

# Edelweiss Group Overseas Travel Insurance Policy

## Policy Wording



# EDELWEISS GROUP OVERSEAS TRAVEL INSURANCE POLICY

## POLICY WORDING

### A. PREAMBLE

This is a contract of insurance between the Company and the Policyholder which is subject to the realization of the full premium in advance and the terms, conditions and exclusions to this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by Policyholder in respect of the Insured Person in the Proposal and the Policy Schedule.

Please inform the Company immediately of any change in the address, state of health or any other changes affecting you or any Insured Person.

### B. DEFINITIONS

For the purposes of this Policy and Endorsements, if any, the terms mentioned below shall have the meaning set forth where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

#### 1. Standard Definitions

- 1.1. **Accident** shall mean a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2. **AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
  - i) Central or State Government AYUSH Hospital; or
  - ii) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
  - iii) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
    - a. Having at least 5 in-patient beds;
    - b. Having qualified AYUSH Medical Practitioner in charge round the clock;
    - c. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
    - d. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 1.3. **AYUSH Day Care Centre:** AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
  - i) Having qualified registered AYUSH Medical Practitioner(s) in charge;
  - ii) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iii) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 1.4. **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.
- 1.5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 1.6. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position
  - a) Internal Congenital Anomaly  
Congenital anomaly which is not in the visible and accessible parts of the body.
  - b) External Congenital Anomaly  
Congenital anomaly which is in the visible and accessible parts of the body.
- 1.7. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A Co-payment does not reduce the Sum Insured.
- 1.8. **Cumulative Bonus:** Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 1.9. **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 –

- iv) has qualified nursing staff under its employment;
- v) has qualified medical practitioner/s in charge;
- vi) has fully equipped operation theatre of its own where surgical procedures are carried out
- vii) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

**1.10. Day care treatment** means medical treatment, and/or surgical procedure which is:

- i) undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii) 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.

**1.11. Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies/travel policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

**1.12. Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**1.13. Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**1.14. Domiciliary Hospitalization:** Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii) the patient takes treatment at home on account of non-availability of room in a hospital.

**1.15. Emergency care (Emergency)** 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.

**1.16. Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

**1.17. Illness / Disease** shall mean 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.

**1.17.1. 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.

**1.17.2. Chronic condition** - is defined as a disease, illness, or injury that has one or more of the following characteristics:

- i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests.
- ii) it needs ongoing or long-term control or relief of symptoms.
- iii) it requires your rehabilitation or for you to be specially trained to cope with it.
- iv) it continues indefinitely.
- v) it comes back or is likely to recur.

**1.18. Injury** shall mean 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.

**1.19. 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.

**1.20. ICU Charges:** ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**1.21. Maternity expenses** shall include:

- 1.21.1. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- 1.21.2. Expenses towards lawful medical termination of pregnancy during the policy period.

**1.22. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

**1.23. 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.

**1.24. Migration:** "Migration" means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

**1.25. New-Born Baby:** New-born baby means baby born during the Policy Period and is aged upto 90 days.

**1.26. Non-Network Provider:** Non-Network means any hospital, day care centre or other provider that is not part of the network.

**1.27. Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

- 1.28. OPD treatment:** OPD treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 1.29. Portability:** "Portability" means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- 1.30. Pre-hospitalization Medical Expenses:** Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - ii) The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 1.31. Post-hospitalization Medical Expenses:** Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- i) Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
  - ii) The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 1.32. Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 1.33. Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 1.34. Subrogation:** 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.
- 1.35. 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.
- 1.36. Unproven/ Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice of particular country. These treatments are excluded under the policy.

## 2. Specific Definitions

- 2.1. Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
- 2.2. Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- 2.3. Air Travel** shall mean travel by an airline/ aircraft, licensed by the competent authority for carriage of passengers.
- 2.4. Appendix** means a document attached and marked as Appendix to this Policy.
- 2.5. AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
- 2.6. Assistance Service Provider (ASP)** means such person or persons as may be appointed by the Company from time to time to provide assistance to the Insured in terms of this Policy.
- 2.7. Baggage and Personal Effects / Documents** shall mean luggage and personal possessions, whether belonging to and/ or in the lawful custody of the Insured during the Trip.
- 2.8. Burglary** shall mean any theft following upon actual, forcible and violent entry of and/ or exit from the premises of the Insured with intent to commit a felony and includes housebreaking.
- 2.9. Checked-In Baggage** shall mean the baggage entrusted by the Insured and accepted by a Common Carrier for transportation for which a baggage receipt is issued to the Insured by the Common Carrier. This shall exclude all the items that are carried/ transported under a contract of affreightment.
- 2.10. Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person.
- 2.11. Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.
- 2.12. Company** (also referred as We/Us/EGIC) means Edelweiss General Insurance Company Limited.
- 2.13. Common Carrier** means any civilian land or water conveyance or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.
- 2.14. Contents:**
- 2.14.1. In so far as it relates to household (Contents of Property insured), it shall mean the following equipment's not used for business purposes and owned by the Insured or his family or for which the Insured and/ or his family is legally responsible i.e. for electronic equipment, household appliances, house hold goods such as furniture, kitchen utensils, fixtures, fittings and interior decorations; personal effects such as clothes and other articles of personal nature likely to be worn used or carried but excluding money but including jewellery and valuables. The term shall exclude cash and/ or currency and/ or cheques;
  - 2.14.2. In so far as it relates to Checked-In Baggage, it shall mean and include any and all items other than Valuables contained in the Checked in Baggage.
  - 2.14.3. In so far as it relates to the rented vehicle, it shall mean and include any and all items other than cash and / or currency and / or Cheques / and /or valuables belonging to and/ or in the lawful custody of the Insured, being carried by him while traveling in the rented vehicle.

**2.15. 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 rateable proportion of Sum insured. This clause shall not apply to any benefit offered on fixed benefit basis.

**2.16. Country of Residence of the Insured** shall mean the country, Insured is normally residing in currently, and declared as the Residential Address of the Insured in the Policy Schedule. It need not be the same as the country of origin of the Insured or the country whose citizen the Insured is.

**2.17. Day** means a period of 24 consecutive hours.

**2.18. Diagnostic Tests** means investigations, such as X-Ray or blood tests, etc. to determine the cause of symptoms and/or medical conditions.

**2.19. Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histopathological and laboratory evidence wherever applicable.

**2.20. Edelweiss Group** means any company or organization which is directly or indirectly a holding of Edelweiss Group.

**2.21. Eligible Children** means dependent children including adopted and step children of the Insured Person between date of birth up to twenty five (25) years, if attending as a full time student an accredited Institution of Higher Learning) who are unmarried, who permanently reside with the Insured Person, and receive the majority of maintenance and support from the Insured Person.

**2.22. Eligible Family** means the Insured Person and/or the Insured Person's Spouse and/or, the Insured Person's Eligible Children & Insured Person's Parents/ parent in laws.

**2.23. Felonious Attack** means any wilful or unlawful use of force upon the Insured that is a felony or a misdemeanour in the jurisdiction in which it occurs and which results in bodily harm to the Insured.

**2.24. Financial Emergency** shall mean a situation faced by the Insured wherein the Insured Person accidentally loses all or a substantial amount of Money (money, travellers cheque or credit cards issued in favour of the Insured) available with him and needed for proceeding with his next schedule of activities and more particularly proceeding with his Trip further. The term shall also not mean any emergency situation encountered by him by causes other than all or substantial loss of Money. The term shall even exclude all situations where a Financial Emergency is not felt as an immediate and instantaneous development and/ or consequence at the place of loss of Money.

**2.25. Hazardous or adventurous sports:** Adventure sports consist of activities having a high level of danger. These activities normally consist of speed, height, elevated levels of physical exertion, combined with highly specialized gear or spectacular stunts. The following would be considered as Hazardous or Adventure sports:

Racing on wheels, horseback, base jumping, biathlon, big game hunting, black water rafting, bmx stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, climbing/ trekking , cycle racing, cyclo cross, drag racing, endurance testing, hang gliding, harness racing, hell skiing, high diving , hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, luge, manual labour, marathon running, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, mountaineering/ rock climbing, parachuting, paragliding/ parapenting, piloting aircraft, polo, powerlifting, power boat racing, quad biking, river boarding, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting, wrestling and activities of similar nature, mountaineering, winter sports, Skydiving, Scuba Diving, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters

**2.26. Hijack** shall mean any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of Common Carrier in which the Insured is traveling.

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

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

**Hospital – Outside India:** A hospital means any institution established for In-patient care and day care treatment of sickness and/or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the super vision of a registered and qualified medical practitioner.

**2.28. Hospitalisation** means admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**2.29. IRDA of India** means Insurance Regulatory and Development Authority of India.

**2.30. Immediate Family Member** shall mean an Insured Person's lawful spouse; children including stepchildren and children legally adopted by the Insured (below 18 years); sister(s), brother(s), parents, sister(s)-in-law, brother(s)-in-law, parent(s), parent(s)-in-law, legal guardian, ward, step-parent(s), niece, nephew who reside in India.

**2.31. Indemnity / Indemnify** means compensating the Policy Holder/Insured Person up to the extent of expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the insurance cover.

