

Sections

1. Coverages
2. Definitions
3. Exclusions
4. General Conditions
5. Grievances
6. Annexure 1

We issue this insurance policy to You based on the information provided by You in the proposal form and premium paid by You. This insurance is subject to the following terms and conditions. The method of coverage and the Sum Insured that has been opted is indicated in the Policy Certificate. The term **You/ Your / Insured Person /Insured/ Policyholder/ Proposer** in this document refers to **You** covered under this policy. The term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**.

1. SCOPE OF COVER

1.1. Personal Accident Domestic - death and /or Total permanent Disability

If the Insured suffers Accidental Bodily Injury during Policy Period in course of Insured journey as defined in the policy and this is the sole and direct cause of his Death or Permanent Disability within 12 months from the date of the accidental bodily injury, then the Insurer will pay the Insured the percentage of the Sum Insured specified for each and every form of condition mentioned in the table below as per the details below. The Insurer’s maximum liability however will not be more than 100% of the Limit of Indemnity stated in the schedule.

Condition	Percentage of Limit of indemnity
Accidental Death	100%
Loss of sight of both eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and such loss of one entire foot, or hand.	100%
Complete loss of hearing of both ears & complete loss of Speech	100%
Loss of hearing – both ears	60%
Loss of speech	60%
Loss of thumb – both phalanges	25%
Loss of index finger–three phalanges or two phalanges or one phalanx	10%
Sight of one eye	50%
One hand	50%
One foot	50%

Loss wherever used herein means the permanent and total loss of functional use or complete and permanent severance.

Permanent Disability means disability lasting 12 calendar months and at the end of that period being beyond hope of improvement.

Terms and Conditions

1. The limits under this section are as mentioned in the Schedule of Benefits

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) Any loss resulting directly or indirectly from, any internal or external congenital conditions;
- b) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight in which the Insured travels as a fare paying passenger) or parachuting;
- c) Accidental Bodily Injury due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
- d) any loss resulting directly or indirectly from or, contributed or aggravated or prolonged by child birth or from pregnancy;
- e) Any loss caused directly or indirectly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- f) Any loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of Injury
- g) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Personal Accident – death and/or Total permanent Disability

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer the information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) Additionally, submit to examination by a medical advisor nominated by the Insurer as often as and to the extent that either considers to be reasonably necessary at the cost of the insurer.
- c) any document mentioned in the Claim Documentation of this policy.

1.2. **Emergency Accidental Medical Expenses reimbursement**

During the Policy period in course of Insured journey as defined in the policy if the Insured suffers Accidental Bodily Injury which requires immediate medical attention, then the Insurer will indemnify the Insured for the amount up to the Limit of Indemnity for Emergency Accidental Medical Expenses reimbursement incurred in a Hospital. The Insurer's liability to make payment is only in excess of the Deductible.

This cover will also include following:

1.2.1. **Medical Evacuation/Transportation:** If the Insured suffers

Accidental Bodily Injury during the policy period in course of Insured journey as defined in the policy and if the Insured Person is transportable from medical point of view and in the opinion of Insurer or the attending doctor can be repatriated to the home town or the town of origin, then the Insurer will indemnify the Insured up to the Limit of Indemnity for:

- i. the transportation of the Insured (and one other person if medically or officially required) from the town where the Insured suffered the injury to the home town or the town of origin or the place of residence where necessary medical attention can be provided; the coverage for treatment will be up to the Limit of Indemnity for Medical Expenses for a maximum period of 30 days from the date of return.

- ii. necessary medical care required en route.

1.2.2. Repatriation of Mortal Remains: If the Insured dies as a result of any complications arising from Accidental Bodily Injury during the Policy period, then the Insurer will pay up to the Limit of Indemnity towards the cost of transporting the Insured's remains to the home town or the town of origin, or towards the costs of a burial in the town where the Insured passed away. The Limit of Indemnity under this benefit will be a sub-limit to the Limit of Indemnity under the Medical Expenses cover.

Please note: The total combined liability of the Insurer towards the Cover 1.2, Cover 1.2.1 and Cover 1.2.2 will be to the extent of Sum Insured of the Emergency Accident Medical Expenses cover only.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) any illness or other medical condition which has not been directly caused by the Accidental Injury
- b) any treatment if that is the sole reason or one of the reasons for the travel;
- c) any treatment, arising due to a Pre-existing condition.
- d) any person waitlisted for any treatment
- e) any treatment which could in the opinion of the Insurer and attending Doctor be or have been delayed until the Insured's return to destination;
- f) any illness and the consequences of such illnesses:
 - i) existing at the commencement of the travel.
 - ii) treated in the 48 months before the commencement of the travel.
- g) for the treatment of orthopaedic, degenerative or oncologic diseases unless the medical attention is unforeseen, and is necessary to avert a clear danger to the Insured's life
- h) the removal of physical flaws or anomalies or abnormalities (cosmetic treatment);
- i) Pregnancy or check-ups during pregnancy or termination of pregnancy or childbirth and typical complaints suffered during pregnancy and their consequences (including changes in chronic conditions) unless the medical attention is unforeseen, and is necessary to avert a clear danger to the Insured's life or that of the unborn child or to relieve acute pain and suffering of either provided that the Insured is under 38 years of age and the 30th week of the pregnancy has not been completed;
- j) Any internal or external Congenital conditions
- k) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight in which the Insured travels as a fare paying passenger) or parachuting.:

