

GROUP BUSINESS TRAVELERS INSURANCE POLICY

IMPORTANT

Please make sure you read and fully understand this document before you travel from the Republic of India. Please also read carefully the full details of the procedure for obtaining assistance and claims. Failure to follow the instruction given could result in rejection of the claim.

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 Policy and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured Person in excess of the amount of the Deductible and subject always up to the Sum Assured against such loss/ expenses as is herein provided and such loss/ expenses is incurred 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. **Accident, Accidental** - An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
3. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
4. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly – Congenital anomaly which is not visible and accessible parts of the body
 - b. External Congenital Anomaly – Congenital anomaly which is in the visible and accessible parts of the body.
5. **Co-Payment** is a cost-sharing requirement under a Health Insurance Policy that provides that the policy holder / insured 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:
 - a. Undertaken under General or Local Anesthesia in a hospital/day care Centre in less than 24 hrs because of technological advancement, and
 - b. Which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
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** 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** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
12. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive In Patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
13. **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:
 - a. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - b. It needs ongoing or long-term control or relief of symptoms
 - c. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - d. It continues indefinitely
 - e. It recurs or is likely to recur
14. **Injury/ Bodily 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/ Doctor.
15. **Medical Advice** - Any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.
16. **Medical Expenses**: Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
17. **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.
18. **OPD Treatment** is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a Day care or in patient.
19. **Room Rent**- Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
20. **Subrogation** (Applicable to other than health sections of this policy): Subrogation means the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the policy that may be recovered from any other source.

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21. **Surgery-** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis, and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care Centre by a medical practitioner.
22. **Unproven/ Experimental treatment-** Unproven/ Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

SECTION B) DEFINITIONS-SPECIFIC DEFINITION

1. **Alternative treatments-** Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha, Homeopathy and any likewise non-allopathic treatment in the Indian context.
2. **Certificate of Insurance** means the document issued by Us as per these terms and conditions detailing the commencement date and expiry date of the cover, Insured Person(s) name, address, age, place(es) of travel, benefits, sums insured, Deductible, condition(s), exclusions and or endorsement(s).
3. **Checked Baggage** means the baggage offered by the Insured Person and accepted by an Airline for international transportation in the same aircraft as the Insured Person is booked to travel and for which the airline has provided a baggage receipt, and the contents of the baggage checked in by the Insured Person provided such contents do not violate any Airline policy or rule restricting the nature of items that may be carried on board its aircraft.
4. **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 during the Cover Period. 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.
5. **Claims Administrator** means Health Administration Team of Bajaj Allianz General Insurance Company Ltd and or any other TPA/Service Provider authorized by Bajaj Allianz General Insurance Company Ltd.
6. **Common Carrier** means any civilian land motor vehicle or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.
7. **Cover Period** means the period between:
 - a. The commencement date specified in the Certificate of Insurance, being the date on which the Insured Person board the mode of transportation for his overseas departure from India.
Note - In case the Insured has availed of the Optional cover Personal Accident Cover in India The commencement date of the Certificate of Insurance shall be the date on which the Insured Person travels from his place 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.
 - b. The expiry date specified in the Certificate of Insurance being the date on which the insured disembarks from the mode of transportation by which he has returned to India,.
Note - In case the Insured has availed of Optional cover Personal Accident Cover in India the expiry date specified in the Certificate of Insurance shall be the date on which the insured has reached his place of residence in India by rail or road or air after disembarkment from the mode of transportation by which he has returned to India, Provided the domestic travel has occurred within 24 hours of his/her disembarkment.
 - c. The expiry date shall automatically be extended up to a maximum period of 7 days or date of return to India whichever is earlier if the completion of the insured journey is delayed solely arising out of disruption of public transportation or other services upon which the Insured Person was reliant to reach India due to inclement weather and or political instability overseas.
8. **Damages** means monetary sums payable pursuant to judgments or awards of competent courts of Law or Tribunals, but shall not include fines, penalties, punitive damages, exemplary damages, interest, any non-pecuniary relief, or any other amount for which an Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law.
9. **Disease** means an affliction of the bodily organs having a defined and recognized pattern of symptoms that first manifests itself during the Cover Period and for which immediate treatment by a Physician/ Doctor is necessary.
10. **Group** - The definition of a group as per the provisions of group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 read with Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016 as amended/modified, from time to time.
11. **Hazardous Activities** shall mean any activities which involve an increased risk of Bodily Injury and/or Damage to material property. The Insured shall refer to the Company any activity prior to commencement of such activity if there is reasonable doubt as to whether such activity is a Hazardous Activity and the Company shall have the right to determine whether this condition applies to such activity. Hazardous Activities include but are not limited to taking part in the activities or using the facilities listed below: -
 Abseiling, Paint Ball, Amusement Rides (other than children's coin operated rides), Parachuting Ballooning Bar Fly Paragliding / Parasailing / Parascending, Offshore Activities, Physical Team Building Exercises, Boating, Pot Holing, Bonfires, Power Boating, Bouncy Castles, Quad Biking, Boxing, Reverse Bungee, Bungee Jumping, Rock Climbing, Bungee Running, Sailing, Canoeing, Sand Yachting, Caving, Scuba Diving / Sub Aqua Sports, Clay Pigeon Shooting, Skiing, Diving, Sky Diving, Extreme Sports, Shooting, Fairground Rides, Snowboarding, Fireworks, Speed Boating, Go Karts, Surfing, Hang Gliding, Survival Training Courses, Horse Riding, Wall Climbing, Hot Air Ballooning, Water Skiing, Inflatables, White Water Rafting, Jet Skiing, Wind Surfing, Kayaking, Zorbing Martial Arts, Microlighting, Motor Vehicle/Bike Racing, Mountaineering.
12. **Hospital** means any institution/ entity/ organisation established for in-patient care and day care treatment of illness, ailments and/or injuries with all required infrastructure and medical equipments and which has been registered as a hospital under Laws prevalent in the country in which the hospital is located.
13. **Home** means the Insured's private residence not of Kutchra Construction as shown in the Schedule which is used or occupied solely for domestic purposes by the Insured and his/her Family whether owned or rented.
14. **Home Burglary** means any act of actual, forcible and violent entry and or exit from the premises of the Insured Person with intent to commit an act of crime or theft.
15. **Inadvertent-** Inadvertent means milder form of negligence, not resulting from or through intentional/deliberate planning
16. **Insurance Company** means Bajaj Allianz General Insurance Company Ltd.
17. **Insured** shall mean the Policy Holder.
18. **Insured Person or Insured Beneficiary or member of the group-** shall mean any employee of Policy Holder and his/her family member.
19. **Insured Journey** means a single journey (departure from India and arrival back to India) during the Cover Period.
20. **Family** means the Insured, insured's spouse and children. In the benefit of family visit, family is indicated as the Insured's spouse and children. However dependent parents cannot be covered under this policy.