**2.32. Inpatient care / inpatient** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

- 2.33. Inpatient Treatment** shall mean any medical treatment rendered to the Insured at a Hospital in connection with any Injury or Illness resulting in Hospitalisation.
- 2.34. Insured Period (S)** - means with respect to the Policy, the period commencing with the Effective Date and time of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.
- 2.35. Insured/ Insured Person** shall mean the individual(s) whose name(s) are specifically appearing as such in the Policy Schedule.
- 2.36. Insurable Event** shall mean an event, loss or damage for which the Insured shall be compensated under this Policy.
- 2.37. Land/Sea Arrangements** means pre-paid travel arrangements for a scheduled tour, trip or cruise included within the description of covered Trips on the Proposal and Declaration Form and arranged by a tour operator, travel agent, cruise line or other organization.
- 2.38. Life Threat Conditions** - Life Threat Condition means a medical condition suffered by the Insured Person which has the following characteristics: (a) Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or (b) Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or (c) Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ failures and requires interpretation of multiple physiological parameters and application of advanced technology; or (d) Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department; and certified by the attending Medical Practitioner as a Life Threatening Medical Condition.
- 2.39. Missed Flight** shall mean the failure of the Insured to travel by a flight being part of the Trip as per the Policy Schedule.
- 2.40. Money** shall mean and include coins, currency notes, traveller's cheques and credit cards/ debit cards, and shall not include any form of payment instruments including cheques, banker's cheques, bank pay orders or demand drafts.
- 2.41. Medically necessary** treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- i) Is required for the medical management of the illness or injury suffered by the insured.
  - ii) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.
  - iii) Must have been prescribed by a medical practitioner.
  - iv) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 2.42. Medical Practitioner** shall mean a person who is qualified to practice medicine or is a physician, surgeon or an anaesthetist and has a valid license issued by the appropriate authority for the same, provided that this person is not an Immediate Family Member of the Insured.
- 2.43. Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer
- 2.44. "Material facts"** for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk
- 2.45. Minor Child(ren)** is/ are the child(ren) of the Insured person, including stepchild/ stepchildren and child/ children legally adopted and below the age of 18 years.
- 2.46. Multi Trip** shall mean one or more Trips undertaken by the Insured during the Period of Insurance from the Country of Residence of the Insured and back, subject to Maximum Trip Duration as specified in the Policy Schedule.
- 2.47. Network Provider** means hospitals or health care providers enlisted by an Insurer or by a TPA/ASP/OSP and insurer together to provide medical services to an insured on payment by a cashless facility.
- 2.48. Non-Network** is any hospital, day care centre or other provider that is not part of the network.
- 2.49. Outpatient Treatment or OPD** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 2.50. Period of Insurance/Policy Period** shall mean in relation to a:
- i) Multi Trip, the period between
    - a. Date of Commencement of Insurance cover mentioned in the Policy Schedule, being the date on which the Insured first boards the mode of transportation by which it is intended that he shall finally leave the Country of Residence for the insured Trip and
    - b. Date of expiry of Insurance cover as mentioned in the Policy Schedule or the actual date on which the Insured returns to the Country of Residence or full utilization of the maximum number of travel days for which the insurance is taken, whichever is earlier subject to maximum trip duration as mentioned in the Policy Schedule.
  - ii) Single Trip, the period between
    - a. Date of Commencement of Insurance cover mentioned in the Policy Schedule, being the date on which the Insured first boards the mode of transportation by which he finally leaves the Country of Residence for the insured Trip, and
    - b. Date of expiry of insurance cover as mentioned in the Policy Schedule or the actual date on which Insured returns to the Country of Residence, whichever is earlier.
- 2.51. Policy** means these Policy terms and conditions and Appendices thereto, the Proposal Form, Policy Schedule and Optional Cover (if applicable) which form part of the Policy and shall be read together.
- 2.52. Policyholder** (also referred as You) means the person named in the Policy Schedule as the Policyholder
- 2.53. Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Schedule.

- 2.54. Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Schedule.
- 2.55. Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Schedule.
- 2.56. Policy Schedule** means the certificate attached to and forming part of this Policy.
- 2.57. Pre-Existing Disease** means any condition, ailment or injury or disease
- i) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement, or
  - ii) For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement
- 2.58. Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.
- 2.59. Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 2.60. Proposal Form.** "Proposal form" means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted  
Explanation: "Material Information" for the purpose of these regulations shall mean all important, essential and relevant information sought by insurer in the proposal form and other connected documents to enable him to take informed decision in the context of underwriting the risk
- 2.61. Professional Sports** - means such a kind of sport, which remunerates a player in excess of 50% of his or her total income as a means of his/her livelihood.
- 2.62. Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India or must conform to the professional standards widely accepted in international medical practice.
- 2.63. Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
- 2.64. Reimbursement** means settlement of claims paid directly by the Company directly to the Policyholder/Insured Person.
- 2.65. 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.
- 2.66. Serious Injury or Sickness** means Injury or Sickness certified as being dangerous to life by a medical practitioner.
- 2.67. Single Trip** shall mean and include one Trip undertaken by the Insured during the Period of Insurance from the Country of Residence of the Insured on or after the date of commencement of the cover and returning to the Country of Residence of the Insured on or before the expiry of the cover.
- 2.68. Sound Natural Teeth** means natural teeth that either are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.
- 2.69. Spouse** - means your legal husband or wife.
- 2.70. 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.
- 2.71. Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.
- 2.72. Terrorism/ Terrorist Incident** means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.
- 2.73. Third Party Administrator or TPA** means any person who is licensed under the IRDAI (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purposes of providing health services.
- 2.74. Travel Agent** means an agent, tour operator, or other entity from which the Insured purchases his travel arrangements, and includes all officers, employees, and affiliates of such agent or tour operator.
- 2.75. Traveling Companion** means up to two (2) named person(s) who is/are booked to accompany you on the Trip.
- 2.76. Trip / Insured Journey** shall mean and include all journeys abroad undertaken from the Country of Residence of the Insured and return to the Country of Residence of the Insured, except as specifically defined elsewhere under this Policy. Journey should undertake within policy period and which commences when the passenger boards the carrier for onward overseas journey and terminates when he disembarks on return to India or the Policy Expiration date whichever is earlier.
- 2.77. Trip Duration** means the length of time period commencing from the date when the Insured travels out of the Country of Residence of the Insured and ending on the date of return to any first port of the Country of Residence of the Insured, both days inclusive and calculated according to the local time of the Country of Residence of the Insured.

**2.78. Valuables:** Valuables shall mean and include photographic, audio, video, painting(s), portable electronic equipment, any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewellery and gems, furs and articles made of precious stones and metals.

**2.79. War** means war, whether declared or not, or any warlike activities, War including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

**2.80. We , Us, Our** - means Edelweiss General Insurance Company Limited.

**2.81. You/Your/Yourself** - means the Insured Person(s) who is named in the Policy Schedule.

## C. BENEFITS UNDER THE POLICY

The Company hereby agrees, subject to the terms, exclusions and conditions herein contained or otherwise expressed herein, to compensate the Insured for any loss or damage sustained or incurred by such Insured and as described under different benefits hereunder but not exceeding the Sum Insured as applicable to the respective benefits as specified in the Policy Schedule.

The Deductible as indicated against each Benefit in the Policy Schedule shall be borne by the Insured in respect of each claim or series of claims arising out of one event.

### 2.1 Basic Cover

#### 2.1.1. Benefit - Accident & Sickness Medical Expense Benefit

The Company shall indemnify the Insured for the Medical Expenses reasonably incurred by the Insured for Inpatient medical treatment undertaken on account of any Illness contracted or Injury sustained whilst on a Trip during the Period of Insurance, subject to the overall liability of the Company not exceeding the Sum Insured for the coverage as mentioned in the Policy Schedule hereto. Provided that the treatment for such Illness and/ or Injury shall commence anytime during the Period of Insurance immediately after diagnosis of such Illness and/ or Injury.

In no event will benefits continue to be provided by Us for any Covered Medical Expenses incurred after the Expiration Date of the Policy or Your return to India whichever is earlier. However, if, You are still confined in a Hospital overseas after the Expiration Date of the Policy, and Emergency Medical Evacuation is not appropriate or recommended by the Assistance Service Provider within the policy period, and continued treatment overseas as an Inpatient in a Hospital is Medically Necessary, we will continue to provide the benefits for Covered and admissible Medical Expenses incurred up to the Discharge from hospital even after the Expiration Date of the Policy within the sum insured.

The deductible in respect of this benefit will be applicable if any for Per Disease / Illness/ Injury/Loss, and shall be of an amount as specified in the Policy Schedule

#### 2.1.2 Benefit: Emergency Medical Evacuation

The Company shall also indemnify the Insured for the cost incurred for an ambulance or any other transportation and evacuation services, including necessary medical care en-route, reasonably incurred, forming part of the treatment for any Illness contracted or Injury sustained whilst on Trip during the Period of Insurance.

These transportation expenses would be limited to transporting the Insured from the place of contracting/ sustaining Illness/ Injury to the nearest appropriate Hospital or return to India. Provided that such cost are certified and authorized by the Assistance Service Provider of and/ or by the Company. They will only do this if they and the treating doctor think that it is safe for you to be moved or returned to India and You provide a consent for this.

An Emergency Evacuation must be ordered by the Assistance Service Provider and Physician who certifies that the severity or the nature of Your Injury or Sickness warrants Your Emergency Evacuation.

This coverage will be limited to and included in the Sum Insured of Accident & Sickness Medical Expense Benefit as specified in the policy Schedule, per policy period.

All Emergency medical evacuation arrangements must be approved in advance by Assistance Company / Us even in case of reimbursement of expenses later.

- This cover is applicable if the treatment of injury shall commence during the period of insurance immediately after diagnoses of such injury.
- It will not cover rescue operations in case of natural calamities/ riots when there is no emergency due to accident/sickness.

#### 2.1.3 Benefit: Repatriation of Remains:

In the unfortunate event of the death of the Insured whilst abroad during the Period of Insurance, the Company shall, reimburse the nominee, the costs incurred for transporting the remains of the deceased Insured back to the Country of Residence of the Insured or, up to an equivalent amount, for a local burial or cremation in the country where the death has occurred, subject to the Sum Insured specified against this benefit in the Policy schedule.



This coverage will be limited to the Sum Insured of Accident & Sickness Medical Expense Benefit as specified in the policy Schedule per policy period. All Repatriation of Remains arrangements must be approved in advance by Assistance Company / Us even in case of reimbursement of expenses later. Covered expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.

**2.1.4 Benefit: Automatic Extension Of Policy:**

The Company shall extend the period of insurance for upto a period of 7 days from the policy expiry date, if the extension is necessary, due to delay by the Scheduled Common Carrier , which is beyond the control of the Insured, and no alternative transportation is made available to the Insured.