- l) any treatment due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
- m) rehabilitation and physiotherapy or the costs of prostheses.
- n) Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 1
- o) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Emergency Accidental Medical Expenses reimbursement

It is a condition precedent to the Insurer's liability that the Proposer and/ or the Insured shall immediately:

- a) If the Insured suffers Accidental Bodily Injury which gives rise to or may give rise to a claim:
 - I. give the Insurer notice of a claim and expeditiously give or arrange for the Insurer to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer;
 - II. obtain the pre-authorization from the Insurer for any medical treatment, which pre-authorization shall specify the treatment authorised; the place at which it has been authorised, and any other condition applicable to either.
 - III. if the Accidental Bodily Injury requires an Insured's immediate Hospitalisation so as to avoid a risk to the Insured's life or health, and as a result the Insured is unable to obtain pre-authorization provided that the Insurer is given notice of the Insured's Hospitalisation as soon as reasonably practicable, and the terms under i) & ii) are complied with as soon as the risk to the Insured's life or health has passed.
- b) If the requirements of a) (ii) and/or a) (iii)) have not been satisfied in all respects, then a claim shall be made to the Insurer within 30 days of the insured event and:
 - I. shall be supported by the following documentation, translated into English if necessary at no cost to the Insurer:
 - 1. original bills and vouchers bearing the name of the Insured treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;

2. prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of the pharmacy;
 3. additionally for a claim under Medical Evacuation, a Doctor's certificate indicating the condition requiring transportation and certifying the medical necessity of the transportation;
 4. additionally for a claim under Mortal Remains, an official death certificate and Doctor's statement giving the cause of death;
- II. any other information or documentation that the Insurer may reasonably require;
- III. if accepted, shall be payable within India in Indian Rupees
- c) any document mentioned in the Claim Documentation of this policy.
 - d) in any case, if there is an event which would result in a claim under this policy, due notice should be given to the Insurer immediately on the Insured becoming aware of the same.

1.3. Trip Cancellation

In the event of cancellation of Trip prior to its commencement, the Insurer will reimburse non-refundable expenses on cancellation of the airline travel Tickets up to the Limit of Indemnity provided the cancellation is due to any of the following:

- a) Death or diagnosis of **Critical Illness** (as defined earlier in the Policy wordings) of the Insured or following immediate family members – Spouse, Children, Parents, Brother, Sister, Grandparent, Grandchildren, Parents-in-law.
- b) Natural calamities like earthquake, storm, flood, cyclone, hurricane or tornado, and / or fog, at or in the vicinity of the city of residence or place of origin or place of destination or any intermediate place
- c) Serious damage to the Insured's Residence arising from fire, flood, earthquake or riots.

Non-refundable expenses are defined as those charges which are not refunded by the airline to the passenger in the event of the passenger cancelling the journey ticket in the airline. Examples of non-refundable charges include (but are not limited to) taxes, cancellation charges, airport fees, fuel surcharge etc.

Terms and Conditions

- a) The limits under this section are as mentioned in the Schedule of Benefits

- b) The Insurer's liability to make payment is only towards reimbursement of any non-refundable portion of the fare of the cancelled air ticket.
- c) The booking should be cancelled by the Insured within 48 hours of the occurrence of any of the events, which would result in a claim under this cover.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) The reason for Trip cancellation was foreseeable for the Insured with high degree of probability
- b) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Trip Cancellation

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rises to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

1.4. Flight Re-scheduling

In the event of Delay of the flight in which the Insured has booked his/her ticket for travel, and if the Insured reschedules his/her flight & travels by another flight, and if the rescheduled ticket is in the same sector and in the same airline, then any excess fare paid by the Insured for booking the ticket in the rescheduled flight will be reimbursed by the Insurer up to the amount stated in the Schedule provided Insured's trip is delayed for more than 4 (four) hours due to a Covered Hazard. In case there is no alternate flight of the same airline in the same sector within the 12 hours following the scheduled departure, the Insurer will offer the benefit against travel by any alternative airline.

Terms and Conditions

- a) Covered Hazards are
 - I. delay of the airline caused by any severe weather condition (excluding fog) which delays the scheduled arrival or departure of the aircraft

- II. delay due to Strike or any other action by employees of the airline scheduled to be used by the Insured for his Trip
 - III. delay caused by any sudden, unforeseen breakdown in the aircraft's equipment that caused the delay of the Insured's Trip
- b) The Insurer will be liable under this cover only if the flight in which the insured has rescheduled his trip is being operated in the same sector by the same airline. Only in case of no alternate flight of the same airline in the same sector within the 12 hours following the scheduled departure, the Insurer will offer the benefit against travel by any alternative airline.
 - c) The limits under this section are as mentioned in the Schedule of Benefits
 - d) The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) first 4 (four) hours of the trip delay.
- b) any delay due to Covered Hazard which was made public or known to Insured before the purchase of this policy
- c) This cover will not be applicable if the original flight in which the ticket was booked has been delayed due to fog
- d) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Flight Re-scheduling cover

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

1.5. Flight Delay

In the event of Delay of the flight in which the Insured has booked his/her ticket for travel, if the airline does not provide necessary meals and lodgings free of charge, the Insurer will reimburse expenses for meals and lodgings up to the amount stated in the Schedule provided Insured's trip is delayed for more than 6 (six) hours due to a Covered Hazard.