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21. **Limit of Indemnity**-Limit of Indemnity represents Our maximum liability to make payment to the member of the group not exceeding the amount specified in the Certificate of Insurance issued to him against each cover for claims arising during the Cover Period.
22. **Loss of Eye** means the total and irrecoverable loss of sight from either or both eyes.
23. **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.
24. **Master Policy** shall mean the group Policy issued to the Insured containing the terms and conditions of the insurance coverage and under which Certificates of Insurance shall be issued to the Insured Beneficiary. The validity of the Master Policy shall be for a period of twelve months as mentioned in the Group Policy Schedule.
25. **Medical Advisors** mean the medical practitioners appointed by the Insurance Company / Claims Administrator.
26. **Medical Evacuation** means the removal of the Insured Person from abroad to a hospital within India where necessary medical care can be accorded to him, including medical care required en route.
27. **Physician/ Medical Practitioner/ Doctor** is a person who holds a valid registration/ license from the medical council of respective country and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his registration/license. "Physician" shall not include any member of the Insured's family. Chiropractitioner stands excluded from the scope of the policy.
28. **Personal Belongings** shall mean Clothing & Personal Effects, Photographic equipments, Video Cameras, Telescopes, Musical Instruments, I Pods and Portable equipments of similar nature which belongs to the Insured Person excluding :
Laptops, Tablets, I-Pads, Mobile Phones, Cigarettes, tobacco and/or alcohol, Films, cassettes, cartridges or disks , Consumable Perishable goods, prosthetics, ,dentures, hearing aids, bottles, cartons, Pedal cycles, wheelchairs, prams, pushchairs or baby buggies, Contact or corneal lenses, Sports Equipment including Winter Sports Equipment, Cash and Currency Notes , Jewellery & Valuables , Airline Tickets and Credit and Debit Cards.
29. **Policy** means the proposal, the certificate of insurance, the Master Policy/**Group Business Travelers Insurance Policy Schedule**, the Policy documents, these Terms and Conditions and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
30. **Policy Holder** is the Organization or Entity which has taken the policy on behalf of all Insured Persons.
31. **Policy Period** means the start and end dates of the Master policy
32. **Pre-existing ailment or disease**- Any condition, ailment or injury or related conditions for which Insured Person had signs or symptoms, and /or were diagnosed, and / or received medical advice/ treatment prior to the certificate of insurance issued by the Company.
33. **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
 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.
34. **Prenatal period** (also known as antenatal care) refers to the regular medical and nursing care recommended for women during pregnancy.
35. **Property Damage** means actual physical damage to tangible material property belonging to a third party.
36. **Post natal period** is the period beginning immediately after the birth of a child and extending for about six weeks
37. **Reasonable Charges**-Reasonable Charges means the charges for service 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 illness/ injury involved.
38. **Reimbursement**- A reimbursement is a repayment for money you've spent on paying up your bills.
39. **Schedule** means the **Group Business Travelers Insurance Policy** schedule, and any annexure to it, attached to and forming part of this Policy.
40. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.
41. **Sickness** means a condition or an ailment affecting the general soundness and health of the Insured's body that first manifests itself during the Cover Period and for which immediate treatment by a Physician is necessary.
42. **Suicide**- "Sui" means "self" and "cide" means "killing", thus implying an act of self-killing. In short, a person committing suicide must commit it by himself, irrespective of the means employed by him in achieving his object of killing himself.
43. **Sum Assured** 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.
44. **Theft** means whoever, intending to take dishonestly any movable property out of the possession of any person without that person's consent, moves that property in order to such taking, is said to commit theft
45. **Third Party Administrators or TPA**- means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations,2016 ["Health Regulations"] notified by the Authority, or any amendments from time to time, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services as defined in Health Regulations.
46. **Unoccupied** means the Insured person's Home remains unoccupied by the Insured person and/or his/her Family for more than 180 consecutive days.
47. **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.
48. **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.

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49. **We, Our, Ours, Us, Company** means the Bajaj Allianz General Insurance Company Limited.
50. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.

SECTION C) COVERAGE

PART 1: BASE COVER

SECTION 1: PERSONAL ACCIDENT

1. The Company shall pay the Insured Person the Sum Insured 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. Death
 - b. Permanent Total Disablement (PTD)
2. Provided always that the Certificate of Insurance 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.
 - a. The company will be liable to pay 100% of the Sum assured stated in the schedule in respect of the death or PTD of an earning insured Person.
 - b. The company will be liable to pay 50% of the Sum assured stated in the schedule in respect of the death or PTD of a non-earning insured Person
 - c. The company will be liable to pay 25% of the Sum assured stated in the schedule in respect of the death or PTD of minor child (below age 18 years) to be calculated at the time of effecting this insurance

SECTION 2: ACCIDENTAL DEATH AND DISABILITY (COMMON CARRIER)

1. The Company shall pay the Insured Person the Sum Insured under Accidental Death & Disability (Common Carrier) section specified in the Certificate of Insurance if the Insured Person sustains Accidental Bodily Injury during the course of the Insured Journey whilst travelling in a common carrier such as rail, bus, tram or aircraft and such Bodily Injury within 12 months of the date upon which it was sustained is the sole and direct cause of the-
 - a. Death
 - b. Permanent Total Disablement (PTD)
2. Provided always that the Certificate of Insurance 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.
 - a. The company will be liable to pay 100% of the Sum assured stated in the schedule in respect of the death or PTD of an earning insured Person.
 - b. The company will be liable to pay 50% of the Sum assured stated in the schedule in respect of the death or PTD of a non-earning insured Person
 - c. The company will be liable to pay 25% of the Sum assured stated in the schedule in respect of the death or PTD of minor child (below age 18 years) to be calculated at the time of effecting this insurance

The amount payable under this section is in addition to the sum insured payable under section 1 (Personal Accident).

SECTION 3: HIJACK COVER

The Company shall pay up to the maximum sum specified in the Certificate of Insurance for each 24 hour period for which the insured person is detained by hijackers following hijacking of any aircraft in which the insured person is travelling during the cover period.

SECTION 4: TRIP DELAY

The Company shall pay the Insured person the amount specified in the certificate of Insurance for the period of Trip delay or part thereof specified in the certificate of Insurance if original scheduled departure time of the air craft by which the insured person has booked his/her ticket(s) to travel from Republic of India or travel to Republic of India including his/her connecting flights is delayed beyond the deductible specified in the Certificate of Insurance.

The Company shall indemnify only one event of Trip Delay during the Cover period.

The liability of the Company shall not exceed the Maximum Sum Insured stated in the certificate of Insurance for Trip Delay section.

SECTION 5: DELAY OF CHECKED BAGGAGE

The Company shall indemnify the Insured person the amount incurred for emergency purchase of toiletries, medication and clothing to replace those contained in Checked Baggage if the arrival of checked baggage at the intended destination outside of India is delayed beyond the deductible stated in the Certificate of Insurance.

The liability of the Company during the cover period shall not exceed the Sum Insured stated in the certificate of Insurance for Delay of checked Baggage.

Conditions applicable to Section 5

In the event of a claim:

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 Insurance Company / Claims Administrator.
2. All emergency purchase bills/ receipts of toiletries, medication and clothing must be submitted to the Insurance Company / Claims Administrator.
3. The deductible specified in the certificate of Insurance will apply separately for each and every claim.
4. No Claim shall be admissible under this section, if a claim has been lodged under Loss of Checked Baggage.

SECTION 6: LOSS OF CHECKED BAGGAGE

The Company shall indemnify the Insured Person for claims made in respect of loss of or damage to the checked baggage, if the checked baggage is completely and permanently lost or destroyed during the Insured journey whilst in the care and custody of the Airlines.

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 /Insured person hereunder.

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If the Company at its option, reinstate or replace the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage nor more than the sum insured by the Company thereon. If the Company so elect to reinstate or replace any property the insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may require, and no acts done, or caused to be done, by the Company with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace.

Conditions Applicable to Section 6

In the event of a claim:

1. It is a condition precedent to the Company's Liability hereunder that upon discovering the loss of Checked Baggage the Insured shall obtain a relevant property irregularity report from the Airline and submit the same to the Insurance Company / Claims Administrator.
2. The company's liability to make payment shall not arise until liability is admitted by the Airline in the form of compensation, supported by documentary proof issued by Airline.
3. The Company's liability for any loss event must be supported by documentation evidencing the insured's ownership of the same.
4. If supporting / bills are produced, the Company's liability will not individually or in the aggregate exceed the lower of the Sum Insured or the claimed amount.
5. In the absence of supporting bills, the maximum liability will not individually or in the aggregate exceed "30% the Sum Insured" or "the amount claimed by insured" whichever is lower
6. If at the time of any loss or damage happening to any property hereby insured there be any other subsisting insurance or insurances, whether effected by the Insured covering the same property, this Company shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.
7. The Company's liability to the Insured will be restricted to the amount arrived at by deduction of :
 - a. Any payment made under the Delay of Checked baggage,
 - b. Any sum for which the Airline is liable to make payment.
8. No claim shall be admissible if the Company has admitted liability under Trip cancellation Section

SECTION 7: TRIP CANCELLATION

The Company shall indemnify the Insured Person subject to the maximum of Sum Insured shown in the Certificate of Insurance for the personal accommodation and 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 overseas trip prior to its commencement, provided the cancellation of the trip has occurred due to the following reasons