**2.1.5 Benefit: Assistance Services**

Insured at any given point of time can call or write to us / Assistance Service Provider to get details about below mentioned services:

- Medical Assistance  
Pre-Trip Information and Advisory - Inoculation, Vaccination, Disease.
- Trip Assistance  
Overseas service provider will provide below assistance:
- Trip Rescheduling:
- Assistance with Foreign Exchange:
- Assistance with Lost / Expired Travel Documents:
- Information on Embassies & Consulates and the procedure for applying for Emergency certificate
- Personal Assistance
- Emergency Message relay: OSP will help in transferring the message to insured while abroad or vice versa.
- Legal Referral Assistance: OSP will provide information on available legal council
- Interpreter Services: OSP will provide information on available interpreter council
- Car Rental & Sight Seeing Assistance: OSP will provide information on tours and travel agents.

**2.2. Optional benefits**

The benefits below are optional and each is only effective if shown in policy schedule to be effective. Our maximum liability will be limited to the amount specified in the policy schedule.

**2.2.1 Benefit: Accidental Death And Dismemberment Benefit (24 Hrs)**

The Company shall pay the nominee or legal heir of the Insured a lump sum equal to a specified percentage of the Sum Insured against this benefit as specified in the Policy Schedule in case the Insured meets with death/loss arising out of and consequent upon an Injury encountered during an Insured Journey. If the injury to the Insured results in one of the losses shown in the Table of Losses below, the Company shall pay as specified in the Table. The loss must occur within 365 Days from the date of the Accident which caused Injury. If more than one loss results from any one Accident, only one amount, the largest, will be paid.

- a. **Death:** We will pay 100% of the Sum Insured as stated in the Policy schedule/ Certificate of Insurance against this cover in the event of Accidental Bodily Injury causing the Insured's death/disappearance within 12 months of the Accidental Bodily Injury being sustained.
- b. **Permanent Total Disability:** In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained, we will pay 100% of the Sum Insured as stated in the table below.

	<b>Table of Benefits</b>	<b>Percentage of Sum Insured Payable</b>
1	Loss of sight of both eyes	100%
2	Loss of, by physical separation of two entire hands or two entire foot	100%
3	Loss of one entire hand and one entire foot	100%
4	Loss of sight of one eye and such of loss of one entire hand or one entire foot	100%
5	Complete loss of hearing of both ears and complete loss of speech	100%
6	Complete loss of hearing of both ears and loss of one limb/loss of sight of one eye	100%
7	Complete loss of speech and loss of one limb/loss of sight of one eye	100%

l) In this Benefit: a) Limb means a hand at or above the wrist or a foot above the ankle; b) Loss of Limb means: i. the physical separation of a Limb above the wrist or ankle respectively, or ii. the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability, where such cases would be accepted, basis of certification from Independent medical advisor from Govt hospital/ civil surgeon. c) Includes cover for paralysis, including paraplegia and quadriplegia with loss of functional use of Limbs. d) Once a claim has been accepted and paid under this Benefit, the cover under this Benefit shall immediately and automatically cease to be effective in respect of that Insured Person. Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule

within the basic sum insured of the Policy. Any payment made under this benefit shall be deducted from any Accidental Death and/or Permanent Partial Disability, if opted for under this Policy, which ultimately becomes payable under this Policy as a result of the Accident.

**c. Permanent Partial Disability:** In the event of Accidental Bodily Injury causing the total and irrecoverable loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot, We will pay Percentage of the Sum Insured stated in the below table

<b>Permanent Partial Disability</b>	
i) Sight of one eye	50%
ii) One hand or One foot	50%
iii) Loss of toes-all	20%
iv) Loss of Toes Great - both phalanges	5%
v) Loss of Toes Great - one phalanges	2%
vi) Loss of Toes Other than great, if more than one toe lost, each	1%
vii) Loss of hearing-both ears	50%
viii) Loss of hearing –one ear	15%
ix) Loss of speech	50%
x) Loss of four fingers and thumb of one hand	40%
xi) Loss of four fingers	35%
xii) Loss of thumb –both phalanges	25%
xiii) Loss of thumb- one phalanx	10%
xiv) Loss of index finger-three phalanges	10%
two phalanges	8%
one phalanx	4%
xv) Loss of middle finger-three phalanges	6%
two phalanges	4%
one phalanx	2%
xvi) Loss of ring finger-three phalanges	5%
two phalanges	4%
one phalanx	2%
xvii) Loss of little finger-three phalanges	4%
two phalanges	3%
one phalanx	2%
xviii) Loss of metacarpals-first or second,	3%
third, fourth or fifth	2%

In this Benefit: a) Loss means: i) the physical separation of a body part, or ii) the total loss of functional use of a body part or organ, where such cases would be accepted, basis of certification from Independent medical practitioners from Govt hospital/ civil surgeon. b) If an Insured Person suffers a Loss not mentioned in the table above, then We will assess the degree of disablement with independent medical practitioners and determine the amount of payment to be made. c) If a Claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, our liability to make payment will be limited to the member only and not any of its parts or constituents. d) Any claim made under this benefit will not terminate the Policy. e) If more than one Loss results from any one Accident, only one amount, the largest, will be paid. Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within the basic sum insured of the Policy. Any payment made under this benefit shall be deducted from any Accidental Death and/or Permanent Total Disability, if opted for under this Policy, which ultimately becomes payable under this Policy as a result of the Accident. In case of Floater policies claim would be paid on the basis of Sum Insured as mentioned in policy schedule if any of the member suffers a loss as per the covers opted.

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule which is within basic sum insured of policy. The above benefit shall also cover any Injury caused due to Felonious Assault and the Company shall pay the Sum Insured as specified against this benefit in the Policy Schedule.

### 2.2.2 Benefit: Accidental Death and Dismemberment Benefit (Common Carrier)

The Company shall pay the nominee or legal heir of the Insured a lump sum equal to a specified percentage of the Sum Insured against this benefit as specified in the Policy Schedule in case the Insured meets with death/loss arising out of and consequent upon an Injury encountered whilst mounting into or dismounting from or traveling in any Common Carrier as a passenger (fare paying or otherwise) during the Period of Insurance. If the injury to the Insured results in one of the losses mentioned below, the Company shall pay as specified in the Table. The loss must occur within 12 months from the date of the Accident which

caused Injury. If more than one loss results from any one Accident, only one amount, the largest, will be paid.

**a. Death:** We will pay 100% of the Sum Insured as stated in the Policy schedule/ Certificate of Insurance against this cover in the event of Accidental Bodily Injury causing the Insured's death/disappearance within 12 months of the Accidental Bodily Injury being sustained.

**b. Permanent Total Disability:** In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained, we will pay 100% of the Sum Insured as stated in the table below.

	<b>Table of Benefits</b>	<b>Percentage of Sum Insured Payable</b>
1	Loss of sight of both eyes	100%
2	Loss of, by physical separation of two entire hands or two entire foot	100%
3	Loss of one entire hand and one entire foot	100%
4	Loss of sight of one eye and such of loss of one entire hand or one entire foot	100%
5	Complete loss of hearing of both ears and complete loss of speech	100%
6	Complete loss of hearing of both ears and loss of one limb/loss of sight of one eye	100%
7	Complete loss of speech and loss of one limb/loss of sight of one eye	100%

ii) In this Benefit: a) Limb means a hand at or above the wrist or a foot above the ankle; b) Loss of Limb means: i. the physical separation of a Limb above the wrist or ankle respectively, or ii. the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability, where such cases would be accepted, basis of certification from Independent medical advisor from Govt hospital/ civil surgeon. c) Includes cover for paralysis, including paraplegia and quadriplegia with loss of functional use of Limbs. d) Once a claim has been accepted and paid under this Benefit, the cover under this Benefit shall immediately and automatically cease to be effective in respect of that Insured Person. Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within the basic sum insured of the Policy. Any payment made under this benefit shall be deducted from any Accidental Death and/or Permanent Partial Disability, if opted for under this Policy, which ultimately becomes payable under this Policy as a result of the Accident.

**c. Permanent Partial Disability:** In the event of Accidental Bodily Injury causing the total and irrecoverable loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot, We will pay Percentage of the Sum Insured stated in the below table

<b>Permanent Partial Disability</b>	
i) Sight of one eye	50%
ii) One hand or One foot	50%
iii) Loss of toes-all	20%
iv) Loss of Toes Great - both phalanges	5%
v) Loss of Toes Great - one phalanges	2%
vi) Loss of Toes Other than great, if more than one toe lost, each	1%
vii) Loss of hearing-both ears	50%
viii) Loss of hearing -one ear	15%
ix) Loss of speech	50%
x) Loss of four fingers and thumb of one hand	40%
xi) Loss of four fingers	35%
xii) Loss of thumb -both phalanges	25%
xiii) Loss of thumb- one phalanx	10%
xiv) Loss of index finger-three phalanges	10%
two phalanges	8%
one phalanx	4%
xv) Loss of middle finger-three phalanges	6%
two phalanges	4%
one phalanx	2%
xvi) Loss of ring finger-three phalanges	5%
two phalanges	4%
one phalanx	2%
xvii) Loss of little finger-three phalanges	4%
two phalanges	3%
one phalanx	2%
xviii) Loss of metacarpals-first or second,	3%
third, fourth or fifth	2%

In this Benefit: a) Loss means: i) the physical separation of a body part, or ii) the total loss of functional use of a body part or organ, where such cases would be accepted, basis of certification from Independent medical practitioners from Govt hospital/ civil surgeon. b) If an Insured Person suffers a Loss not mentioned in the table above, then We will assess the degree of disablement with independent medical practitioners and determine the amount of payment to be made. c) If a Claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, our liability to make payment will be limited to the member only and not any of its parts or constituents. d) Any claim made under this benefit will not terminate the Policy. e) If more than one Loss results from any one Accident, only one amount, the largest, will be paid. Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within the basic sum insured of the Policy. Any payment made under this benefit shall be deducted from any Accidental Death and/or Permanent Total Disability, if opted for under this Policy, which ultimately becomes payable under this Policy as a result of the Accident. In case of Floater policies claim would be paid on the basis of Sum Insured as mentioned in policy schedule if any of the member suffers a loss as per the covers opted.