Terms and Conditions

- a) Covered Hazards are
 - I. delay of the airline caused by any severe weather condition (excluding fog) which delays the scheduled arrival or departure of the aircraft
 - II. delay due to Strike or any other action by employees of the airline scheduled to be used by the Insured for his Trip
 - III. delay caused by any sudden, unforeseen breakdown in the aircraft's equipment that caused the delay of the Insured's Trip
- b) The Insurer will pay for each continuous and completed period of 6 (six) hours of Trip Delay
- c) The limits under this section are as mentioned in the Schedule of Benefits
- d) The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) first 6 (six) hours of the trip delay.
- b) any delay due to Covered Hazard which was made public or known to Insured before the purchase of this policy
- c) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Flight Delay

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

1.6. Trip Curtailment

In the event of interruption of the Trip before the Insured has reached the final destination town, the Insurer will reimburse any non-refundable expenses towards cost of ticket for next available option or any incidental expenses including Boarding & Lodging for maximum one day up to the Limit of Indemnity, provided the curtailment is due to a booked aircraft being delayed for at least 24 hours due to strike, industrial action, riot, civil commotion, severe weather condition, natural disaster or hijack

Terms and Conditions

- a) The limits under this section are as mentioned in the Schedule of Benefits
- b) The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) The reason for Trip interruption was foreseeable for the Insured with high degree of probability
- b) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Trip Interruption

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

1.7. Loss of Checked Baggage

If the Insured's checked-in accompanying baggage is permanently lost by

the airline to whom it was entrusted, then the Insurer will pay up to the Limit of Indemnity towards the Market Value of the lost items less any recovery from the airline by the Insured.

Terms and conditions:

- a) In the event, more than one baggage is checked-in, the maximum amount payable per baggage will be 50% and per article contained in the bag will be 10% of the Limit of Indemnity.
- b) For the following articles – jewellery, watches, articles consisting of silver, gold or platinum, furs, articles trimmed with or made mostly of fur the combined maximum amount payable will be 10% of the Limit of Indemnity.
- c) In the event of loss of a pair/set, Insurer can repair or replace any part, to restore the pair or set to its value before the loss; or pay the difference between the cash value of the property before and after the loss.
- d) The limits under this section are as mentioned in the Schedule of Benefits
- e) The Insurer's liability to make payment is only in excess of the Deductible.
- f) The Insurer liability under this cover will be limited to the travel destinations specified in the main travel ticket from the airport of origin to the airport of destination during the trip. Any via destinations included in the main travel ticket will be considered for payment under this cover, only if the flight is a hopping one.
- g) The liability of the Insurer to make payment shall not arise until liability is admitted by the airline.
- h) The Insurer's payment to the Insured will be reduced by any sum for which the airline is liable to make payment.
- i) The Insurer's maximum liability will not exceed the Limit of Indemnity stated in the policy schedule

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) any electronic, electrical, visual or audio visual equipment, item or aid;

- b) any kind of precious metals or articles made from any precious metals, cash, currency (Indian or foreign), precious stones or models or coins or curios, sculptures manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank notes, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.;
- c) any tickets;
- d) any loss due to complete/partial damage for the Checked-in-Baggage;
- e) any partial loss of the items in the Checked-in-Baggage;
- f) any item in the Checked-in-Baggage, which is valued above Rs.1000 without appropriate proof of ownership;
- g) any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities;
- h) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Total Loss of Checked Baggage

It is a condition precedent to the Insurer's liability that the Proposer and/or the Insured shall immediately:

- a) give the Insurer notice of a claim and expeditiously arrange for information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer
- b) additionally, the Insured shall obtain a Property Irregularity Report from the airline and send it to the Insurer;
- c) any document mentioned in the Claim Documentation of this policy

2. DEFINITIONS

To help **You** understand **Your Policy** the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section.

1. **Accident means** a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition

3. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
4. **Checked-In-Baggage** means the baggage, which is checked in and in the custody of Common Carrier and for which a receipt/token has been issued to the Insured by a Common Carrier
5. **Common Carrier** means any mode of public transport whether used for hire and reward or otherwise
6. **Condition Precedent** shall mean a policy term or condition upon which our liability under the policy is conditional upon.
7. **Congenital Anomaly** refers to a condition(s) which is present since birth, which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly:** Which is not in the visible and accessible parts of the body
 - b. **External Congenital Anomaly:** Which is in the visible and accessible parts of the body
8. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured to share the cost of an indemnity claim on a ratable proportion of the Sum Insured

This clause shall not apply to any Benefit offered on fixed benefit basis.
9. **Damages** means sums payable following judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law
10. **Deductible:** A deductible is 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
11. **Dependents** refer to family members listed below, who is financially dependent on the Primary Insured or proposer and does not have his / her independent sources of income. Spouse, dependent children and dependent parents