1. Insured Person's Death prior to Commencement date of Journey
2. Hospitalization of the Insured person for treatment of Serious injury or sudden sickness within 7 days prior to commencement date of Journey
3. Death of Insured Person's spouse or parent or parent-in-laws or child within 14 days prior to commencement date of Journey
4. Serious injury or sudden sickness of the insured person's parents, parent in laws, spouse or child within 7 days prior to commencement date of Journey
5. Cancellation of the Insured Journey due to the Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster and Notified by the Government Authorities in the country of Destination or country of Origin

Conditions Applicable to Section 7:

In the event of a claim:

1. Company shall indemnify only one event of Trip cancellation during the Cover period.
2. On admission of liability under this section, the insured shall not be liable for a claim under any other Sections of the Policy.
3. On admission of liability under this section the Certificate of Insurance shall be cancelled
4. On cancellation of certificate of insurance, the insured shall not be entitled for any refund of premium

SECTION 8: TRIP CURTAILMENT

The Company shall indemnify the Insured Person, subject to limit shown in the Certificate of Insurance, for the charges Incurred for 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 of the trip because of:

1. Death of the Insured person's spouse, parents, parent in laws or child
2. Serious injury or sudden sickness requiring hospitalization of the insured person's Spouse, parents or parent in laws or child provided the trip curtailment happens within 7 days from the date of discharge from the hospital overseas and under advice of the Treating Physician.
3. Serious injury or sudden sickness requiring hospitalization of the insured person's Spouse, parents or parent in laws or child residing in India.
4. The hijack of an aircraft in which the Insured person is travelling as a fare-paying passenger.

SECTION 9: LOSS OF PASSPORT

The Company shall indemnify the Insured Person for expenses necessarily incurred towards obtaining a duplicate passport/emergency travel certificate, in the event of Insured person's loss of passport at the overseas location.

The Company's liability shall not exceed the Sum Insured stated in the Certificate of insurance against the Loss of Passport Section.

SECTION 10 - MISSED CONNECTION

The Company shall indemnify the Insured person for the additional expenses incurred for rebooking of flights in the same class, purchase of medicines, food and toiletries if arrival of the Flight on which the insured is booked to travel from the airport of origin of journey arrived late at the connecting flight destination resulting in the insured person's missing the connecting flight,.

The Company's liability shall not exceed the Sum Insured stated in the Certificate of insurance against Missed connection section.

Condition Applicable to Section 10:

1. The company will pay under this section only if the scheduled time difference between the two flights is more than 4 hours.
2. Co-payment of 10% of claim amount will be applicable for each and every claim

SECTION 11- EMERGENCY CASH ASSISTANCE

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It is hereby agreed and declared that if the insured person requires emergency cash flow following loss of luggage and or money due to theft or burglary or hold up, the company itself or through Claims Administrator of the Company shall co-ordinate with the insured person's relatives to provide emergency cash to him/ her up to the limit specified in the policy schedule. The Company's liability to arrange for cash shall not arise until the FIR is filed and registered by Insured Person with the local police authority and 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 or burglary or hold up of luggage and or money. Admissibility of claim under this section will be subject to following conditions:

1. As soon as the theft or burglary or hold up of luggage and or money occurs, insured 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 policy schedule.
3. The company shall verify the details of the insured and ascertain the amount of cash required and admissible under this section
4. Company shall charge administrative expenses of amount equivalent to USD 15 and bank/ financial institution transfer charges as actual. Forex rate will be applicable as on date of transfer of amount.
5. The company will arrange for cash payments to the insured 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.

PART 2: OPTIONAL COVERS:

On payment of additional premium the Insured may opt for any one or more of the following optional covers

OPTIONAL COVER 1: MEDICAL EXPENSES, MEDICAL EVACUATION & REPATRIATION

The Company shall indemnify the Insured person for Actual expenses incurred for Medical Treatment outside India and for Medical Evacuation and Repatriation subject to a Maximum of the Sum Insured specified in the Certificate of Insurance for this optional cover

1. 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.
2. 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 Insurance Company / Claims Administrator of the Insurance Company. Medical Evacuation will be paid only when claim under Medical Expenses are admissible.
3. In case of Medical Evacuation to hospital in India by common carrier as per Medical Expenses & Medical Evacuation above and if approved by the Insurance Company / Claims Administrator, and subject to the 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
4. Medical transportation to nearest medical facility at the overseas location through air ambulance will have to be pre-approved by the Insurance Company / Claims Administrator of the Insurance Company.
5. The Cost of repatriating the Insured person's remains to India, or up to an equivalent amount for the burial or cremation of the Insured Person in the country where the death occurred in the event of the Insured person's death outside of India as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. These expenses should be pre-approved by the Insurance Company / Claims Administrator prior to the remains being prepared for transportation to the Republic of India or for local burial or cremation.
6. Covered expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.
7. The deductible stated in the certificate of insurance issued to the Insured person would be applicable in respect of each and every claim made during the cover period stated in the certificate of insurance and the company's liability in respect of all claims put together under would be restricted to the Medical Expenses, Medical Evacuation & Repatriation Sum Assured as per the certificate of insurance issued to the Insured person.
8. Any medical services or series of services shall not be covered under cashless treatment by this Policy unless the Insured person consults with the Company / Claims Administrator of the Company and the cost for such services are authorized in advance by the Insurance Company / Claims Administrator of the Company.
9. If the Insured person is hospitalized on the advice of a Doctor because of Illness or accidental Bodily Injury sustained or contracted during the Cover, the Company will pay the insured person, Reasonable and Customary Medical Expenses incurred during hospitalization.
10. 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

Deductible

The deductible as mentioned in the certificate of Insurance against this optional cover will be applicable for each and every claim

OPTIONAL COVER 2- EMERGENCY DENTAL EXPENSES

The Company shall indemnify the Insured Person, for Reasonable and Customary Charges incurred for the Dental Treatment undergone outside India for immediate relief of sudden acute dental pain to one or more of the insured Person's natural teeth.

Dental benefits will be provided for Medically Necessary filling of the tooth or surgical treatment, services, or supplies, upto the amount specified for dental treatment in the certificate of insurance. However, the Reasonable and Customary Charges for dental care rendered necessary as a result of a covered accident shall be subject to the limit of the Sum insured of Optional Cover 1 Medical Expenses, Medical Evacuation & Repatriation.

Deductible

The deductible as mentioned in the certificate of Insurance against this optional cover will be applicable for each and every claim.

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OPTIONAL COVER 3 – HOSPITALIZATION DAILY ALLOWANCE

The Company shall pay daily allowance to the Insured Person, subject to a maximum of the Sum Insured stated in the certificate of Insurance following hospitalization of the insured person, due to an accident or illness. For this purpose a day will be reckoned as continuous 24 hours hospitalization. Hospitalization Daily Allowance benefit shall be extended only if such hospitalization is admissible under section Medical Expenses, Evacuation and Repatriation specified under the Certificate of Insurance

Subject otherwise to all other terms, conditions and Exclusions of the Policy.

OPTIONAL COVER 4 - PERSONAL LIABILITY

The Company shall indemnify the Insured Person, subject to Sum Insured specified in the certificate of insurance for this section against any claim of 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 in the cover period

Co-payment

The Co- payment as mentioned in the certificate of Insurance against this optional cover will be applicable for each and every claim.

Conditions Applicable to Optional Cover 4

1. 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, 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 Schedule, 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.
2. 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.

OPTIONAL COVER 5- DIFFERENCE IN AIRFARE DUE TO EARLY OR DELAYED RETURN

The Company shall indemnify the Insured Person for the difference in Airfare for economy class return ticket between original return ticket and new ticket which had to be purchased for an early or delayed return due to-

- a) Hospitalization for treatment of illness or accident to the Insured Person at the overseas location resulting in an early or delayed return from the scheduled return date on the advice of the attending physician

Condition Applicable to Optional Cover 5

Insured Person’s revised return tickets have been purchased within 07 days after the date of discharge from medical facility of first/initial hospitalization.