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule which is within basic sum insured of policy.

### 2.2.3 Benefit: Sickness Dental Relief

The Company shall compensate the Insured for the reasonable Medical Expenses incurred by the Insured in connection with treatment for any Injury or Illness to his/ her natural tooth or teeth during the Trip, undertaken within the Period of Insurance. Provided further that such treatment should be provided by a Medical Practitioner qualified in practicing dentistry or dental surgery, and the reimbursement for the Medical Expenses incurred shall not exceed the Sum Insured and deductible for the coverage as mentioned in Policy Schedule here to.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

The deductible, if any, in respect of this benefit will be applicable and shall be of an amount as specified in the Policy Schedule.

In respect of all claims payable hereunder, the Company may effect settlement in the form of reimbursement of the amount of claim to the Insured.

### 2.2.4 Benefit: Daily Allowance in Case of Hospitalization:

The Company will pay a fixed amount, as specified against this Benefit in policy schedule, up to a maximum seven of days due to an Injury or Illness sustained or contracted within the Period of Insurance whilst on a Trip for each continuous and completed period of 24 hours of Hospitalization of the Insured Person, subject to the conditions specified below:

1. Company will pay the amount as specified in the Policy Schedule for each continuous and completed period of 24 hours through which the Insured Person is hospitalised.
2. The Company has accepted the Insured Person's claim under Benefit (Accident & Sickness Medical Expense).

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

We will not make payment for the deductible period per event, as mentioned in the Policy Schedule.

### 2.2.5 Benefit: Pre Existing Disease Coverage In Life Threat Conditions:

The Company shall compensate the Insured for the reasonable Inpatient Medical Expenses for Pre-existing diseases in case of Emergency subject to sub-limits as shown in the policy schedule.

The coverages, terms & conditions, exclusions mentioned in BENEFIT no. 2.1.1 (Accident & Sickness Medical Expense Benefit), 2.1.2 (Emergency Medical Evacuation) ,2.1.3 (Repatriation of Remains) will be applicable in this benefit.

This cover triggers, if the claim is made for emergency medical treatment rendered in case of life threatening medical condition during the period of insurance for any sudden, unexpected unforeseen development attributed to any pre-existing disease.

In this cover event, measures solely designed to relieve acute pain, provided to the Insured by the Physician for Disease/accident arising out of a pre-existing condition would be reimbursed. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain.

The deductible and sublimit will be applied on claim provided –

1. Such extension will not result into any increase in Sum Insured of the respective Coverage
2. Coverage will be provided to the pre-existing diseases which are declared and accepted by us at the time of policy issuance.
3. Approval of the Company or assistance service provider is obtained within 24 hours of commencement of hospitalization.

This cover is applicable if it is shown on your schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

#### **2.2.6 Benefit: Ambulance cover**

The Company will indemnify the expenses up to the amount specified against this Benefit, for the Reasonable and Customary Charges necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation, provided that the necessity of such Ambulance transportation is certified by the treating Medical Practitioner, subject to the conditions specified below:

1. Such Transportation is from the place of occurrence of Medical Emergency of the Insured person, to the nearest Hospital; and/or
2. Such Transportation is from one Hospital to another Hospital for the purpose of providing better Medical aid to the Insured Person, following an Emergency.
3. The Company will not make a payment under this Benefit if the insured person is transferred to a Hospital or diagnostic centre for evaluation purposes only and not for treatment purpose.
4. The Company has accepted the recipient Insured Person's claim under Benefit Section 2.1.1 Accident & Sickness Medical Expense Benefit.

This cover is applicable if it is shown on your policy schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

#### **2.2.7 Benefit: Emergency Medical Termination Of Pregnancy:**

In-patient medical expenses related to terminate pregnancy due to medical reasons and not due to Insured's choice to terminate pregnancy are covered to a maximum limit as specified in the Policy Schedule.

This cover is applicable if it is shown on your policy schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

#### **2.2.8 Benefit: Cancer Screening And Mammography Expenses:**

Cancer screening and mammographic examinations on recommendation from physician will be paid under this policy, subject to a maximum limit as specified in the Policy Schedule. Expenses would be paid for the usual and customary charges incurred for these tests. Any tests done as a part of preventive health check-up is not included under this benefit.

This cover is applicable if it is shown on your policy schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

#### **2.2.9 Benefit: Childcare Benefits:**

If the child between age of 7 to 90 days of age, and is hospitalized for more than 2 days, for any ailment, We will pay fix benefit upto the maximum amount for a maximum period of seven days as provided in the schedule of benefits. Hospitalization of child should be outside India.

This cover is applicable if it is shown on your policy schedule.

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

#### **2.2.10 Benefit: Physiotherapy:**

The Company shall provide coverage for the ongoing physiotherapy up to the maximum limit as specified in the Policy Schedule to treat a disablement due to an accident where treatment continuance is recommended in writing by the Medical Practitioner.

This cover is applicable if it is shown on your policy schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

#### **2.2.11 Benefit: Out Patient Treatment:**

The Company shall indemnify the Insured for the Medical Expenses incurred by the Insured for Outpatient medical treatment undertaken on account of any Illness contracted or Injury sustained whilst on a Trip during the Period of Insurance, subject to the overall liability of the Company not exceeding the Sum Insured for the coverage as mentioned in the Policy Schedule.

The treatment for such Illness and/ or Injury shall commence anytime during the insured journey immediately after diagnosis of such Illness and/ or Injury.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

**2.2.12 Benefit: Checked Baggage Loss Benefit:**

The Company shall pay to the Insured, the sum as specified for the coverage in the Schedule of the Policy as a fixed allowance in case Total Loss of entire piece of Checked in Baggage which is under the care control and custody of the Common Carrier, while the Insured Person is a ticketed passenger on the Common Carrier during the course of the Insured Period. The cover is limited to the travel destinations specified in the main travel ticket from the Republic of India and return trip back to India. All halts and via destinations included in this main travel ticket will be covered under this benefit. The compensation will be limited to the Sum Insured as specified in the Schedule.

The liability of the Company shall be determined based on the market value of the Contents of the Checked-In Baggage (excluding, however, the value of Valuables) as on the scheduled/ expected date of delivery at the destination port. In case of loss of more than one Checked-In Baggage, the Company's liability in respect of any one baggage shall be limited to 50% of the maximum liability specified in the Schedule of the Policy.

In an event where the lost Checked-In Baggage is subsequently delivered to the Insured, the Insured shall refund in full the sum paid by the Company hereunder, provided that, the Company shall separately consider the Insured's eligibility for recovery of claim under the cover 2.2.5 Checked Baggage Delay Benefit under the Policy.

In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage shall exceed USD 100, the Company's liability shall be limited to USD 100 only.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

If there is a claim settlement under Delay of checked in baggage section related to any item covered under this section, then claim under this section shall be reduced to the extent of benefit received under Delay of checked in baggage section.

**Special Condition**

- In the event of loss of baggage whilst in the custody of an airline, a Property Irregularity Report (PIR) must be obtained from the airline
- No partial loss or damage shall become payable.

**2.2.13 Benefit: Loss Of Passport Benefit:**

The Company shall reimburse to the Insured, the sum as specified for the coverage in the Policy Schedule towards actual cost incurred by the Insured, towards the prescribed fee payable to the concerned authorities at the place of loss for issue of an emergency certificate for the Insured to proceed with his/ her return journey to the Country of Residence of the Insured.

The Company shall also pay a fixed benefit amount of USD 50 towards any and all incidental expenses that might be incurred by the Insured in connection with obtaining the emergency certificate. However, no sum shall be payable under this Benefit if the Insured does not produce the official receipt of the fee paid for the issue of the emergency certificate. Also the Company shall not be liable to pay for the Deductible amount as mentioned against this Benefit in the Policy Schedule.

Further the Company shall also reimburse the cost incurred by the Insured towards the prescribed application fee payable to the concerned authorities in the Country of Residence of the Insured for issue of a duplicate passport and a fixed sum equivalent to USD 25 for any incidental expenses incurred by the Insured as on the date of application for the duplicate passport, provided that, the entire sum in relation to obtaining a duplicate passport in the Country of Residence of the Insured shall be paid in local currency of the Country of

Residence of the Insured, provided that, the Company's liability shall be limited to the Sum Insured specified in the Policy Schedule.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

**2.2.14 Benefit: Personal Liability Benefit:**

We will indemnify the insured up to the Sum Insured specified in the Schedule against any legal liability incurred by the insured in his/her private capacity to pay Damages for third party civil claims arising out of Accidental Death, Accidental Bodily Injury or Accidental Property Damage occurring during the journey undertaken during policy period .Subject otherwise to all the other terms, conditions, limitations and exceptions of the Policy.