12. **Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us
13. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
14. **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
15. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
16. **Emergency Accident Medical Expenses** means medical expenses reasonably necessary at that time to protect life or relieve pain caused by Accidental Bodily Injury and that do not exceed the usual charge for similar treatment or services in the locality where the treatment or services have been obtained for:
 - a) Out-patient treatment, provided the same is critical and cannot be deferred;
 - b) In-patient treatment in a Hospital local to the temporary residence of the Insured or the nearest suitable Hospital;
 - c) Necessary medical aids prescribed by a Doctor;
 - d) Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Doctor;
 - e) Costs of transportation by a recognised emergency services for medical attention at the nearest Hospital or from the nearest available Doctor prior to Hospitalisation;
 - f) Cost of being transferred to a special clinic If this is medically necessary and prescribed by a Doctor;
 - g) Medically proven procedures.
17. **Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing

18. **Excluded Hospital** means any hospital which we might discourage You to take treatment of any sickness or illness, due to fraud or moral hazard or misrepresentation indulged by the hospital
19. **Hijack** means the unlawful seizure or wrongful exercise of control of an aircraft or other Common Carrier, or the crew thereof, in which the insured is travelling as a fare paying passenger.
20. **Hospital** means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- a. Has qualified nursing staff under its employment round the clock;
 - b. Has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - c. Has qualified medical practitioner(s) in charge round the clock;
 - d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e. Maintains daily records of patients and make these accessible to the Insurance Company's authorized personnel.
21. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours
22. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- a. **Acute condition** means 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** means a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope

with it—it continues indefinitely—it comes back or is likely to come back.

23. **Indian Administrator** means the person or organisation named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf of and at its direction
24. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
25. **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
26. **Insured Journey** means any journey undertaken, during the policy period:
 - Which commences when the insured boards the aircraft, for onward journey
 - And terminates when the insured disembarks on return to his / her usual town of residence or the contracted date or 30 days from the Risk Start Date whichever is earlier.
27. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards
28. **Market Value** means the value at which the property insured can be replaced with one of same kind, type, age and condition
29. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
30. **Medical Evacuation / Transportation** means the transportation of the insured from the place where the insured has suffered the emergency accidental bodily injury, to the nearest hospital where appropriate medical care is available. This is carried out if the insured person is transportable from medical point of view, in the opinion of the insurer or the attending doctor.
31. **Medical Practitioner/Doctor** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to

practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

The registered practitioner should not be the insured or close family members.

32. **Medically necessary** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - a. is required for the medical management of the illness or injury suffered by You;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a medical practitioner;
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
33. **Newborn Baby** means those babies born to you and your spouse during the Policy Period Aged between 1 day and 90 days, both days inclusive
34. **Notification of claim** is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified
35. **Policy** means the policy schedule (including endorsements if any), the terms and conditions in this document, any annexure thereto (as amended from time to time) and your statements in the Proposal form.
36. **Policy period** means the period between the Risk start date and Risk end date specified in the Schedule including both days and according to Indian Standard Time (IST). The Scope of Cover applies within the limits of Indian borders only.
37. **Policy Schedule** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
38. **Pre-Existing Diseases** means any condition, ailment or injury or related conditions for which the insured had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 48 months prior to inception of his / her first policy issued by the insurer.
39. **Proposal Form:** The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information

obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy

40. **Proposer** means the person who has signed in the proposal form and named in the Schedule. He may or may not be insured under the policy
41. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services taking into account the nature of the illness/ injury involved.
42. **Residence** means the place in India where the Insured Person is living in the normal course and shall be the place, which is specified in the Policy Schedule
43. **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.
44. **Sum Insured** means the amount shown against each cover in force, in the policy schedule which shall be our maximum liability for each Insured Person for any and all claims made for during the policy period.
45. **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
46. **Terrorism** means activities against persons, organisations or property of any nature:
 - a) that involve the following or preparation for the following:
 - I. use or threat of force or violence; or
 - II. commission or threat of a dangerous act; or
 - III. commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
 - b) when one or both of the following applies:
 - I. the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or

- II. it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
47. **Trip** means planned journey, which starts and ends in India to a destination(s) within India as mentioned in the policy schedule during the policy period
48. **Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
49. **Valuables** means gold or silver or any precious metals or articles made from any precious metals, cash, currency (Indian or foreign), 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, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank notes, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument
50. **List of Critical Illness and their definitions**

50.1 Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- a. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to:
- b. Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- c. Any skin cancer other than invasive malignant melanoma
- d. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- e. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- f. Chronic lymphocytic leukaemia less than RAI stage 3

- g. Microcarcinoma of the bladder
- h. All tumours in the presence of HIV infection

50.2 Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

50.3 First Heart Attack - of Specified Severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- a. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b. New characteristic electrocardiogram changes
- c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- I. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- II. Other acute Coronary Syndromes
- III. Any type of angina pectoris

50.4 Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a

coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:

- I. Angioplasty and/or any other intra-arterial procedures
- II. Any key-hole or laser surgery.

50.5 Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

50.6 Multiple Sclerosis With Persisting Symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- I. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- II. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- III. Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

Other causes of neurological damage such as SLE and HIV are excluded

50.7 Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- I. Other stem-cell transplants
- II. Where only islets of langerhans are transplanted

50.8 Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months

50.9 Surgery to Aorta

The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft

50.10 Primary Pulmonary Hypertension

The diagnosis by a Physician of primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least class 3 of the New York Heart Association Classification of cardiac impairment and resulting in the Insured being unable to perform his usual occupation.