It is a condition precedent to the Company’s Liability hereunder that upon discovering requirement of changing date of departure, the Insured person shall provide a Certificate from the treating medical physician’s certificate advising the early or delayed return of the Insured Person

Subject otherwise to all other terms, conditions and Exclusions of the Policy.

OPTIONAL COVER 6- LOSS OF PERSONAL BELONGINGS

The Company shall indemnify the Insured person for the loss or damage of Personal Belongings due to theft, larceny, robbery or hold up anywhere outside India during the Cover period.

In the event of claim for loss of Indian or International driving license at the overseas location company shall pay fees/charges incurred for obtaining a new driving license by government authority.

Co-payment

A co-payment of 10 % of claim amount is applicable for each and every claim.

Conditions Applicable to Optional Cover 6

1. Any Claim for any item lost must be supported by documentation evidencing the Insured Person’s ownership of the same, such documentation to be submitted to the Company/ Claims Administrator.
2. In the absence of supporting bills, the maximum liability will not individually or in the aggregate exceed the 10% the Sum Insured or the amount claimed by insured whichever is lower.
3. In the event of a loss the Company shall indemnify the Insured for the Replacement Value of the insured items as new at the time of damage less due allowance for Betterment, wear and tear and depreciation as per scale of depreciation shown below or the value which can be realized from the market for such insured item immediately before occurrence of damage whichever is lower.

Age of the item	Depreciation Percentage
Up to 180 days	15%
181 days to 365 days	25%
366 days to 730 days	40%
731 days to 1095 days	50%
1096 days to 1460 days	60%
1461 days to 1825 days	70%
Above 1826 days	75%

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4. **Basis of Loss Settlement for Obsolete Items** - In cases where the lost item has become obsolete, all costs necessary to replace lost item with a follow-up item of similar type and similar quality will be reimbursed subject to a maximum of 50% of the cost of the follow up model.
5. In the absence of supporting bills, the maximum liability will not individually or in the aggregate exceed "10% the Sum Insured" or "the amount claimed by insured" whichever is lower
6. The maximum liability of the Company shall not exceed the Sum Insured stated in the certificate of Insurance

OPTIONAL COVER 7- LOSS OF LAPTOP / TABLET

The Company shall indemnify the Insured Person for the loss or damage of Laptop and or Tablet due to theft, larceny, robbery or hold up anywhere outside India during the Cover period subject to the claim settlement Criteria stated below

Claim Settlement Criteria:

In the event of a loss the Company shall indemnify the Insured for the Replacement Value of the insured items as new at the time of damage less due allowance for Betterment, wear and tear and depreciation as per scale shown below or the market value which can be realized from the market for such insured item immediately before occurrence of damage whichever is lower.

Age of the Laptop/ Tablet	Depreciation Percentage
Up to 180 days	15%
181 days to 365 days	25%
366 days to 730 days	50%
731 days to 1095 days	75%
1096 days to 1460 days	100%

Basis of Loss Settlement for Obsolete Items - In cases where the lost item has become obsolete, all costs necessary to replace lost item with a follow-up item of similar type and similar quality will be reimbursed subject to a maximum of 50% of the cost of the follow up model.

Condition Applicable to Optional Cover 7

It is a condition precedent to the Company's Liability hereunder that upon discovering loss of laptop/ Tablet, the Insured/ Insured Person shall provide proof of ownership with original bill and rest all required documents, which must be submitted to the Insurance Company / Claims Administrator in the event of a Claim.

Deductible

A deductible of USD 50 or 10 % of claim amount whichever is high is applicable for each and every claim.

OPTIONAL COVER 8 - COMPASSIONATE VISIT

The Company shall indemnify the Insured Person, subject to a maximum of the Sum Insured stated in the Certificate of Insurance, for the actual cost of to and fro economy class transportation by the most direct and cost effective route via a common carrier and hotel accommodation of a Family member provided-

1. The Insured Person has been hospitalized for more than 48 hours as a result of an accidental injury or sickness resulting hospitalization at the overseas location
2. The attending physician in writing advises the necessary attendance of a Family Member of the Insured Person and on the satisfaction of the Insurance Company for necessary attendance of a family Member.
3. For this purpose, family member shall mean spouse, parent, sibling and Parent in laws of the Insured Person.

Subject otherwise to all other terms, conditions and Exclusions of the Policy.

OPTIONAL COVER 9 - REPLACEMENT AND REARRANGEMENT OF STAFF

The Company shall indemnify the policy holder for reasonable additional expenses incurred for to and fro travel expenses and accommodation up to maximum of 3 Days necessarily incurred for the replacement of the Insured Person if under the following circumstances the Insured Person is unable to carry out his occupational duties for a period of more than 10 days:

1. Hospitalization of the Insured Person due to Accident or Illness more than 72 hours
2. Disablement of an Insured Person which totally prevents that Insured Person from carrying out his occupational duties
3. Death of a Spouse, parent, child, siblings, parent-in-law of the Insured Person
4. Compulsory quarantine at the foreign location , jury service or witness call of an Insured Person at the foreign location
5. Insured Person's presence being required by the police following burglary at the Insured Person's place of residence in India.

The Company's Liability in respect of this optional cover shall be limited to the actual cost of economy transportation by the most direct route via a common carrier and accommodation incurred for the replacement of the Insured Person or the Sum Insured mentioned in the Policy Schedule whichever is less.

This benefit shall be extended only if such hospitalization is admissible under section Medical Expenses, Medical Evacuation & Repatriation.

Subject otherwise to all other terms, conditions and Exclusions of the Policy.

OPTIONAL COVER 10 - BAIL BOND INSURANCE

The Company shall indemnify the Insured Person subject to a maximum of the Sum Insured the expenses incurred towards the bail amount for release from arrest .if the Insured Person is arrested for any inadvertent law breaking during his/her travel overseas.

OPTIONAL COVER 11 – HOME BURGLARY, THEFT AND ROBBERY INSURANCE

The Company shall 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, Theft and/or Robbery during the policy period.

The cover incepts from the date of departure of the Insured Person from India and ends on the expiry date stated in the certificate of Insurance or date of return to the country whichever is earlier. The company's liability will be limited to the sum insured specified in the schedule.

Condition Applicable to Optional Cover 11

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Any claimed item/items with claim amount more than INR 5000 should be assisted with the purchase receipt or else company's liability will be limited individually or in the aggregate to maximum of 1% of Sum Insured under the optional cover

Claim Settlement Criteria:

- In the event of a loss the Company shall indemnify the Insured for the Replacement Value of the insured items as new at the time of damage less due allowance for Betterment, wear and tear and depreciation as per scale of depreciation shown below or the value which can be realized from the market for such insured item immediately before occurrence of damage whichever is lower.

Age of the item	Depreciation Percentage
Up to 180 days	15%
181 days to 365 days	25%
366 days to 730 days	40%
731 days to 1095 days	50%
1096 days to 1460 days	60%
1461 days to 1825 days	70%
Above 1826 days	75%

- Basis of Loss Settlement for Obsolete Items** - In cases where the lost item has become obsolete, all costs necessary to replace lost item with a follow-up item of similar type and similar quality will be reimbursed subject to a maximum of 50% of the cost of the follow up model.
- In the absence of supporting bills, the maximum liability will not individually or in the aggregate exceed "10% the Sum Insured" or "the amount claimed by insured" whichever is lower

OPTIONAL COVER 12- PRE- EXISTING ILLNESS COVER

The Company shall indemnify the Insured Person for the Medical and related expenses incurred by the Insured Person in a Hospital outside India for medical treatment of Pre-Existing Illnesses provided the Hospitalization has occurred during the Cover period. This optional cover can be opted only if Optional Cover 1: Medical Expenses, Medical Evacuation & Repatriation is opted. Any claim opted under this optional cover will reduce the sum insured for Optional Cover 1: Medical Expenses, Medical Evacuation & Repatriation.

In Consequence whereof the Exclusion No 1 under Exclusions Applicable under Optional Cover 1 –

"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" - as appearing in the Certificate of Insurance stands deleted to the extent of Sum Insured mentioned under this optional cover.

Maximum liability of the Company will be limited to the amount specified in the Certificate of Insurance under this Optional Cover.