**Specific Conditions**

a. The Insured shall:

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 the defense and/or settlement of any action or claim and shall be entitled at all times to receive the Insured's cooperation and assistance and to appoint lawyers on the Insured'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 Insured hereunder.

b. The Company shall not settle any claim without the express consent of the Insured, but if the Insured 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.

c. The Insured shall give a written notice to the Company as soon as reasonably practicable of any claims made against the Insured (or any specific event or circumstances that may give rise to a claim being made against the Insured) that shall become the subject of indemnity under this Benefit and shall give all such additional information as the Company may require.

d. The Company will have the right but in no case the obligation, to take over and conduct in the name of the Insured the defence of any claims and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defence of any claim in relinquishing the same. All amounts expended by the Company in the defence, settlement and/ or payment of any claim, will correspondingly reduce the limits of indemnity specified in the Schedule of the Policy.

e. In the event the Company, in its sole discretion, chooses to exercise its right pursuant to this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, the Company's liability or obligations under this Benefit beyond what the Company's liability or obligations would have been had it not exercised its rights under this condition.

f. The Insured shall give all such information and assistance as the Company may reasonably require.

g. The Insured shall give notice as soon as reasonably practicable of any fact, event or circumstance which materially changes the information supplied to the Company at the time when this Policy was effected and the Company may amend the terms of this Policy.

h. The terms and exclusions of this Benefit (and any phrase or word contained therein) shall be interpreted in accordance with the laws of India. This benefit is optional and only effective if it is shown in schedule

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

**2.2.15 Benefit: Flight Delay (Trip Delay):**

We will pay the Sum Insured If your common carrier's actual departure time is delayed by more than the duration (as specified in your policy) from the scheduled departure time, for any of the following reasons(covered occurrence)

1. Delay of a Scheduled Common Carrier caused by Inclement Weather.
2. Delay due to a sudden Strike or any other action by employees of the Common Carrier.
3. Delay caused by equipment failure of the Common Carrier.
4. Delay caused by operational problem at the Common Carrier end like crew/staff scheduling issues.
5. Cancellation or rescheduling of flights done at the instance of the Common carrier that causes delay.

**Definitions:**

Equipment Failure - means any sudden, unforeseen breakdown in the Common Carrier's equipment that caused a delay or interruption of normal trips.

Inclement Weather - means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Strike - means any labour disagreement which interferes with the normal departure and arrival of a Common Carrier, and is defined as legal by the relevant authorities in the respective countries.

This benefit is optional and only effective if it is shown in schedule,

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

We will not make payment for the deductible period per event, as mentioned in the Policy Schedule.

**2.2.16 Benefit: Compassionate Visit:**

The Company will pay the insured cost of visit of one of your immediate family member, to the city where Insured being Hospitalized consequent upon any Injury sustained and/ or Illness contracted at any place being part of the Trip covered hereunder and such Hospitalisation shall, in the opinion of the Medical Practitioner attending on the Insured, extend beyond a period of 2 days, up to the limits shown in your policy schedule in the unexpected event of you being hospitalized.

Provided that:

1. The Hospitalisation has been advised by the Medical Practitioner attending on the Insured and such Hospitalisation is admitted under Benefit - Accident and Sickness Medical Expense Benefit of this Policy; and
2. The need of such assistance is essential in the opinion of the Medical Practitioner attending on the Insured and recommended by him/ her accordingly.
3. Claim has been accepted under 2.1.1 (Accident & medical sickness benefit).

The Company shall also reimburse the cost of the economy class air ticket incurred by the person rendering such special assistance from and to the place of origin of such person or the place of residence of the person. And accommodation expenses not exceeding \$200 USD per day during the hospital stay of the insured.

The Company's liability under this Benefit, however, in respect of any one event or all events of Hospitalisation during the Period of Insurances shall not in total exceed the Sum Insured as specified in the Policy Schedule.

The Insured shall as far as possible seek for such special assistance from any one of his/ her relatives, either at the place of Hospitalisation or any other nearest place.

It is a condition precedent to the Company's liability hereunder that the need for such a special assistance and consequent visit of any one of the Family or relative from a particular place is also approved by the Assistance Service Provider before any one of the Family or near relatives or friends undertakes the Trip.

The claim under this Cover will be admissible provided that no Adult member of Insured's Immediate Family is present at the Port of Insured's hospitalization.

The family member / accompanying person shall be responsible for visas and other government documents required for travel to the country of hospitalization of the insured.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned against this in the Policy Schedule within basic sum insured of policy.

**2.2.17 Benefit: Emergency Hotel Extension:**

The Company shall pay the actual additional expenses for lodging and boarding incurred by the Insured subject to the maximum Sum Insured as specified in Policy Schedule if the departure of the Insured shall be delayed either at the port at the place of origin or at any intermediate ports forming part of the Trip within the Period of Insurance solely arising out of and consequent upon any of the contingencies specified hereunder:

1. Earthquake.
2. Floods resulting from unseasonal rains, storm or cyclone.
3. Terrorism.

Provided that the named perils hereinabove shall take place in and in the vicinity of the part involved in the Insured's prosecution of the journey.

4. Personal contingencies like emergency Hospitalisation treatment necessitated to the Insured or Insured's Family or Insured's Traveling Companion due to an unforeseen Illness or accidental Injury.
5. Cancellation or rescheduling of flights done at the instance of the Common Carrier.
6. Lost or stolen passport or travel documents.

Provided that no sum shall be payable by the Company for any delay arising due to perils named herein above in relation to the port of origin should the place of origin also be the Country of Residence of the Insured as specified in the Policy . Also provided that the Company's liability under this cover shall be limited to only one delay encountered by the Insured during the entire Period of Insurance and will be paid the amount as mentioned against this Benefit in the Policy Schedule.

On the happening of any contingency as stated above, resulting in the Insured's decision to delay the departure, immediate notice thereof shall be given to the Company.



The Insured shall endeavour to prosecute the journey as soon as possible so as to minimize the delay arising out of the contingency. This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

#### 2.2.18 Benefit: Return of Minor Child(ren):

In the unfortunate event of the death of the Insured whilst abroad during the Period of Insurance or the Insured being Hospitalized consequent upon any Injury sustained and / or Illness, contracted at any place being part of the Trip covered hereunder and such Hospitalisation shall in the opinion of the Medical Practitioner attending on the Insured extend beyond a period of 2 days, the Company shall reimburse the cost of the economy class air ticket incurred for sending the unattended Minor Child(ren) back to the Country of Residence.

Minor Child(ren) for the purpose of this benefit shall mean any child of the Insured Person, below the age of 18 years. The cover under this benefit would be available for a maximum of two children.

In case the Insured does not opt for the above option and if an attendant is necessary to ensure the safety and welfare of Minor Child(ren) at the place of Hospitalisation, the Company will pay for the cost of transportation of the attendant from his/her origin or Country of Residence and back, provided that the Hospitalisation has been advised by the Medical Practitioner attending on the Insured.

The Company's liability under this Benefit, however, in respect of any one event or all events of Hospitalisation during the Period of Insurances shall be restricted only for two Minor Child(ren) and shall be subject to the Sum Insured as specified in the Policy Schedule.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

#### TERMS & CONDITIONS

1. It is a condition precedent to the Company's liability hereunder that the need for the return of Minor Child(ren) is also approved by the Company or Assistance Service Provider.
2. The Company shall not be liable for any payment under this benefit if the Hospitalisation occurs within 5 days prior to the Completion of Trip.
3. Provided there is no other adult traveling companion to take care of children.

#### 2.2.19 Benefit: Bail Bond:

The Company will pay bail bond costs, you incurred, as a result of any inadvertent law breaking or false arrest or wrongful detention during his/her travel overseas, by any government or foreign power up to the amount stated in the Policy Schedule.

This cover is applicable if it is shown on your schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

#### Terms and Conditions:

- The Company will pay or arrange to pay through the Third Party Administrator to the court directly on behalf of the Insured, the bail amount. This cover would be for bailable offences only.
- The Insured shall appear in the court on the date specified by the court for trial and judgment. If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured or otherwise by breach of the terms of such bail bond, the amount of the bail bond will require being repaid by the Insured to the Company within 1 month after the bail bond is forfeited and if the Company so deems necessary (whether on expiry of such 1 month or otherwise), the Insured will be liable to repay the bail amount together with the interest rate of 18% p.a. accruing from the date of payment by the Company to the court until receipt thereof from the Insured, and the costs and expenses reasonably incurred by the Company in such behalf.
- In case of death of the Insured, at the first instance, the Immediate Family Member, and in case where there is no immediate family member, the sponsor, if any, will be liable to produce the death certificate or the necessary documents, as per the local law, in the court within 1 month (of such death) for the release of the bail amount to the Third Party Administrator. In case they fail to do so, the Insured hereby agrees that the Company would have full right and authority to recover the bail amount from the estate of the Insured, or the parents/guardians of the Insured, and if applicable, the Sponsor.
- The amount will be refunded to the Company or the Third Party Administrator by the court with which it was deposited as soon as the court releases the bail amount with which the deposit was made. In no case the amount will be paid out to the Insured.
- The judgment shall have no bearing on the refund of the deposit to the Company or the Third Party Administrator. If the court imposes any penalty or fine on the Insured at the time of interim order or final judgment, then in that case the Insured will not be at the liberty to get the fine deducted or adjusted from the bail amount which was deposited by the Company or the Third Party Administrator.

#### 2.2.20 Benefit: Self Drive Cover: Loss Of International Driving License - Inconvenience Fee:

In event of the Insured losing his/ her original International driving license during the Trip covered under the Policy, the Company shall reimburse the cost incurred by the Insured towards the inconvenience / prescribed fee payable to the concerned authorities at the place of loss. The Company shall also pay towards any and all incidental expenses that might be incurred by the Insured in connection with obtaining the emergency certificate. However, no sum shall be payable under this Benefit if the Insured does not produce the official receipt of the fee paid for the issue of the emergency certificate.

Further the Company shall also reimburse the cost incurred by the Insured towards the prescribed application fee payable to the concerned authorities in the Country of Residence of the Insured for issue of a duplicate International driving license and any incidental expenses incurred by the Insured as on the date of application for the duplicate International driving license, provided that, the entire sum in relation to obtaining a duplicate International driving license in the Country of Residence of the Insured shall be paid in local currency of the Country of Residence of the Insured, provided that, the Company's liability shall be limited to the Sum Insured specified in the Policy Schedule.

International driving license must be valid at the time of loss. And we are liable to pay the fees only towards the duplicate driving license not towards the extension of validity.

If Insured person whilst outside India, loses his driving license, this cover will be activated.