50.11 Parkinson's Disease

The unequivocal diagnosis of progressive degenerative idiopathic Parkinson's disease by a consultant Neurologist. This diagnosis must be supported by all of the following conditions:

- a. The disease cannot be controlled with medication;
- b. Signs of progressive impairment; and
- c. Inability of the insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months

Activities of Daily Living:

- I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- II. Dressing: the ability to put on, take-off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa

- IV. Mobility: the ability to move indoors from room to room on level surfaces;
- V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- VI. Feeding: the ability to feed oneself once food has been prepared and made available.

Exclusions: Drug induced or toxic causes of Parkinsonism are excluded

50.12 Motor Neurn Disease with Permanent Symptoms

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

3. GENERAL EXCLUSIONS **(applicable to all covers under the policy)**

The Insurer shall not be liable for any claim under any Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) any treatment if that is the sole reason or one of the reasons for the travel, or any person waitlisted for any treatment, or women who are over 6 months pregnant, or any person travelling against the advice of a medical practitioner, or any person with nervous disorders or physical deformity;
- b) treatment by anybody other than a qualified medical practitioner;
- c) any kind of Consequential loss;
- d) accidents caused out of Pre-Existing Diseases (PED) like nervous disorders, cardio vascular conditions etc
- e) War (whether declared or not), civil war, invasion, act of foreign enemy hostilities, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment of all kings, princes, and people of whatsoever nation condition or quality;

confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority or terrorism or terrorist acts.

- f) Any intentional, reckless or criminal act, provoked assault, suicide, or attempted suicide, or the use or abuse of any drugs, alcohol and the like;
- g) 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 condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products;
- h) Participation in 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;
- i) any loss of which a contributing cause was the Insured's actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest;
- j) HIV, AIDS and all related medical conditions.
- k) Any condition after the point at which it is certified by the attending Doctor to be of such a nature that further medical treatment may serve to stabilise or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
- l) Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional, semi-professional or amateur sportspersons.
- m) Intentionally self-inflicted injury, suicide or any attempt threat while sane or insane;
- n) Loss sustained or contracted in consequence of the insured being under the influence of alcohol or drugs unless administered on the advice of a physician;
- o) Death or bodily injury suffered whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world or in any balloon.

- p) Any opportunistic infection and/or malignant neoplasm, if at the time of the accident or sickness the Insured had an Acquired Immune Deficiency Syndrome (AIDS) or having an antibody positive blood test to HIV (Human Immune-deficiency Virus).
- q) Opportunistic infection shall include but will not be limited to pneumosystis carinii pneumonia, organism of Kaposi's Sarcoma, central nervous system lymphoma, and/other malignancies now known or which become known as causes of death in the presence of Acquired Immune Deficiency Syndrome;
- r) Death or bodily injury suffered while the insured is participating in activities of speed using a motorized vehicle or bicycle and/or hiking and/or skiing and/or skydiving and/or gliding and/or mountaineering and/or winter sports and/or rock climbing and/or parachuting, hang-gliding, bungee jumping, polo, diving, white water rafting
- s) Any loss resulting directly or indirectly from or, contributed or aggravated or prolonged by childbirth or from pregnancy.

4. GENERAL CONDITIONS

(applicable to all covers under the policy)

- 4.1 For Domestic Travel Insurance the minimum age of the Insured shall be 3 months and the maximum age shall be 70 years. Age shall be computed as on the Risk Start Date.
- 4.2 Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.
- 4.3 Reasonable Precautions: The Insured shall take all reasonable precautions to prevent injury, illness and disease in order to minimize claims. Failure to do so will prejudice the Insured's claim under this policy.
- 4.4 Provision of Information: The Insured shall provide the Insurer with the details of the trip and other information as required in the proposal form - in advance.

4.5 Claim Procedure

- 1. If the procedure stated is complied with, the Insurer will guarantee to the service provider the costs of hospitalisation, transportation for emergency services, transportation home for Insured and any covered accompanying person if applicable, transportation of the mortal remains and local burial. All costs will be directly settled by the Insurer and the same shall constitute due discharge of the Insurer's obligations

2. Reimbursement of all claims will be made by the Insurer in Indian Rupees in India only.
3. Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh
4. Upon acceptance of the offer of claim settlement by the Insured, the claim amount will be settled by the Company within 7 days from the date of acceptance of the offer by the Insured. In case of delay in the payment, the Company shall be liable to pay interest at the rates stipulated by IRDA from time to time

4.5.1 Claim Documentation

For any claim that may be filed by the Insured, the duly filled Claim form has to be submitted along with the documents as indicated below for the specific cover. Additionally, the original ticket / boarding pass indicating the date of travel must also be submitted with every claim, along with the completed Claim Form.

1. Personal Accident – death and/or Total permanent Disability

Please attach the following documents

- Police report
- Medical report in the enclosed format
- In case the accident has occurred on board the aircraft, a certificate from the Airline describing the accident
- Copies of the hospital records
- original bills and vouchers bearing the name of the Insured treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
- prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of the pharmacy;
- Certificate from treating Doctor (in case of a Permanent Disability)
- Doctor's certificate indicating the condition requiring transportation and certifying the medical necessity of the transportation (in case of a claim under Medical Evacuation,)
- Port Mortem Report and Death certificate (in case of death due to accident)
- Legal heir certificate or proof of identity of the nominee (in case of death due to accident). Proof of identity for the nominee must be in

the form of a Government-issued identification document

- any other information or documentation that the Insurer may reasonably require;
- Medical statements from relatives or spouses will not be accepted.

