite processing of the claim You must send the following documents immediately by fax to +91-20-30512207 or scan and email to Us at [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

**2. Notifications of Claims-**

Condition Precedent shall mean a Policy term or condition upon which the Company's Liability under the Policy is conditional upon:

- a. In respect of any claim under section 1,2 and 3 , the insured or if deceased, his legal heirs or other legal representative, shall notify the Company/ Claims Administrator within 14 days from the date of loss and provide him with the name of the Physician, the name and telephone numbers of the hospital at which treatment is being obtained, and the fact or matter giving rise to the need for medical treatment, and any other documentation or information that might be required or requested by the Company/ Claims Administrator of the Company.
- b. For all other Claims, the Insured shall notify the Company / Claims administrator of the Company, immediately within 7 days from the date of loss, obtain mandatory claim documentation forms for completing the same on and return submit to the Company / Claims Administrator of the Company, along with supporting invoices and any other documentation or information that might be required or requested by Company/ Claims Administrator of the Company.
- c. Under any unavoidable circumstances if delay in communication to register claim or documentation submission may be condoned after valid reason received from insured.
- d. The Insured shall not admit any liability or make any offer or promise of payment without the prior written consent of the Company.
- e. Time for filing claim form and evidence
  - i. Completed claim forms/ Documents and written evidence/ proof of loss, must be submitted to the Company or Claims Administrator of the Company furnished to Us within thirty (30) days from after the date of such loss. Insured You or some else claiming on Your behalf of Insured shall obtain and furnish to the Company or Claims Administrator of the Company Us with all original bills, receipts, and any other documentation upon which a claim is based at Your cost of Claimant and shall also give to the Company Us in a timely fashion such additional documentation, information and assistance as the Company or Claims Administrator of the Company We may require for examining scrutinizing in dealing with the claim. In absence of the requisite documents and in the absence of revert from claimant insured within 60 days from date of intimation / loss, the Company We would assume that insured/ claimant is not interested in pursuing the claim and accordingly the Company We would be constrained to repudiate the aforesaid claim.

PART I- Common Claim Documents Required for all claims		
1	Claim Form (to be filled and signed by Insured Person)	You can contact Us on Our toll free numbers, or email Us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
2	NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death claim) Claimant Indian Bank account details	
3	Aadhaar card & PAN card Copies is as per the IRDAI guidelines read with	
4	Receipts of Invoices and Bills provided in support of Claim amount	



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5	Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	
6	Release of Medical Information Form (ROMIF) BAJAJ and Assistance Provider (to be filled and signed by Insured) to obtain the medical records from facility in case of claim in II. Medical Contingencies	
<b>PART II- Section wise required Claim Documents</b>		
<b>SECTION</b>	<b>COVER</b>	<b>Required Claim document in addition to Part I</b>
Section 1	Personal Accident Cover	Copy of FIR (filed with the local police authorities) Medical records/Consultation Papers/Investigation Reports in case any hospitalization. Death certificate/Post Mortem report in case its conducted (In case of Death) Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability related claims) Local Medical Offer's (Family Physician's) details.
Section 2	Medical Expenses and Evacuation	Attending Physician Statement (to be filled and signed by overseas treating doctor) Medical records/Consultation Papers/Investigation Reports
Section 3	Repatriation	Deductible amount as per Policy Schedule to be issued with DD/Cheque in favor of Bajaj Allianz General Insurance Company Ltd (in case of complete cashless subject to confirmation of admissibility from "Us". In case inability to provide deductible amount from Insured Person same can be deducted from Your cashless bill.
Section 4	Loss of Checked Baggage	PIR report (Property Irregularity Report) (to be obtained from the airline authorities) Letter from the airlines accepting the liability for loss Proof of compensation received form airlines
Section 5	Accidental Death & Disability (Common Carrier)	Documents as stated in Section 1
Section 6	Loss of Passport	FIR/ copy of police report obtained within 24 hours of becoming aware of theft. Copy of new passport, copy of previous passport (if available) Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place
Section 7	Personal Liability	Detailed self-explanatory note stating scenario arises in to third party loss Court order or any judicial order received against the compensation
Section 8	Hijack Cover	A police report confirming the incident. It should contain the passport number of the insured and period of hijacking. Letter from the airline clearly stating period of hijack and media coverage details.(e.g photograph, videos, newspaper cutting etc)
Section 9	Trip Delay	Letter from the airlines stating reason and duration of delay Aadhar card & PAN card Copies is as per the IRDAI guidelines read with Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India in case of "Flight Delay for International Travel"
Section 10	Hospitalization Daily Allowance	Documents as stated in Section 2
Section 11	Golfer's Hole in One	Letter from USGA supporting Your claim
Section 12	Trip Cancellation	Hospitalization discharge summary/consultation papers of Insured Person/ spouse/ child/ parent/ parent in law if applicable. Death Certificate in case of cancellation of trip due to death All bills and payment receipts towards transportation and lodging and event tickets (incurred overseas) if applicable Certificates from overseas billers regarding cancellation charges if applicable. Letter from the airlines stating reason for cancellation (if applicable)
Section 13	Trip Curtailment	Hospitalization discharge summary/consultation papers of Insured Person if applicable. Both ticket itineraries (Old and new)