Any expenses arising in loss of license due to delay or from confiscation or detention by customs, police or other authority will not be paid.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

In event the International driving license originally reported lost being traced and made available to the Insured, any time before the emergency certificate at the place of loss of the license or the duplicate, license at the Country of Residence of the Insured is issued to the Insured, the Insured shall intimate the concerned authorities forthwith and apply for the refund of the money paid with the application for emergency certificate or duplicate International driving license, as the case may be. The Insured shall then refund to the Company such amount as has been refunded by the authorities to the Insured in this regard.

#### 2.2.21 Benefit: Sponsor Protection:

The Company shall pay towards Sponsor Protection upto the amount as specified in the Policy Schedule, as per the terms and conditions and the exclusions below.

This benefit is optional and only effective if it is shown in schedule,

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

#### TERMS AND CONDITIONS

In the event of injury to the Insured's Sponsor, as stated in the Enrollment Form, resulting in Death in any form, the Company shall reimburse the Insured the Tuition Fee incurred for the remaining period of this education up to the maximum limit stated in the Policy Schedule. In the event of a claim, only the figures shown on official invoice(s) from the educational institution and voucher(s) of payment of the said Tuition fees, shall be used for calculating any reimbursement paid by the Company.

Simultaneous claims under 'study interruption' and 'sponsor protection' is not permitted.

#### 2.2.22 Benefit: Study Interruption:

The Company shall pay the Insured, compensation in the event of Study Interruption upto the amount stated in the Policy Schedule, subject to the terms and conditions and the exclusions below.

This benefit is optional and only effective if it is shown in schedule

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

#### i. TERMS AND CONDITIONS

The Study interruption has to arise on the following grounds:

1. In the event of Hospitalization of the Insured of more than one consecutive month from either a covered Injury or sickness or in the case of terminal sickness or in the case of a medical repatriation, or

2. In case of death of any one immediate family member or the sponsor during the entire policy period, which leads the Insured to discontinue his / her studies for the remaining part of the current school semester for which Tuition fees has been paid, the Company shall reimburse the Insured, the Tuition fees which has already been advanced to the educational institution less possible/actual refunds, up to the amount stated in the Policy Schedule.

Only the figures shown on an official invoice(s) from the educational institution for payment of said Tuition Fees in conjunction with the refund statement, if any, shall be used for calculating any reimbursement paid by the Company. It cannot exceed the maximum amount stated in the Policy Schedule.

**2.2.23 Benefit: Hijack Distress Compensation:**

The Company shall compensate the Insured at the rate per day as specified in the Policy Schedule in case the Common Carrier in which the Insured is traveling as a passenger during Trip within the Period of Insurance shall be subject of Hijack, and that the Common Carrier is held captive by the hijackers. Compensation shall be payable under this Benefit provided that the Hijack is for a period more than as specified in Policy Schedule.

Provided that the cover shall only attach in case of travel by Common Carrier as the main mode of travel and shall not attach for any incidental travels by any other mode of transportation.

The Company's liability shall be restricted for the period for which the Common Carrier is held captive in excess of the period as specified in Policy Schedule, and in no case shall exceed the maximum seven days.

Should death of the Insured occur during the period for which the aircraft/ ocean going vessels is held captive by the hijackers, such death of the Insured shall be considered as a valid claim under section 2.2.2: Accidental Death and Dismemberment Benefit (Common Carrier) under the Provision applicable to the death of the Insured in an Accident to the Common Carrier in which the Insured is traveling as a passenger. Such compensation for death shall be independent of the Insured's eligibility for claim under this Benefit.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

We will not make payment for the deductible period per event, as mentioned in the Policy Schedule.

**2.2.24 Benefit: Missed Connections/Missed Departure:**

The company will pay the fixed amount subject to the limits specified in the policy if the insured misses the connecting flight at intermediate port due to a delay beyond 4 hours from the original schedule by the outbound/Inbound air craft from/to India in which insured is expected to travel for accommodation and travel arrangements.

Covered Hazards: Delay in Scheduled Common Carrier failing to get the Insured to their destination in time due to

1. Inclement Weather; or
2. Strike or other job action by employees of a Common Carrier scheduled to be used by You during Your return journey; or
3. Equipment Failure of a Common Carrier.

The Insured may claim only Delayed departure or Missed departure / Missed Connection, not both.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

We will not make payment for the deductible period per event, as mentioned in the Policy Schedule.

In the event of the forfeited amount by the Common Carrier for the Missed Flight being refunded/ returned to the Insured, subsequent to any payment under this Benefit, the Insured shall return the amount so refunded in full.

**2.2.25 Benefit: Fraudulent Card Payment Benefit**

The Company shall pay or reimburse to the Insured/ Insured Person upto the limit of sum Insured as specified in the Policy Schedule incurred in respect of financial loss, arising out of fraudulent utilization of lost or stolen payment card, up to 15 / hours prior to your first reporting the event to your payment card issuer(s).

- The loss occurs during the period of Insurance
- The loss occurs during the Insured person is on foreign trip
- Payment Card must be issued in the insured name

#### Duties After An Accident or Loss

- a) You shall call us or our Assistance Service Provider or provide written intimation to make a claim and obtain the proper forms and instructions within 24 hours from discovering an unauthorized charge was made on your lost or stolen payment card;
- b) You shall complete and return any documents including but not limited to claim form, police report, demands, notices, and any other documents we may ask you to provide;
- c) The claim form and accompanying documents must be returned to us within 3 days of making the original claim.

This benefit is optional and only effective if it is shown in policy schedule.

Our maximum liability will be limited to the Sum Insured mentioned against this cover in the Policy Schedule within basic sum insured of policy.

#### Definition –

**Payment card** means an ATM card, credit card, charge card, prepaid card or debit card issued by a qualified financial institution for personal use only.

**Lost or Stolen** means having been inadvertently lost or having been stolen by a third party without your assistance, consent or co-operation.

**Fraudulent utilization charges** means those charges which are incurred on the payment card / sim card after the physical loss of the payment card / sim card and without the knowledge or consent of the payment card / sim card holder as per provisions, terms and conditions of payment card issuer / mobile service provider.

**Relative** means your legally married spouse, parent, step-parent, parent in-law, grandparent, child, stepchild, legally adopted child, grandchild, brother, brother in-law, sister, sister in-law, son in-law, daughter in-law, uncle, aunt, niece, nephew, and first cousin.

**Business** means

- A trade, profession or occupation engaged in on a full-time, part-time or occasional basis; or
- Any other activity engaged in for money or other compensation

#### Specific Conditions:

1. Any suit or legal proceedings against the Company under this section shall be filed and instituted in the court having jurisdiction in India only.
2. Each insured person must take all reasonable steps to avoid any loss, damage or expense.
- 3 We will only pay for fraudulent utilization charges for which you are responsible under the terms and conditions of your payment card.
4. You must report the loss or theft of your payment card to the issuer(s) within 3 hours after discovering your lost or stolen payment card event.
5. You must comply with all terms and conditions by which your payment card is issued.

#### 6 Valid Account

Wherever payment is made by payment card, your payment card account must be valid and in good standing for coverage to apply. Benefits will not be paid if, on the date of occurrence your payment card account is in delinquency, collection, or cancellation status.

#### 7 Concealment or Fraud

If you or anyone acting on Your behalf put forward any claim under this Policy knowing the same to be false or fraudulent, as regards amount or otherwise, this Policy shall be void in its entirety and be of no effect whatsoever and all claims that You may have made for an indemnity under it shall be forfeited.

#### 8 Duties After an Accident or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the duties that are detailed in each coverages section. You are required to cooperate with us in investigating, evaluating and settling a claim

The claim will be on reimbursement basis only with immediate intimation and not later than 24 hours from discovering an unauthorized charge was made on your lost or stolen payment card, to the assistance service provider upon knowledge of loss of credit or debit card, and required documents.

#### 2.2.26 Benefit: Continued Medical Treatment in India:

The Company may, at its sole discretion, and subject to concurrence of the Insured, even allow the Insured to avail the treatment for said Illness or Injury in the Country of Residence of the Insured. In such cases, the Company shall compensate the Insured for the Medical Expenses incurred by the Insured, for a maximum of 30 days, from the date of return to the Country of Residence of the Insured or policy expiry date whichever is earlier and also for the cost of journey incurred by the Insured for self as well as for an accompanying attendant (only if medically necessary and prescribed by treating Medical Practitioner) from the place of Illness or Injury abroad to the Country of Residence of the Insured by the Common Carrier, subject to the overall liability of the Company not exceeding the amount, had the treatment been taken at the place where the Illness was contracted or Injury suffered or the Sum Insured under this benefit, whichever is less. In no case shall the Company be liable for the expenses incurred by the Insured at his Country of Residence without prior approval from the Company.

This coverage will be limited to and included in the Sum Insured of Accident & Sickness Medical Expense Benefit as specified in the policy Schedule per policy period.

**Special Condition-**

A. Any expenses due to declared / not declared Pre Existing Diseases will not be covered.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

**2.2.27 Loss of Laptop / Tablet**

We will pay cost of laptop up to the cost of the item or sum insured mentioned in the policy schedule, if during your journey, laptop is stolen or permanently lost.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

**2.2.28. Emergency Cash Advance**

The Company shall provide an assistance service when the Insured Person requires emergency cash, following incidents like theft/ burglary of luggage/ money or hold up whilst on a trip covered hereunder. The Assistance Service Provider shall co-ordinate with the Insured Person's relatives in his Country of Residence to provide emergency cash assistance to the Insured Person as per his requirement, but not exceeding the limit specified in the Policy Schedule.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

**TERMS AND CONDITIONS**

1. No claim shall be admitted under the Policy unless a complaint is lodged with the police authorities and copy of such complaint/ first information report is furnished to the Company.
2. No claim shall be payable under this Benefit for need arising after return of the Insured to the Country of Residence of the Insured.