2. **Emergency Accidental Medical reimbursement**

Please attach the following documents

- Doctor's reports
- Original-admission / discharge card
- Original bills / receipts / with prescriptions and diagnostic / investigative reports
- copy of the ticket and boarding pass.
- Medical statements from relatives or spouses will not be accepted.
- any other information or documentation that the Insurer may reasonably require;

Please note –

Bills/vouchers/reports/discharge summary must mention the name of the person treated, the type of injury, details of the individual items of medical treatment provided and the dates of treatment.

Treatment taken on different dates for separate ailments / injuries will be treated as separate claims.

The claims form should clearly indicate the same and supporting should be provided for each one.

Deductible will apply for each claim separately.

3. **Total Loss of Checked-In Baggage**

Please attach the following documents

- details of individual items lost
- approximate cost and purchase date
- Copies of baggage tags along with the reference numbers for the baggages lost
- The Property Irregularity Report (obtained from the airline) also will need to be submitted.

- any other information or documentation that the Insurer may reasonably require

4. **Trip Cancellation**

Please attach the following documents

- Proof of cancellation of the tickets
- details of the non-refundable charges arising from the cancellation
- Copy of ticket & boarding pass (if any)
- Proof of the reason for cancellation
 - a) Hospitalization records (if the cancellation is due to illness / hospitalization of immediate family member)
 - b) Death certificate ((if the cancellation is due to death of immediate family member)
 - c) documentary proof establishing the relationship between the insured and the family member who was stricken with illness / death
- If the trip has been cancelled because of any of the natural calamities named earlier under the scope of cover, the following documents must be submitted
 - a) report from the meteorological Department certifying and describing the nature of the calamity, OR
 - b) copies of reports from 2 different newspapers describing the nature of the calamity
- any other information or documentation that the Insurer may reasonably require;

5. **Trip Curtailment**

Please attach the following documents

- Proof of cancellation of the onward air tickets
- Copies of cancellation correspondence with airline authorities certifying the cancellation, along with details of compensation received from airlines / other authorities (if any)
- Copy of ticket & boarding pass (if any)
- Proof of the reason for cancellation of the onward journey

- certificate from the airline establishing the nature, duration and reason of delay of the flight
- any other information or documentation that the Insurer may reasonably require

6. **Flight delay**

Please attach the following documents

- Certificate from the airline for proof of delay of the flight
- Original bills of purchases made / expenses incurred during the period of delay
- Copies of correspondence with airline authorities certifying the delay
- Copy of ticket & boarding pass
- any other information or documentation that the Insurer may reasonably require

7. **Flight Re-scheduling**

Please attach the following documents

- Certificate from the airline for proof of delay of the flight
- Copies of correspondence with airline authorities certifying the delay
- Copy of the tickets of the original and rescheduled flights
- Boarding pass of the rescheduled flight
- any other information or documentation that the Insurer may reasonably require

4.5.2 **Obligations of the Insured**

- a) All Claims must be submitted to the Insurer not later than one (1) month after the return date or Risk End date or the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.
- b) The Insured shall provide the Insurer on demand any information that is required to determine the occurrence of the Insured event or the Insurer's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip.
- c) The Insurer is authorised by the Insured to take all measures that are suitable for loss prevention and claim minimization, which includes the Insured's transportation back to destination.

- d) The Insurer shall be released from any obligations to pay the amount against any claim if any of the aforementioned obligations are breached by the Insured.

4.5.3 Transfer and set-off of claims

- a. If the Insured has any outstanding claims against any other parties apart from the Insurer, such claims shall be transferred in writing to the Insurer up to the amount for which the reimbursement of costs is made by the Insurer in accordance with the terms hereunder.
- b. In so far as an Insured receives compensation for costs he/she has incurred either from the parties liable for Damages or as a result of other legal circumstances, the insurer shall be entitled to set off his compensation against the insurance benefits payable if any.
- c. Claims to the insurance benefits may neither be pledged nor transferred by the insured.

- 4.6** In the event of the Insured Person's death, the Insurer or the Insurer's representative shall have the right to carry out a post mortem/ autopsy, at the Insurer's expense.

4.7 Observance of Terms & Conditions

It is a condition precedent to our liability that the insured person shall comply in all respects with the terms and conditions of this Policy in so far as they require anything to be done or complied with by You or Your dependent.

4.8 Change of Address / Contact details

It is in the Insured person's interest to intimate us if there is any change in residential address and phone numbers.