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		Medical document and discharge summary stating hospitalization details and need for pre or postponement of Trip.
Section 14	Delay of Checked Baggage	Copies of Boarding Pass/Ticket/Baggage Tags Copies of correspondence with the Airline authorities/others certifying the delay & actual date and time of delivery of baggage. PIR report (Property Irregularity Report) (to be obtained from the airline authorities). Emergency purchase bills/ receipts
Section 15	Home Burglary Insurance	FIR/ copy of police report obtained within 24 hours of becoming aware of burglary/theft/Robbery. Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place. Receipt of Purchase of items claimed under this benefit
Section 16	Emergency Cash Benefit	FIR/ copy of police report obtained within 24 hours of becoming aware of theft. Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place
Section 17	Missed Connection	Letter from the airlines stating reason and duration of delay.
Section 18	Difference in Airfare due to delayed or early return	Documents as stated in Section 13
Section 19	Bounced Hotel	Letter from the Hotel Authority stating confirmation and reason of non-availability of Pre-booked Room.
Section 20	Personal Accident Cover in India	Documents as stated in Section 1
Optional Cover	Trip Delay Delight	Letter from the airlines stating reason and duration of delay Aadhar card & PAN card Copies is as per the IRDAI guidelines read with Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India in case of "Flight Delay for International Travel"

3. **Paying a Claim-**

- You agree that We shall only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment thus made, will be deemed as complete and final discharge of Our liability under the Policy.
- On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Certificate of Insurance read with Policy terms and conditions, We shall offer within a period of 30 days a settlement of the claim to the Insured Beneficiary. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer. In the cases of delay in the payment, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- However, where the circumstances of a claim warrant an investigation, 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.
- If the Company, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated

4. **Basis of Claims Payment-**

- Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.
- Cashless will paid to overseas facility in their respective currency of the country.
- For the purpose of reimbursement claim payments all currencies shall be converted in to USD (as Policy Sum Insured are in USD) and later to INR (as reimbursement payment will be in INR only).

5. **Assessments of Claim & Payment-**

- No sum payable under this Policy shall carry interest.
- The Company shall be under no liability to make payment in respect of any Claim until such time as the Insured has provided it and/or the Company / Claims Administrator with whatever documentation and/or information may be requested and established the quantum of any amount claimed to the Company's satisfaction.
- The obligation of the Company to make payments to the Insured in respect of Claims made after the Insured's return to India shall be to make payment in Indian Rupees only.
- Specifically in respect of a Claim under Sections 1 and/or 2 and/ or 3-
  - The Company's liability to make payment is in respect of those charges approved by the Company / Claims Administrator prior to being incurred.
  - If requested by the Company / Claims Administrator, the Insured shall (at his own expense) furnish all certificates, information, proofs or other evidence in support of the Claim, present himself for medical examination by a Medical Advisor as considered necessary by the Company / Claims Administrator, and the Insured agrees that the Company / Claims Administrator may approach anyone who may have treated the Insured for information and/or documentation in respect of the Claim.
  - In the event of the Insured's death, the Company shall have the right to carry out a post mortem at its own expense.