**2.2.29. Self-Inflicted Injury**

The Company shall indemnify the Insured for the Medical Expenses reasonably incurred by the Insured for Inpatient medical treatment undertaken on account of any self-inflicted injury sustained whilst on a Trip during the Period of Insurance, subject to the overall liability of the Company not exceeding the Sum Insured for the coverage as mentioned in the Policy Schedule hereto. Provided that the treatment for such Injury shall commence anytime during the Period of Insurance immediately after diagnosis of such Injury.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

**2.2.30. Vision Care**

The Company shall pay the Insured, compensation for vision check-ups & damage or loss to spectacles or lenses due to accidental damage or loss, theft & burglary, fire, riot & strike, and any other fortuitous cause. A co-payment of 50% shall be applicable on each and every claim under this benefit.

This benefit is optional and only effective if it is shown in schedule.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within basic sum insured of policy.

**Standard Exclusions**

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation(Code- Excl04)
  - a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
  - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
2. Rest Cure, rehabilitation and respite care- Code- Excl05
  - a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
    - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
    - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and

4. Body Mass Index (BMI);

- a. greater than or equal to 40 or
- b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
  - i. Obesity-related cardiomyopathy
  - ii. Coronary heart disease
  - iii. Severe Sleep Apnea
  - iv. Uncontrolled Type2 Diabetes

4. Change of Gender Treatments (Code – Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code- Excl12)

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

12. Refractive Error:(Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

13. Unproven Treatments:(Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- i. Any type of sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

15. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

16. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

**Specific Exclusions**

The Company shall not be liable for any compensation or benefit for/ in event:

- 1. Payment for items mentioned under Appendix I
- 2. Any claim relating to events occurring before the commencement of the Trip covered hereunder and any time after the completion of the Trip at any port

at the Country of Residence of the Insured mentioned hereunder.

3. Where the insured person is travelling against the advice of physician or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment or has received a terminal prognosis for a medical condition.
4. A claim which is fraudulent in any respect, or if any false declaration has been made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under the Policy or if the loss or damage is occasioned by the wilful act, or with the connivance of the Insured.
5. Insured taking part in a naval, military or air force operation.
6. any claim arising from any intentional self-Injury, suicide or attempted suicide.
7. Travel to areas where, at time of booking the Journey or thereafter but before You travel, the government authority has advised against all travel to the specific area,
8. Costs recoverable elsewhere.
9. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
10. Charges incurred in connection with routine ear examinations, dentures, artificial teeth and all external appliances and / or devices whether for diagnosis or treatment.
11. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl-13
12. Any treatment related to Acupressure, acupuncture, magnetic therapy.
13. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
  - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
  - b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
14. Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident.
15. Vaccination including Inoculation and Immunizations (except in case of post-bite treatment)
16. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure Code- Excl-14
17. All expenses related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
18. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
19. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations,
20. If the Insured hereunder is traveling under an immigrant visa, claims in relation to contingencies occurring after the expiry of 90 days from the date of commencement of cover notwithstanding the fact that the Period of Insurance exceeds 90 days.

#### Cover wise Specific Exclusions

#### Benefits 2.1.1 (Accident & Sickness Medical Expense Benefit), 2.1.2(Emergency Medical Evacuation), 2.1.3 (Repatriation of Remains), 2.2.1 (Continued Medical Treatment in India)

In addition to the General Exclusions, the Company shall not be liable to make any payment towards expenses incurred by the Insured in connection with or in respect of

1. Any Pre-existing Condition or any complication arising from it unless specified.
2. Treatment of orthopedic, degenerative and oncological (Cancer) diseases unless such treatment pertains to Life Threatening Medical Conditions or measures solely taken to relieve acute pain and in any case, excluding chemotherapy or radiotherapy expenses.
3. Any claim for a medical condition where you have been referred to a Consultant/Specialist, attended Accident and emergency department of a hospital or admitted to a hospital between booking your trip and the departure date unless disclosed to and accepted by us.
4. Treatment received in at the place of origin of Trip;
5. Routine medication which you were consuming or started, at the start of your trip, and you knew that you would need while you were away.
6. Pregnancy or child birth in case the travel occurs after the first trimester.
7. Treatment for any dental illness/ Injury.
8. Beauty and/ or cosmetic treatment and/ or reconstructive plastic surgery in any form or manner –
9. Any treatment related to general debility, convalescence, and rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
10. Mental or psychiatric disorders.
11. Self-inflicted illness or Injury.

12. Routine physical tests and/ or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient.
13. Naturopathy treatment, ayurvedic/ homeopathic/ unani medicine, acupressure, acupuncture, magnetic and such other therapies.
14. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.
15. Sexually transmitted conditions,
16. Vaccination and inoculation of any kind, unless it is post animal bite.
17. Rehabilitation and/ or physiotherapy expenses or the cost of prostheses/ prosthetics (artificial limbs) or any Services provided by chiropractor.
18. Cost of spectacles/ contact lenses, hearing aid.
19. Hospitalisation expenses of donor.
20. Any treatment/ surgery for change of sex or treatment/ surgery/ complications/ Illness arising as a consequence thereof.
21. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.
22. Weight management services and Weight Reduction programmes including treatment for obesity.
23. Any payment in respect of medical treatment obtained in a Beneficiary's Country of residence unless otherwise agreed.
24. Any claims which arise from a Beneficiary failing to take medication, which they knew was required or to be continued on their Journey.
25. Any Claims arising from travelling to the declared areas of epidemic / Pandemic / Endemic areas of travel advisory or warning issued by local / state/ national/International authorities/W.H.O (World Health Organisation).
26. Any treatment or help where, given a Beneficiary's physical or mental condition, they should not have travelled or it would have been reasonable for them to have consulted their Medical practitioner, prior to their booking or taking the Journey, about whether or not it was appropriate for them to travel. –

#### Accidental Death And Dismemberment Benefit (24 Hrs)

1. Any sickness or disease, naturally occurring or degenerative condition.
2. A claim under more than one item of this section.
3. Payment of compensation in respect of death
  - a. arising from intentional self Injury / suicide/ attempted suicide.
  - b. whilst the Insured is under the influence of intoxicating liquor/ drugs.
4. loss caused directly or indirectly, wholly or partly by:
  - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
  - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
  - c. participation in war or war like perils
5. Any claim for participation in Adventurous Sports (subject to not involve in training or participation in competitions of professional or semi- professional sports persons).

#### Accidental Death and Dismemberment Benefit (Common Carrier)

1. Amounts related to medical expenses
2. Payment of compensation in respect of death
  - a. arising from intentional self Injury/ suicide/ attempted suicide.
  - b. whilst the Insured is under the influence of intoxicating liquor/ drugs.
3. loss caused directly or indirectly, wholly or partly by:
  - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
  - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
  - c. participation in war and war like perils

#### Sickness Dental Relief

1. Any treatment of a Pre-existing Condition.
2. Cementing or fixation of tooth or teeth bridge(s) .
3. Treatment of orthopaedic, degenerative or oncological diseases.
4. Beauty and/ or cosmetic treatment and/ or reconstructive plastic surgery in any form or manner.
5. For treatment for dental work which is not to relieve immediate pain only.
6. For treatment for dental work involving the use of precious metals or expensive ceramics.
7. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

#### Pre Existing Disease Coverage In Life Threat Conditions

1. Any treatment or part of the treatment which is not emergent in nature, and can safely be postponed till your return back to your trip origin place.
2. Any routine follow-up or treatments pertaining to the pre-existing illness/disease.
3. Pregnancy or child birth in case the travel occurs after the first trimester.



4. All the medical expenses related to maintaining the medical stable state or to prevent the onset of acute pain or any further treatment post-surgery or immediate treatment for which hospitalization was done.

#### Out Patient Treatment

1. Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.
2. Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered during the Period of Insurance.
3. Degenerative or oncological (Cancer) diseases.
4. Dental Treatment.
5. Circumcision.
6. Treatment of any Congenital Anomaly or Illness or defects or anomalies or treatment relating to birth defects.
7. Hormone replacement therapy.
8. Weight management services and treatment, vitamins and tonics related to weight control programs, services and supplies including treatment of obesity (including morbid obesity).
9. Treatment of mental disease or Illness, stress, psychiatric or psychological disorders.
10. Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
11. Rehabilitation and / or physiotherapy expenses or the cost of prostheses / prosthetics (artificial limbs) or any services provided by chiropractitioner.
12. Medical expenses due to Pre-existing Condition which is declared / not declared and or accepted by us
13. Any claim for participation in Adventurous Sports.

#### Checked Baggage Loss Benefit

In addition to anything mentioned in the general exclusions, we will not pay for loss, damage, theft or destruction

1. Caused by wear and tear, loss of value, moth, vermin and atmospheric or climatic conditions, gradually operating causes or by any cleaning, repairing or restoring process;
2. Losses arising from any detention, confiscation by customs officials or other public authorities.
3. Loss due to total or partial damage to the Contents of the Checked-In Baggage.
4. Valuables
5. Any partial loss of Contents of the Checked-In Baggage.

#### Loss of Passport

In addition to anything mentioned in the general exclusions, the Insurer will not pay for claims which are a result of:

1. Any destruction, loss or theft, which occurred prior to the start date of the Journey Abroad.
2. loss of passport due to delay or from confiscation or detention by customs, police or other authority;
3. theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
4. Any claim for travel and accommodation expenses of any other insured persons who could continue to travel without you but decide to stay with you.
5. Any cost incurred on passport loss on physically arrival in the Republic of India, including loss which was discovered prior to immigration entry in the Republic of India.

#### Personal Liability Benefit

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

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

4. We shall not be liable for any payment under this cover until the Indian court provides judgment or awards with regards to third party civil claims arising out of Accidental Bodily Injury or Accidental Property Damage.
5. Deductible as specified in the policy schedule
6. Any claim resulting from transmission of an illness or disease by the Insured.