4.9 Due care

The Insured Person / persons shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this Policy and, in the event of a claim arising, to minimise its financial consequences

4.10 Authority to Obtain Records

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense

4.11 Transfer

Transferring of interest in this Policy to anyone else is not allowed

4.12 Renewal of Policy

The policy will expire on the Risk End date on the Proposal Form and Policy Schedule, or 30 days from the Risk Start Date, whichever is earlier. This Insurance is non-renewable

4.13 Cancellation of cover

- a) This policy may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. The policy shall be void and all premium paid hereon shall be forfeited to the Company. Upon cancellation of the policy by us for any other reasons (other than the above), the insured person shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation, subject to proposed journey has not commenced.
- b) Any time before the commencement of the proposed journey the Insured may request for cancellation of this Policy by giving notice in writing to the Insurer as long as the Insured is able to establish to the Insurer's satisfaction that the Proposed journey has not commenced.
- c) Upon cancellation, and where no claim has been reported under this policy, the Insurer shall be entitled to deduct cancellation charges of Rs. 25 from the premium. Partial refund of the premium is not allowed in this policy.

4.14 Nomination:

The Insured person is entitled to nominate the person/ persons to whom the money secured by the Policy shall be paid in the event of his death as per the provisions of S.39 of the Insurance Act, 1938. In case the nominee is a minor, the Policyholder can appoint a person who will receive the money secured by the policy in the event of the Policyholder's death during the minority of the nominee.

The details of nomination will be acknowledged by the Company in the Policy issued by the Company. The Policyholder is entitled to cancel or withdraw the nomination at any time and the Company upon request shall make the necessary endorsement in the Policy.

- a. Any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as specified in the Schedule.
- b. Any and all notices and declarations for the attention of any or all of the insured Persons shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

4.16 Arbitration

- a. Any dispute or difference between the Insurer and the Insured Person or the Policyholder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language and the venue will be in Chennai.
- b. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.
- c. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

4.17 Fraud

If You and or Your dependent shall:

- a. Make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
- b. Permit another to use his ID Card or use another's ID Card
- c. Do/ omit to act in manner abetting fraud against Us,

this Policy shall be null and void ab inito in relation to that Insured Person. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the policyholder/s who shall be jointly and severally liable for the same.

4.18 Contribution

If the insured is covered under two or more policies during a period from one or more insurers to indemnify treatment costs and have declared details of the other policies in our proposal for insurance, we shall call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of sum insured.

This clause is not applicable for fixed benefit sections of the policy

4.19 Subrogation

The Policyholder:

- a. Shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Insurer shall be or would become entitled or subrogated upon the Insurer paying for any claim under this Policy, whether before or after indemnification;
- b. Shall not do or cause to be done anything that may cause any prejudice to the Insurer's right of subrogation;
- c. Agrees that any recoveries made shall first be applied in making good any sums paid out by or on behalf of the Insurer for the claim and the costs of recovery.

This clause is not applicable for benefit sections of the policy.

4.20 Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

4.21 Entire Contract

The Policy constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the Insurer shall be evidenced by a duly signed and sealed endorsement on the Policy.

4.22 Misdescription

This 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 by the insured person(s).

4.23 Mis-statement of Age

This policy covers individuals in the age band of 3 months to 70 years travelling by air. In case the insured or proposer has mis-stated the age then no claim is entertained under the policy. In such an event no refund of premium will be made

4.24 Territorial Limits

The insurance cover applies to all regions, states and Union Territories within the political boundaries of the Republic of India

4.25 Delay in intimation of claim

It is essential and imperative that any loss or claim under the policy has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto. Any genuine delay, beyond Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

4.26 Disclaimer

It is also hereby further expressly agreed and declared that if we shall disclaim liability to You for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

4.27 Risk Start Date

The Insurance policy will commence from the departure date from the town of origin (except Trip Cancellation) as declared on the proposal form and printed on the policy schedule provided full premium is paid.

4.28 Risk End Date

The Insurance policy will terminate on the date when the Insured disembarks on return to the usual town of residence, or the contracted Risk End Date, or 30 (thirty) calendar days from the Risk Start Date, whichever is earlier

4.29 Payment Conditions

- a) The Insurer shall make payment to the Insured, but if incapacitated or deceased the Insurer shall make payment to the nominee of the Insured as mentioned in the policy schedule.

- b) The Insured hereby acknowledges and agrees that the payment of any claim by or on behalf of the Insurer shall not constitute on the part of the Insurer any guarantee or assurance as to the quality or effectiveness of any medical treatment, service or other service obtained by the Insured, it being agreed and recognized by the Insured and each of them that the Insurer is not in any way responsible or liable for the availability or quality of any medical treatment or service (medical or otherwise) rendered by any institution or service provider whether pre-authorized or not.
- c) Any payment made by the Insurer under this Insurance policy shall be within India and in Indian Rupees only.
- d) Additionally in relation to any claim under Personal Accident except Accidental Death:
 - i. the Insurer shall not be liable to make any payment until such time as any course of medical treatment prescribed by a Doctor has been implemented and demonstrated to be ineffective;
 - ii. if the Insured was suffering from any disability prior to the date of his claim, then the Insurer's liability to make payment shall be reduced by the extent of that pre-existing disability as advised by the Insurer's medical advisors, which the Insured agrees shall be as determined by the Insurer's medical advisors.

4.30 Two Policy period

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/ due date of premium of this health policy, if not received earlier.

5. GRIEVANCES

Mechanism for Grievance Redressal:-

As an esteemed customer of our Company, You can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the insurance policy issued to You. The contact details of our office are given below for Your reference.