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- iv. Where the Insured is incapacitated or otherwise unable to give a valid release for the Claim; the Company may make arrangements to pay the Claim to the Insured's legal guardian or legal representative. Any payment made by the Company thereby in good faith shall operate as a complete and effective discharge of the Company's liability in respect of the Claim.
- v. The Company shall not pay Medical Expenses except at the Usual and Customary Level.
- vi. Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.
6. **Claim Assistance-** In event of a claim during the Insured Beneficiary's overseas trip, the Insured Beneficiary shall contact on Our toll free numbers or email ids available on Travel Kit or Certificate of Insurance. We provide assistance through Our In house Team or may seek assistance from overseas assistance partners.

## ANNEXURE I

S. NO	List of Expenses ("Non-Medical") in Hospital Indemnity Policy -	REMARKS
	<b>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable for surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable

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31	LEGGINGS	Payable for varicose vein surgery if varicose vein surgery is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by Us then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures payable
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Payable after waiting period
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable



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73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by Policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges , not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges , not separately
79	SURGICAL DRILL	Payable under OT Charges , not separately
80	EYE KIT	Payable under OT Charges ,not separately
81	EYE DRAPE	Payable under OT Charges ,not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges , not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions.	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables can not be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately

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99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge notpayable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge , Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	M IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry /Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCEPASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	<b>EXTERNAL DURABLE DEVICES</b>	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable

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138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	S P0 2PRO B E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Payable for surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Payable in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruct ion, liver transplant etc.
	ITEMS PA YABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	Payable when prescribed for patient , not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed

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171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	OTHERS	
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by Policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Payable in case of PIVD
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Payable for case like CABG etc.

**ANNEXURE II:- ICD SPECIFIC FOR MENTAL ILLNESS**



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ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

**ANNEXURE III – OMBUDSMEN DETAILS**

Office Details	Jurisdiction of Office (Union Territory, District)
<p><b>AHMEDABAD - Shri Kuldip Singh</b>                      Office of the Insurance Ombudsman,                      Jeevan Prakash Building, 6th floor,                      Tilak Marg, Relief Road,                      Ahmedabad – 380 001.                      Tel.: 079 - 25501201/02/05/06                      Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a></p>	<p>Gujarat,                      Dadra &amp; Nagar Haveli,                      Daman and Diu.</p>
<p><b>BENGALURU - Smt. Neerja Shah</b>                      Office of the Insurance Ombudsman,                      Jeevan Soudha Building, PID No. 57-27-N-19                      Ground Floor, 19/19, 24th Main Road,                      JP Nagar, 1st Phase,                      Bengaluru – 560 078.                      Tel.: 080 - 26652048 / 26652049                      Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL - Shri Guru Saran Shrivastava</b>                      Office of the Insurance Ombudsman,                      Janak Vihar Complex, 2nd Floor,                      6, Malviya Nagar, Opp. Airtel Office,                      Near New Market,</p>	<p>Madhya Pradesh                      Chattisgarh.</p>

**TRAVEL ELECT (GROUP)**

Office Details	Jurisdiction of Office Union Territory, District)
Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	
<b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa.
<b>CHANDIGARH - Dr. Dinesh Kumar Verma</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<b>CHENNAI - Shri M. Vasantha Krishna</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
<b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
<b>GUWAHATI - Shri Kiriti .B. Saha</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD - Shri I. Suresh Babu</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR - Smt. Sandhya Baliga</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor,	Rajasthan.

**TRAVEL ELECT (GROUP)**

Office Details	Jurisdiction of Office Union Territory, District)
Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	
<b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<b>KOLKATA - Shri P. K. Rath</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI - Shri Milind A. Kharat</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA - Shri Chandra Shekhar Prasad</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006.	Bihar, Jharkhand.

**TRAVEL ELECT (GROUP)**

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	
<b>PUNE - Shri Vinay Sah</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.