Subject otherwise to all the other terms, conditions, limitations and exceptions of the policy.

OPTIONAL COVER 13: PERSONAL ACCIDENT COVER IN INDIA

The Company shall pay the Sum Insured mentioned under this optional cover to the Insured Person for the Accidental Bodily Injury Sustained during his/her travel:

- from home to airport provided the domestic travel takes place within 24 hours of time of boarding the transport for his overseas departure and
- from Airport to home provided the domestic travel has occurred within 24 hours of his/her arrival back to India

and provided such Bodily Injury within 12 months of the date upon which it was sustained is the sole and direct cause of the-

- Insured Person's death,
- Permanent Total Disablement,

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.

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

- For Insured Person and earning spouse 100 % of sum assured
- For Non-earning spouse and every additional adult 50% of Sum Assured
- For Minor Child(below age 18 years) 25% of Sum Assured

The Company will pay the Sum Assured under Personal Accident cover in India specified in the Certificate of insurance.

Subject otherwise to all other terms, conditions and Exclusions of the Policy.

SECTION D) EXCLUSION- STANDARD**I. GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS (INCLUDING OPTIONAL COVERS)**

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:

- 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.
- 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.
- 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:
- Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
- The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or
- 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.
- The Insured Person's actual or attempted engagement in any criminal or other unlawful act.
- Any consequential losses.

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9. 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.
10. The Insured Person 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.
11. Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness

SECTION D) EXCLUSION- SPECIFIC**PART 1: BASE COVER****I. SECTION 1: PERSONAL ACCIDENT**

1. Suicide, attempted suicide or willfully self-inflicted injury, accidental bodily injury arising on account of alcoholism, drunkenness or the abuse of drugs.
2. The participation of the Insured Person in any Hazardous Activity as defined in the Policy
3. The participation of the Insured Person in riding or driving in races or rallies.
4. 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
5. Losses arising from accidents while riding a two wheeler is wearing a safety crash helmet.
6. Losses arising directly or indirectly on account of engagement in any criminal or illegal act.

II. SECTION 2: ACCIDENTAL DEATH AND DISABILITY (COMMON CARRIER)

1. Suicide, attempted suicide or willfully self-inflicted injury, accidental bodily injury arising on account of alcoholism, drunkenness or the abuse of drugs.
2. Losses arising directly or indirectly on account of engagement in any criminal or illegal act.

III. SECTION 3: HIJACK COVER

1. The Company shall not be liable for any claim under this policy if the Insured Person shall be involved as either principle or accessory in the hijack.

IV. SECTION 4: TRIP DELAY

The Company shall 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 as per the procedure laid down by the airline.
2. For any delayed departure of the mode of transportation caused by strike or industrial action known to exist or was anticipated at the time the trip was booked.

V. SECTION 5: DELAY OF CHECKED BAGGAGE

1. Delay of baggage when the intended travel destination is India.
2. Any purchase done in India
3. Any purchase done after receipt of delayed checked baggage

VI. SECTION 6: LOSS OF CHECKED BAGGAGE

The company shall not be liable for Loss or damage to:

1. The self-carried baggage.
2. Contents missing from the baggage.
3. Any Part or partial or complete destruction of baggage.
4. Valuables of any kind stored in the baggage.
5. Professional Equipment or instruments in the baggage

VII. SECTION 9: 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. Expenses incurred for reissuance of VISA

PART 2: OPTIONAL COVERS:**I. OPTIONAL COVER 1: MEDICAL EXPENSES, MEDICAL EVACUATION & REPATRIATION**

1. 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.
2. The Company shall be under no liability to make payment in respect of
 - i. any routine physical or other examination where there is no objective indication of impairment of normal health,
 - ii. For medical treatment obtained within the Republic of India
 - iii. any expenses incurred in India unless authorized and approved by the Company in advance;
3. The company shall be under no liability to make payment of any Medical Expenses incurred before the Cover period inception and beyond the expiry of cover Period or date of return to India whichever is earlier,
4. 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: Where the insured person is:
 - i. Travelling against the advice of a Physician; or
 - ii. Receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate provided by the Insured in his proposal; or
 - iii. Travelling for the purpose of obtaining treatment; or
 - iv. In receipt of a terminal prognosis for a medical condition

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5. Treatment for any, Parkinson's and Alzheimer's disease.
 6. Suicide, attempted suicide or willfully self-inflicted injury or illness, alcoholism, drunkenness or the abuse of drugs.
 7. The participation of the Insured person unless under supervision of a trained professional in any Hazardous Activity, provided that the onus of providing proof being under professional trained need to be provided by Insured person
 8. The participation of the Insured person in riding or driving in races or rallies.
 9. 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.
 10. 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.
 11. Treatment arising from or traceable to pregnancy and childbirth including caesarian section, and/or any treatment related to pre and postnatal care. However Reasonable and Customary medical expenses incurred for treatment for ectopic pregnancy is payable under the policy subject to a maximum of USD 15000
 12. Well baby care including examinations and immunizations.
 13. Experimental, unproven or non-standard treatment.
 14. Treatment by any other system other than modern medicine (also known as Allopathy).
 15. Osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone)
 16. The cost of spectacles, contact lenses, and hearing aids, crutches, CPAP, CAPD, cochlear implants and all other external appliances and/or devices whether for diagnosis or treatment.
 17. Weight management services and treatment related to weight reduction programs including treatment of obesity and its complications.
 18. Expenses incurred in connection with investigations and treatment for weak, strained, or flat feet, corns, calluses, or toenails; or the diagnosis and treatment of acne; or deviated septum, including sub mucous resection.
 19. Any Fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
 20. Any non-medical expenses.
 21. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
 22. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
 23. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
 24. Circumcision unless required for the treatment of Illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
- Subject otherwise to all other terms, conditions and Exclusions of the Policy.

II. OPTIONAL COVER 2: EMERGENCY DENTAL EXPENSES

The Company shall be under no liability to make payment in respect of

1. 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
2. Any expenses incurred in India unless authorized and approved by the Company in advance;
3. The company shall be under no liability to make payment of any Medical Expenses incurred before the inception and beyond the expiry of Certificate of Insurance.

Subject otherwise to all other terms, conditions and Exclusions of the Policy.

III. OPTIONAL COVER 4: 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:
 - i. Livestock belonging to the Insured Person or in the Insured Person care, custody or control;
 - ii. Any willful, malicious, criminal or unlawful act, error, or omission;
 - iii. The pursuit of any trade, business of profession, employment or occupation;
 - iv. The ownership, possession or use of vehicles, aircraft, or watercraft;
 - v. Parachuting, hand-gliding, hot air ballooning or the use of firearms or any other dangerous or hazardous activity;
 - vi. The use or misuse of any alcohol, hallucinogenic substance, drugs (except those used as medically prescribed), or drug addiction;
 - vii. The supply of goods or services;
 - viii. Any form of ownership or occupation of land or buildings (other than occupation only of any temporary residence).
 - ix. Any professional liability arising out of the insured Person's profession/activities.

Subject otherwise to all other terms, conditions and Exclusions of the Policy.

IV. OPTIONAL COVER 6: LOSS OF PERSONAL BELONGINGS

1. Any event occurring from the Insured Person's negligence, or acting in a non-prudent manner, or leaving personal belongings unattended in a public place.
2. Jewellery, Mobiles, coins or curios,
3. Gold or silver or any precious metals or articles made from any precious metals; bonds, cheques, money, financial loss on account of loss of debit card, credit card, pre- paid/ forex cards or any other negotiable instrument.
4. Loss or theft which has not been reported to the Police within 24 hours of discovery.
5. Loss or damage caused by delay, wear and tear, moth, vermin, atmospheric or climatic conditions, deterioration or electrical or mechanical derangement of any kind. Loss or damage caused by Spilled fluid from cosmetic or beverage containers whilst in the baggage.
6. Hired or borrowed property or equipment.
7. Property of the Insured Person which has been entrusted to a third party.
8. Claims arising from confiscation or detention by customs or other lawful officials and authorities.
9. Claims in respect of documents of any kind.
10. Loss or damage to or theft of spectacles, sunglasses, contact lenses, suitcases and umbrellas.
11. Items which have not been noted on the police report, or Property Irregularity Report
12. Liability in respect of a pair or set of articles where we shall be liable only for the value of that part of the pair or set which is lost or damaged.