A separate Channel will be established to address the issues relating to **Senior Citizen's** Health Insurance related claims and grievances and will be intimated to the policy holders

Cholamandalam MS General Insurance Company Limited

Customer services

Address: H.O: Dare House, No 2 N.S.C. Bose Road, Chennai 600 001.

Toll free: 1800 200 5544

SMS: "CHOLA" to 56677* (premium SMS charges apply)

E-MAIL: customercare@cholams.murugappa.com

Sl. No	Office of the Ombudsman	Name of the Ombudsman and Contact Details	Areas of Jurisdiction
1	AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Ph(O) 079-27546150, 27546139 Fax: 079-27546142 E-mail: insombahd@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
2	BHOPAL	Office of the Insurance Ombudsman 1st Floor, 117, Zone-II, Above D.M. Motors Pvt. Ltd. Maharana Pratap Nagar, Chhattisgarh BHOPAL - 462 011 Ph(O): 0755-2769200, 2769202, 2769201, Fax: 0755-2769203 E-mail: bimalokpalbhopal@ airtelbroadband.in	Madhya Pradesh & Chhattisgarh
3	BHUBANESWAR	Office of the Insurance Ombudsman 62 Forest Park BHUBANESHWAR - 751009 Ph (0): 0674-2535220,2533798 Fax: 0674-2531607 E-mail: ioobbsr@dataone.in	Orissa
4	CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017 (0) 0172-2706196, 2705861 EPBX: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh

5	CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Flr., No 453(old no 312), Anna Salai, Teynampet, CHENNAI -600 018 (0) 044-24333678, 24333668 Fax: 044-24333664 E-mail: insombud@md4.vsnl. net.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
6	DELHI	Office of the Insurance Ombudsman 2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road,,NEW DELHI - 110 002 (0) 011-23239611, 23237539, 23237532 Fax: 011-23230858 E-mail : iobdelraj@rediffmail. com	Delhi & Rajasthan
7	GUWAHATI	Office of the Insurance Ombudsman Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (0) 0361-2413525, EPBX: 0361-2415430 Arunachal Pradesh, Fax: 0361-2414051 E-mail: omb_ghy@sify.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
8	HYDERABAD	Office of the Insurance Ombudsman 6-2-46, 1st Floor, Moin Court, Lane Opp.Saleem Function Palace, A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004. (0) 040-23325325, 23312122, 65504123, Fax: 040-23376599 E-mail: hyd2_insombud@ sancharnet.in	Andhra Pradesh Karnataka and UT of Yanam - a part of the UT of Pondicherry

9	KOCHI	<p>Office of the Insurance Ombudsman 2nd Fir., CC 27/ 2603 Pulinat Building Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 (0) 0484-2358734, 2359338, 2358759 Fax: 0484-2359336 E-mail: ombudsmankochi@yahoo.co.in</p>	<p>Kerala, UT of (a) Lakshadweep, (b) Mahe - a Part of UT of Pondicherry</p>
10	KOLKATA	<p>Office of the Insurance Ombudsman North British Bldg. 29, N. S. Road, 3rd Fir., KOLKATA -700 001. (0) 033-22134869, 22134867, 22134866 Fax: 033-22134868 E-mail : iombkol@vsnl.net</p>	<p>West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim</p>
11	LUCKNOW	<p>Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (0) 0522-2201188, 2231330, 2231331 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in</p>	<p>Uttar Pradesh and Uttaranchal</p>
12	MUMBAI	<p>Office of the Insurance Ombudsman 3rd Flr., Jeevan Seva Annexe, S.v. Road, Santa Cruz (W) MUMBAI - 400 054 022-26106928, 26106360 EPBX: 022-6106889 Fax: 022-26106052 Email: ombudsman@vsnl.net</p>	<p>Maharashtra, Goa</p>

ANNEXURE 2 (attached to and forming part of policy wordings)
List of Non-Medical Expenses excluded in this Policy

S.No	NAME OF THE NON MEDICAL ITEM	Admissibility
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	ANNE FRENCH CHARGES	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	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/ BRACES	Payable for cases who have undergone surgery of thoracic or lumbar spine.
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable

29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Payable for bariatric and varicose vein surgery where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable

61	SLINGS	Reasonable costs for one sling in case of upper arm fractures is payable
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.	Not Payable
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
65	HORMONE REPLACEMENT THERAPY	Not Payable
66	HOME VISIT CHARGES	Not Payable
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Not Payable
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
72	DONOR SCREENING CHARGES	Not Payable
73	ADMISSION/REGISTRATION CHARGES	Not Payable
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable
77	STEM CELL IMPLANTATION/ SURGERY	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 PAYABLE		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately

83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON Not	Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
91	COTTON	Not Payable
92	COTTON BANDAGE	Not Payable
93	MICROPORE/ SURGICAL TAPE	Not Payable
94	BLADE	Not Payable
95	APRON	Not Payable
96	TORNIQUET	Not Payable
97	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
98	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
99	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room charges

ADMINISTRATIVE OR NON-MEDICAL CHARGES		
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODOE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable

141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Payable for cases who have undergone surgery of lumbar spine.
154	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
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Payable for 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

159	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\ DETTOL \SAVLON\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed

164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	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.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	17 VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not Payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable

189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalization or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or inter-hospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG, Where it should be paid.