

**Bajaj Allianz General Insurance Company Limited**  
**GE Plaza, Airport Road, Yerewada, Pune-411006, Reg. no. 113**  
**CIN: U66010PN2000PLC015329**  
**UIN: IRDA/ NL-HLT/ BAGI/ P-T/V.I/ 66/ 14-15**

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**EMERGENCY HOTEL ACCOMMODATION FOR FAMILY MEMBERS**

**(Rider in Conjunction with any Bajaj Allianz General Insurance Policy Covering Overseas Travel)**

**RIDER WORDINGS**

In consideration of the payment of additional premium, it is hereby agreed and declared that the Policy to which this rider is attached is extended to reimburse the actual cost of hotel accommodation for one family member of the insured who has travelled from India to attend the insured following the hospitalization of the insured as a result of an accidental injury or sickness covered under the policy to which this rider is attached subject to the following conditions:

- a) The attending physician in writing has advised the necessary attendance of a Family Member of the Insured
- b) On the satisfaction of the Insurance company that the attendance of a family Member is necessary
- c) Provided that no family member has accompanied the insured during his visit abroad or is with the insured at the time of hospitalization.
- d) The expenses payable in respect of this Rider shall be limited to the actual expenses or the Sum Insured mentioned in the Policy Schedule which ever is less incurred towards the cost of Hotel accommodation of the family member from the date of arrival in the foreign country and until the date of discharge from the hospital of the insured.

For this purpose, family member shall mean spouse, parent, children (above 18 years of age) or in-law of the insured.

The benefit under this rider shall be extended only if the hospitalization claim is admissible under "Personal Accident" and "Medical Expenses and Medical Evacuation" Section of the Policy to which this rider is attached.

The Company's Liability in respect of this Rider shall be limited to the actual expenses of hotel accommodation or the Sum Insured mentioned in the Policy Schedule which ever is less.

**CO-PAYMENT:**

It also hereby agreed and declared that the Insured shall bear a co-payment of 10% of the admissible claim amount subject to minimum of USD 50 in respect of each and every claim.

Subject otherwise to all the other terms, conditions, limitations and exceptions of the Policy to which this rider is attached.

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