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13. Breakage, Cracking or Scratching of Cameras, Binoculars, Lenses, Musical Instruments and similar articles of brittle or fragile nature unless caused by the Insured Peril.
14. Loss or damage to Personal belongings left in a vehicle overnight.
15. Loss or damage to software or data or any other material including pictures stored in the Laptops, Mobile Phones, Cameras, I-pads, I-pods etc.
16. Loss of Checked baggage, passport, laptop/ tablet and mobile phones
17. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
18. Theft of the personal belongings whilst in the custody of any persons, other than the Insured Person.
19. Loss arising out of mysterious disappearance of the personal belongings
20. Loss occasioned through the willful act of the Insured Person or any willful act of any other person with a connivance of the Insured Person.

V. OPTIONAL COVER 7: LOSS OF LAPTOP / TABLET

However, the Company will not pay for any:

1. Electrical or mechanical breakdown of the laptop / tablet
2. Loss of software's or data in the laptop/ tablet and any consequential loss
3. Loss or damage arising from detention, confiscation, destruction or requisition by or under the order of any Government and/or public or local authority
4. Loss or damage arising for any reason, other than Theft
5. Theft of the laptop/ tablet whilst in the custody of any persons, other than the Insured Person.
6. Loss arising out of mysterious disappearance of the laptop/ tablet
7. Claims relating to loss, damage or theft from an unattended vehicle unless the items were in a locked boot and not visible and where entry was effected by violent and forcible means
8. Loss occasioned through the willful act of the Insured Person or any willful act of any other person with a connivance of the Insured. Subject otherwise to all other terms, conditions and Exclusions of the Policy.

VI. OPTIONAL COVER 10: BAIL BOND INSURANCE

The Company will not pay,

1. For any bail amount where the Insured Person has been charged for breaking the law with Criminal Intent
2. For any bail amount where the Insured Person has been charged for over speeding in a vehicle.

Subject otherwise to all other terms, conditions and Exclusions of the Policy.

VII. OPTIONAL COVER 11: HOME BURGLARY, THEFT AND ROBBERY INSURANCE

The Company will not make payment to the Insured Person under this Benefit:

1. If the loss or damage occurs while the Insured Person's Home is Unoccupied continuously more than 180 days before date of actual or attempted Burglary, Theft and/or Robbery during the policy period.
2. If the Insured Person and/ or his/her Family and/ or Domestic Staff are directly and / or indirectly in any way involved in or concerned with the actual or attempted Burglary.
3. For any loss or damage to livestock, motor vehicles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, unset precious stones, jewellery, valuables, ATM or credit cards, Pedal Cycle (If kept outside Insured Person's home)

Subject otherwise to all other terms, conditions and Exclusions of the Policy.

VIII. PRE- EXISTING ILLNESS COVER

1. Any Medical Expenses incurred for treatment of Pre- existing condition(s) during the waiting period mentioned in the Certificate of Insurance

IX. OPTIONAL COVER 13: PERSONAL ACCIDENT COVER IN INDIA

1. Accidental bodily injury arising on account of alcoholism, drunkenness or the abuse of drugs.
2. The participation of the Insured Person in riding or driving in races or rallies.
3. 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
4. Losses arising directly or indirectly on account of engagement in any criminal or illegal act.

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.

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.

GROUP BUSINESS TRAVELERS INSURANCE POLICY

3. Arbitration

- a. If any dispute or difference shall arise between You and Us as to the quantum of claim to be paid under the Certificate of Insurance (liability/claim being otherwise admitted by the Insurer), such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed mutually in writing by the Insurer and the Respective Insured Beneficiary who has made claim under the Certificate of Insurance or if they cannot agree upon a single arbitrator within 30 days of any party [the Insurer or the respective Insured Beneficiary who has made claim under the Certificate of Insurance] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one each to be appointed by the Insured Beneficiary/Insured Beneficiary's Legal Heirs who has made claim under the Certificate of Insurance, as the case may be and the Insurer, 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.
- b. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before mentioned, if the Insurer has disputed/repudiated or not accepted/admitted the liability/claim under or in respect of the respective Certificate of Insurance.
- c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit basis the respective Certificate of Insurance read with the Group 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 Insurer shall disclaim/repudiate the claim and the liability to the respective Insured Beneficiary/Insured Beneficiary's Legal Heirs for any claim under the Certificate of Insurance issued to the Insured Beneficiary, 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 or proceeding before a Court of law or any other competent statutory forum/tribunal, then all benefits/indemnities under the Certificate of Insurance shall be forfeited and the rights of Insured Beneficiary shall stand extinguished and the liability of the Insurer shall also stand discharged.
- e. The seat and venue of the arbitration shall be Pune. This condition remains valid, should the Certificate of Insurance 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 Terms and Conditions of this Master Policy read with Certificate of Insurance.

4. Grievance Redressal Procedure-

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.
Please read your policy and schedule. The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

RESOLVING ISSUES

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 number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call your Branch office.

First Step-

Initially, we suggest you contact the Branch Manager / Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy.

Second Step

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

1800-1025858 (free calls from Bharti users – mobile /landline) or020-30305858

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 health insurance 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

Exclusive Email address: 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

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

1. **Communications-** Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for you/insured Person will be sent by Us to Your address shown in the Certificate of Insurance.

GROUP BUSINESS TRAVELERS INSURANCE POLICY**2. Other Insurance/ Contribution-**

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, 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 as long as the claim is within the limits of and according to the terms of the chosen policy.
- b. Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies
- c. 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 from whom you want to claim the balance amount.
- d. Where you have policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

3. Cancellation of Master Policy/Certificate of Insurance by the Company

- a. This Master Policy/Certificate of Insurance may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice.
- b. If the Master Policy/ Certificate of Insurance is cancelled by the Company prior to commencement of the Cover Period mentioned in the certificate of insurance issued to the Insured Persons, the Company will refund 100% of the premium to the Insured,
- c. If the Master Policy/ Certificate of Insurance is cancelled by the Company after the commencement of the Cover Period mentioned in the Certificate of Insurance issued to the Insured Person the company shall refund to the Insured a pro-rata premium for the unexpired Cover Period in respect of the certificates of Insurance issued prior to the date of cancellation on which no claim has been lodged.
- d. No refund shall be made in respect of Certificates of Insurance cancelled by the Company on which claim has been lodged by the Insured Person.
- e. Under normal circumstances the policy shall not be cancelled by the company except on the grounds of Fraud, mis-representation or non-disclosure of material facts or non-co-operation by the Insured.
- f. For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which this Master Policy/ Certificate of Insurance is cancelled except in cases such cancellation is on account of Fraud, mis-representation or non-disclosure of material facts or non-co-operation by the Insured/Insured person.

4. Cancellation by the Insured before the expiry of Master Policy

- a. This Master Policy/ Certificate of Insurance may be cancelled by the Insured at any time before the expiry of the Master Policy by giving at least 15 days written notice to the Company.
- b. If the Master Policy/Certificate of Insurance is cancelled prior to commencement of the Cover Period mentioned in the certificate of insurance issued to the Insured Persons, the Company will refund the premium received.
- c. If, however, the Master Policy/Certificate of Insurance is cancelled after the commencement of the Cover Period mentioned in the certificate of Insurance, the Company will refund premium on a pro-rata basis by reference to the time cover is provided in the respective Certificates of Insurance, subject to a minimum retention of premium of 25% or INR 100 per Certificate of Insurance whichever is higher in respect of those certificates of insurance on which no claim has been lodged.
- d. No refund of premium shall be due on cancellation of Certificate of Insurance if a claim has been made.
For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which this Master Policy/ Certificate of Insurance is cancelled.

5. Effect of Early Return

In case of any early return of the Insured Person under this policy prior to expiry of the cover period the company will refund premium on pro-rata basis (Per day basis) subject to no claim under 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 Schedule.

7. Governing Law-

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with the laws of India. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the 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 person shall take all reasonable and proper steps to safeguard and protect himself and his possessions 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 IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect.

- a. Depending upon the medical declaration mentioned on the declaration letter, We (Insurance company) shall reserve the rights to decline such proposals in case required.
- b. The premium payable for the certificate of insurance during the trip will be as per the trip duration and age band slab.

GROUP BUSINESS TRAVELERS INSURANCE POLICY

12. Automatic Extension of Cover Period

Automatic extension of the Cover period will be granted up to a period of 7 days, from the policy expiry date, if the extension is necessary, due to delay by the Scheduled Airlines, which is beyond the control of the Insured Person, and no alternative air transportation is made available to the Insured due to Inclement weather, political instability and terrorism. Claims arising under Optional Cover 1: Medical Expenses, Medical Evacuation & Repatriation and Optional Cover: 12 Pre-existing Illness Cover will be excluded from the scope of this clause.

13. Withdrawal of Policy-

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. 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 IRDAI.

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.

14. Transfer of Interest-

This Policy of Insurance is a Contract between the Company and the Insured and the certificate of Insurance is a contract between the Company and The Insured Person. The Insured/ Insured Person 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 Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured may represent him in respect of claim under the Policy.

15. Claim Assistance

In event of a claim during the insured's overseas trip, the insured shall contact on our toll free numbers or email ids available on Travel Kit or Policy Schedule. We provide assistance through our In house Team or may seek assistance from overseas assistance partners.

16. Subrogation (Applicable to other than health sections of this policy)

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

17. Misstatement Of Age:

If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

18. No Extension of cover Period under certificate of Insurance

- a. On expiry of the Cover period, except as provided In General Conditions 15 "Automatic Extension of Cover period", No automatic extension of cover Period shall be allowed under certificate of Insurance.
- b. If Insurance cover is required beyond the expiry date stated in the certificate of Insurance, a fresh Certificate of Insurance will be issued subject to the following conditions.
- c. The Master policy has to be in force on the date on which proposal for fresh certificate of insurance is received
- d. Insured / Insured Person shall submit a declaration letter (Format available on the website) clearly mentioning his/her medical status including any event giving rise to claim if any
- e. Proposal for fresh certificate if accepted by Us is subject to a complete medical declaration and Payment of premium.
- f. Depending upon the medical declaration mentioned on the declaration letter, We (Insurance company) shall reserve the rights to decline such proposals in case required.
- g. The premium payable for the certificate of insurance during the trip will be as per the trip duration and age band slab.
- h. If the Insured /Insured Person does not declare the correct medical status or any such event giving rise to a claim under fresh certificate to be issued, it shall be deemed to be invalid and premium shall be forfeited.
- i. If the Insured person suffers with any illness/injury in the first Certificate of insurance with which he travels overseas then any claim arising of or related to or complication of the same shall be termed as pre-existing in the Fresh Certificate of Insurance and shall not be covered under the Fresh certificate of insurance.
 In case of continuous hospitalization overlapping the fresh certificate cover period, the treatment will be covered up to the preceding Cover period and any expenses relating to same ailment and its complications in the Fresh certificate of insurance shall not be considered.
- j. In case of non-issuance of fresh certificate for increased stay our liability for the expenses incurred will be limited to expiry date as mentioned in the certificate of insurance.

SECTION E) GENERAL TERMS AND CLAUSES – OTHER TERMS AND CLAUSES

1. Claims Procedure

I. Claims Procedure Applicable To Medical Expenses, Medical Evacuation & Repatriation, Emergency Dental Expenses

i. Medical Expenses Cover

In the event of the Insured Person contracting any Illness/ sustaining any Injury necessitating a treatment in Hospital, he/ she shall render the particulars of insurance cover as also the details of the Assistance Service Provider to the Hospital while simultaneously reporting the contingency/ claim to the Assistance Service Provider as provided in the Claims Procedure.

The reporting of contingency/ claim to the Assistance Service Provider is required (irrespective of the Insured Person being covered under any other health insurance policy) to be within the timelines specified as follows

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To avail the cashless facility

- a. For planned Hospitalization: Five days before admission in the Hospital.
- b. For emergency Hospitalization: within one day or as soon as is reasonably possible but in any case before discharge from the Hospital.

The Company is not obliged to provide cashless facility if the above mentioned timelines are not adhered to.

The Insurance Company Reserves right deny cashless facility and ask you to file the claim for reimbursement within the specified timelines.

Cashless treatment facility cannot be demanded by the Insured Person as a matter of right.

The Insurance Company Shall Not make any payment to the hospital/provider towards hospitalization for all such cases where timely intimation for cashless facility is not pre-provided.

Any medical services or series of services with a cost greater than \$ US 1 shall not be covered by this Policy unless You consult with the Assistance Company and the cost for such services are authorized in advance by the Assistance Company.

• For reimbursement claims, the Insured Person should report the contingency/ claim within 30 days from discharge from Hospital. If the Insured Person fails to notify the claim and submit all the necessary documents to the Company within the period indicated, Benefit, if payable, will be reduced to 75% of covered expenses.

ii. Repatriation of Remains

In event of a contingency resulting in the death of the Insured Person, his/ her representatives shall immediately report the same to the Assistance Service Provider and submit the claims form furnishing the complete details of the death of the Insured Person to the Assistance Service Provider.

II. Assessments of Claim -

- a. The Company shall be under no liability to make payment in respect of any Claim until such time as the Insured Person has provided it and/or the Insurance 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.
- b. The obligation of the Company to make payments to the Insured Person in respect of Claims made after the Insured's return to India shall be to make payment in Indian Rupees only.
- c. Specifically in respect of a Claim under Sections 1and/ or Optional Cover 1 and/ or Optional Cover 2-
 - i. The Company's liability to make payment is in respect of those charges approved by the Insurance Company / Claims Administrator prior to being incurred.
 - ii. If requested by the Insurance Company / Claims Administrator, the Insured Person 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 Insurance Company / Claims Administrator, and the Insured/Insured Person agrees that the Insurance Company / Claims Administrator may approach anyone who may have treated the Insured person for information and/or documentation in respect of the Claim.
 - iii. In the event of the Insured Person's death, the Company shall have the right to carry out a post mortem at its own expense.
 - iv. Where the Insured Person 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 Person'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.

III. Paying a Claim-

- 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.
- b. You agree that we will make payment to the hospital/provider towards hospitalization for all such cases where timely intimation for cashless facility is pre-provided.
- c. We will make payment to You or Your Nominee. If there is no Nominee and or 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.
- d. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the Insured Person. Upon acceptance of an offer of settlement by the Insured Person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Person. We will settle the claim within thirty days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer 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.
- e. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the Insured Person in writing within 30 days of the receipt of documents. The Insured Person may take recourse to the Grievance Redressal procedure stated in Policy Document.

IV. Basis of Claims Payment-

- a. Reimbursement of all claims will be made on the basis of date of payment of bill paid by Insured Person and foreign exchange rate will be as specified by Reserve Bank of India on the date mentioned on the bill paid receipt.
- b. Cashless will be paid to overseas facility on the basis of date of payment of outstanding bills by Insurer and foreign exchange rate will be as specified by Reserve Bank of India in their respective currency of the country.
- c. 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).
- d. All Reimbursement claim payment shall be transferred in insured people/nominee's Indian Bank Account.

V. Policy Excess/ Deductible/ Co-payment

For medical sickness/accident there is a policy excess as opted by the Insured Person which he/she will have to self-pay and this

GROUP BUSINESS TRAVELERS INSURANCE POLICY

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.

VI. Claims Procedures (Applicable for All sections)

- a. You or someone claiming on your behalf must promptly and in any event within 30 days from date of loss/ accident 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 of the claim.
- c. 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.
- 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

Benefit	Documents	Procedure
1. Personal Accident 2. Accidental Death & Disability (Common Carrier)	Copy of FIR (filed with the local police authorities) Claim Form (to be filled and signed by Insured Person) Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by Insured Person) to obtain the medical records from facility 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 claims) NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death claim) Claimant Indian Bank account details Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Hijack Cover	Claim Form (to be filled and signed by Insured Person) NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details. Passport and Visa copy exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Trip Delay	Claim Form (to be filled and signed by Insured Person) Letter from the airlines stating reason and duration of delay. Ticket Itinerary NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Delay of Checked Baggage	Claim Form (to be filled and signed by Insured Person) 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). Ticket Itinerary Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. Emergency purchase bills/ receipts	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. Intimate the Airline about your loss and lodge complaint.
Loss Of Checked Baggage	Claim Form (to be filled and signed by Insured Person) 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 Proof of items NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. Intimate the Airline about your loss and lodge complaint.
Trip Cancellation	Claim Form (to be filled and signed by Insured Person) 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 (incurred overseas) if applicable. NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India Invoices / Bills supporting the claim amount Certificates from overseas billers regarding cancellation charges if applicable. Letter from the airlines stating reason for cancellation (if applicable)	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.

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<p>Trip Curtailment</p>	<p>Claim Form (to be filled and signed by Insured Person) Hospitalization discharge summary/consultation papers of Insured Person/ spouse/ child/ parent/ parent in law if applicable. All bills and payment receipts towards transportation and lodging (incurred overseas) if applicable. NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. All bills and payment receipts towards transportation and lodging in overseas. Certificate from overseas biller regarding cancellation charges Death certificate in case of death</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
<p>Loss Of Passport</p>	<p>Duly Signed Claim Form stating exact circumstances of loss. Copy of FIR (first information report)/Police Report. Receipts related to expenses incurred to obtain a new passport NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details New passport copy or certificate of travel issued.</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. Please collect all bills/Receipts and Invoices for all payments done by you. Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule</p>
<p>Missed Connection</p>	<p>Claim Form (to be filled and signed by Insured Person) Letter from the airlines stating reason and duration of delay. Invoices / Bills supporting the claim amount Ticket Itinerary NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
<p>Medical Expenses and Medical Evacuation</p>	<p>Claim Form (to be filled and signed by Insured Person) Attending Physician Statement (to be filled and signed by overseas treating doctor) Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by Insured Person) to obtain the medical records from facility Medical records/Consultation Papers/Investigation Reports Invoices / Bills towards medical expenses. Original Paid receipts (hardcopy) in case of reimbursement claim. NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details (for reimbursement claim). Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. 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.</p>	<p>• Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. Please collect all bills/Receipts and Invoices for all payments done by you. Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule.</p>
<p>Repatriation</p>	<p>Claim Form (to be filled and signed by nominee) Original Paid receipts Death certificate/Post Mortem report/ Certificate of emblem in case its conducted NEFT Form and Cancelled cheque stating assignee's Indian Bank account details (for reimbursement claim.) Cancelled passport and Visa copy</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. Please collect all bills/Receipts and Invoices for all payments done by you. Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule</p>
<p>Emergency Dental Expenses</p>	<p>Claim Form (to be filled and signed by Insured Person) Attending Physician Statement (to be filled and signed by overseas treating doctor) Medical records/Consultation Papers/Investigation Reports Invoices / Bills towards medical expenses. Original Paid receipts (hardcopy) in case of reimbursement claim NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. Please collect all bills/Receipts and Invoices for all payments done by you. Submit all documents including original bill, invoices and receipts to the address</p>

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		mentioned on the policy schedule
Hospitalization Daily Allowance	This benefit shall be extended if the claim under Medical Expenses, Evacuation and Repatriation Section is admissible and hospitalization is for completed 24 hours.	NA
Personal Liability	<p>Claim Form (to be filled and signed by Insured Person)</p> <p>Detailed self-explanatory note stating scenario arises in to third party loss Court order or any judicial order received against the compensation.</p> <p>Invoices / Bills supporting the claim amount</p> <p>Original Paid receipts if paid (hardcopy) in case of reimbursement claim</p> <p>NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details</p> <p>Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p> <p>Please collect all bills/Receipts and Invoices for all payments done by you.</p> <p>Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule</p>
Difference in airfare due to early or delayed return	<p>Claim Form (to be filled and signed by Insured Person)</p> <p>Hospitalization discharge summary/consultation papers of Insured Person if applicable.</p> <p>All bills and payment receipts towards transportation.</p> <p>NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details.</p> <p>Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.</p> <p>Both ticket itineraries (Old and new)</p> <p>Medical document and discharge summary stating hospitalization details and need for pre or postponement of Trip.</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
Loss of Personal belongings	<p>Claim Form (to be filled and signed by Insured Person)</p> <p>Copy of FIR (filed with the local police authorities)</p> <p>Original bills and receipt towards purchase of the item</p> <p>Covering Letter detailing full statement of the facts of the incident</p> <p>NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</p> <p>Visa copy with Entry Stamp Overseas and exit Stamp from India</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
Loss of Laptop/ Tablet	<p>Claim Form – (to be filled and signed by Insured Person)</p> <p>Copy of FIR (first information report)/ Police Complaint stating the circumstance of the loss</p> <p>Original bill of purchase for the laptop/ Proof of ownership of Laptop/ Tablet.</p> <p>NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details</p> <p>Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
Compassionate Visit / Replacement and Rearrangement of Staff	<p>Claim Form (to be filled and signed by Insured Person)</p> <p>Overseas Doctors Certificate advising necessity of attendant</p> <p>Visa copy of Attendant with Entry Stamp Overseas and exit Stamp from India</p> <p>NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</p> <p>Visa copy with Entry Stamp Overseas and exit Stamp from India</p> <p>Invoices / Bills supporting the claim amount</p> <p>Copy of ticket itinerary Claimant Indian Bank account details</p> <p>Passport and Visa copy</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
Bail Bond	<p>Claim Form (to be filled and signed by Insured Person)</p> <p>Copy of FIR (first information report)</p> <p>Copy of the court order and proof of payment of the bail bond.</p> <p>NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details</p> <p>Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
Emergency Cash Assistance	<p>Claim Form (to be filled and signed by Insured Person)</p> <p>Covering Letter detailing full statement of the facts of the incident and overseas bank details.</p> <p>Copy of FIR (filed with the local police authorities)</p>	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and</p>

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	Details of local contact / relative in India who would arrange for the amount Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	related documents.
Home Burglary Insurance	Claim Form (to be filled and signed by Insured Person) Covering Letter detailing full statement of the facts of the incidence of theft. Copy of FIR (filed with the local police authorities) Details of local investigation and survey of loss in case carried out by Insured Person. Details of any insurance covering same loss NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Personal Accident Cover in India	Copy of FIR (filed with the local police authorities) Claim Form (to be filled and signed by Insured Person) 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 claims) NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death claim) Claimant Indian Bank account details	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.

Annexure I

S. NO	List of Expenses ("Non-Medical") in Hospital Indemnity Policy -	REMARKS
	TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
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

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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
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
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
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 (Dental Services for immediate relief of dental pain are covered up to the amount specified in the schedule)
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	Not Payable

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	POLICY	
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
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	MICROPOROUS/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -P a r t 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

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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
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable 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 where under Post Hosp
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

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	EXTERNAL DURABLE DEVICES	
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
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	S P O 2 P R O 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 obstruction, liver transplant etc.
	ITEMS PAYABLE 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 (Toiletries 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.

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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
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 PA YA BLE	
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

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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

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>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road,</p>	<p>Karnataka.</p>

GROUP BUSINESS TRAVELERS INSURANCE POLICY

Office Details	Jurisdiction of Office Union Territory, District)
JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma 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: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI - Shri M. Vasantha Krishna 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: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman,	Andhra Pradesh, Telangana,

GROUP BUSINESS TRAVELERS INSURANCE POLICY

Office Details	Jurisdiction of Office Union Territory, District)
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: bimalokpal.hyderabad@cioins.co.in	Yanam and part of Union Territory of Puducherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra 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: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA - Shri P. K. Rath 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: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava 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: bimalokpal.lucknow@cioins.co.in	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.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, 	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut,

GROUP BUSINESS TRAVELERS INSURANCE POLICY

Office Details	Jurisdiction of Office Union Territory, District)
Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah 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: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.