#### Flight Delay (Trip Delay)

1. Any Delay due to Failure to check in on time.
2. Delay due to air craft is taken out of service on the instructions of the Civil Aviation Authority or other competent statutory authority
3. Any delay, which was made public or known to you at least 6 hours prior to the scheduled departure of the Common Carrier.
4. Any delay caused due to change in laws, regulations or orders issued by the respective Government or the regulating authority which was publicly announced.
5. Strikes or labour disputes which existed or of which advance warning had been given in Public prior to the date on which the insured trip was scheduled.
6. Delay due to the permanent withdrawal of services of any Common Carrier by its management or shareholders due to any reason whatsoever which was publicly announced.

#### Compassionate Visit

Anything mentioned in the General Exclusions section & exclusions mentioned under Accident & Sickness Medical Expense Benefit:

#### Emergency Hotel Extension

1. Arising out of contingencies other than specifically named herein above.
2. Arising out of any government regulation or prohibition.
3. Anything mentioned in the General Exclusions section

#### Bail Bond

1. The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of all non-bailable offences as per the local Law of the country in which the incident has taken place or occurred whilst the Insured's trip abroad.
2. Any bail amount where the insured has been charged for over speeding in a vehicle.
3. Any wilful, malicious, criminal or unlawful act, error, or omission
4. Anything mentioned in the General Exclusions section

#### Study Interruption

This Benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from:

1. Routine physical check-up and / or any related thereto;
2. A trip, the purpose of which was to obtain medical care;
3. Cosmetic or plastic surgery except as a result of an accident;
4. Elective surgery;
5. Any nervous disorders, rest, cures or stress of any kind;
6. Alcoholism or drug addiction, or use of any drug or narcotic agent;
7. Any treatment provided by a family member;
8. Specific named hazards, hang gliding, professional or amateur racing and piloting an aircraft;
9. Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
10. Any other claim after a claim for death has been admitted by the Company and becomes payable.
11. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi engine, commercial aircraft.
12. Any claim due to pregnancy or childbirth, venereal disease or infirmity.
13. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

#### Hijack Distress Compensation

The Company shall not be liable for any claim under this Policy if the Insured shall be involved as either principal or accessory in the Hijack.

#### Missed Connections/Missed Departure

1. Expenses that the Insured would have incurred during the normal course of his/her trip.
2. Missed connections due to a Covered Hazard which was made public or known to the Insured prior to the purchase of this Policy.
3. Where the Beneficiary had not allowed sufficient time for the journey to their departure point and allowed enough time to complete the boarding process at their point of departure.

4. A strike or any form of industrial action which had been announced or commenced before the Beneficiary purchased the travel tickets, obtained confirmation of booking or before they departed from their Home address
5. Claims not supported by a written report from the appropriate authorities.
6. Claims that are not justifiable given the circumstances, for example; the fear of an event happening or not taking place.
7. Any alternate arrangement provided by the airlines to the customer in view of missed connection/Missed Departure.

#### **Fraudulent Card Payment Benefit**

1. Claims where Insured can or could have recovered his losses from any other source.
2. Claims where the card's reporting of loss procedures have not been followed immediately of its knowledge.
3. Any costs incurred in procurement of new card.
4. Any claim, arising out of any contractual liability
5. Any claim arising out of a loss where the Insured and/or Insured Person and/or his relative and/or business staff is involved as principal/ accomplice.
6. Any consequential loss of whatsoever nature.
7. Any liability due to misuse of card occurring after date of intimation to the merchant establishment by the Insured through the Hot Card Bulletin.
8. Any claim where loss is not notified to the local police immediately of its knowledge.
9. Losses that you have intentionally caused;
10. Losses caused by illegal acts;
11. Losses that result from or related to business pursuits including your work or profession
12. Any loss falling under the general exclusions of Policy.
13. Fraudulent or supported by any fraudulent statement or device, whether by the Insured Person or by any person acting on behalf of the Insured Person.

#### **Continued Medical Treatment in India**

1. Any claim for participation in Adventurous Sports (subject to not involve in training or participation in competitions of professional or semi- professional sports persons).

#### **Loss of Laptop / Tablet**

1. If you do not report the loss, theft, or misplacement within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft or misplacement occurred.
2. the loss, theft or damage is to, or of, electronic data, software, or any other intangible asset.
3. The loss, theft or damage is to, or of, items left behind in any hotel or motel room after you have checked out, or items left behind in any aircraft, ship, train, tram, taxi, or bus.
4. The luggage and personal effects in which the laptop of tablet were placed are being sent unaccompanied by you or under a freight contract.
5. The loss or damage arises from any process of cleaning, repair, or alteration.
6. The item is left unsupervised in a public place or private vehicle.
7. You are entitled to be reimbursed by the bus line, airline, shipping line or rail authority you were travelling on when the loss, theft, misplacement, or damage occurred.
8. However, if you are not reimbursed the full amount of your claim, we will pay the difference between the amount of your loss and what you were reimbursed, up to the limit of your cover (allowing for depreciation due to age, wear and tear).

#### **Self-Inflicted Injury**

1. No medical expenses shall be payable if the self-inflicted injury shall result in death of the insured.
2. Any legal liabilities on account of any action by the insured.
3. Medical expenses incurred on OPD basis or hospitalization less than 24hrs.
4. Any type of activities that result into the legal action in respect to the law of the land of country of residence of the insured

#### **Vision Care**

1. Damage caused by any process of cleaning, dyeing, or bleaching, restoring, servicing, preventative maintenance, repairing or renovating or deterioration arising from wear and tear, moth, vermin, insects or mildew or any other gradually operating cause.
2. Loss or damage due to misplacement, misuse, reckless, abusive, wilful, or intentional conduct associated with handling and use of the covered item.
3. Any loss or damage due normal wear and tear
4. Loss or damage arising out of any pre-existing conditions.

**E. General Terms and Conditions**

**Standard Terms and Conditions**

**1. Disclosure to Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

**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. Material Change**

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

**3. Records to be Maintained**

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

**4. Complete Discharge**

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim

**5. 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 and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an 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 claim and / or forfeit the policy benefits 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 misstatement of or suppression of material fact are within the knowledge of the insurer.

**6. Cancellation/Termination**

i) The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

<b>Proportion of time Policy in force</b>	<b>Refund of Premium (% of Annual Premium)</b>
10%	75%
25%	50%
50%	25%
100%	0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

iii). In case of demise of the Policyholder,

a. Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded for the unexpired period of this Policy at pro-rata basis.

b. Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:

- i. Written notice in this regard is given to the Company before the Policy Period End Date; and
- ii. person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder

#### 7. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guide lines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1)

#### 8. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1)

#### 9. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

#### 10. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

#### 11. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

#### 12. Withdrawal of Policy

i) In the likelihood of this product being withdrawn in future, the Company will

intimate the insured person about the same 90 days prior to expiry of the policy.

ii) Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

### 13. Premium payment in Instalment

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vi. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

### 14. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

### 15. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

### 16. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

### 17. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

### 18. Endorsements (Changes in Policy)

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

The policyholder may be changed during the Policy Period only in case of his/her demise.

#### 19. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

#### 20. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2 % above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2 % above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

### F. Other Terms and Conditions

#### 1. Claims Procedure and Management

##### a. Pre-requisite for admissibility of claim

Any claim being made by an Insured Person or attendant of Insured Person during Hospitalization on behalf of the Insured person, should comply with the following conditions:

- i. The Condition Precedent Clause has to be fulfilled.
- ii. The medical condition caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. The Company will not be liable to indemnify the Insured Person for any loss other than the covered benefits and any other person who is not accepted by the Company as an Insured Person.
- iii. The holding Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, waiting periods and exclusions are to be fulfilled including the realization of premium by their respective due dates.
- iv. All the required and supportive Claim related documents are to be furnished within the stipulated timelines. The Company may call for additional documents wherever required.

##### b. Claims Procedure

##### Accident & Sickness Medical Expense Benefit

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

To avail the cashless facility

- For emergency Hospitalisation: within 24 hours 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.

For reimbursement claims, the Insured should report the contingency/ claim within 15 days from the date of completion of treatment in the Hospital

##### Repatriation of Remains

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

##### Accidental Death And Dismemberment Benefit (24 Hrs)

1. Upon happening of any event, which is likely to give rise to a claim under this Benefit, the Insured's representative shall give written notice with full particulars immediately to the Company or the Assistance Service Provider.
2. The insured's representative shall arrange for immediate treatment of the Insured in a Hospital and produce all such records of treatment to the Company in support of the claim.
3. Any claim for death of the Insured shall be duly supported by a death certificate issued by the Hospital in the city of Accident or City of Residence or Place of Origin, as the case may be. Post mortem certificate if required by the Company shall also be submitted, wherever post-mortem is conducted.
4. In case of death, written notice must be given before internment or cremation within one calendar month after the death, unless reasonable cause for delay is shown.

No claim for death under this Policy shall be considered unless death or disability results within 12 months from the date of the Accident that led to the death.

#### Accidental Death and Dismemberment Benefit (Common Carrier)

1. Upon happening of any event, which is likely to give rise to a claim under this Benefit, the Insured's representative shall give written notice with full particulars immediately to the Company or the Assistance Service Provider.
2. The insured's representative shall arrange for immediate treatment of the Insured in a Hospital and produce all such records of treatment to the Company in support of the claim.
3. Any claim for death of the Insured shall be duly supported by a death certificate issued by the Hospital in the city of Accident or City of Residence or Place of Origin, as the case may be. Post mortem certificate if required by the Company shall also be submitted, wherever post-mortem is conducted.
4. In case of death, written notice must be given before internment or cremation within one calendar month after the death, unless reasonable cause for delay is shown.
5. No claim for death under this Policy shall be considered unless death or disability results within 12 months from the date of the Accident that led to the death. To this extent the certificate obtained from the Medical Practitioner shall clearly relate the death to the Accident in question.

#### Loss of Passport

Immediately on becoming aware of the loss of the passport, the Insured shall report the matter to the police having jurisdiction over the place of loss while simultaneously reporting the loss to the Assistance Service Provider.

#### Personal Liability Benefit

1. In the event of a contingency resulting in or likely to result in a liability on the part of the Insured towards bodily Injury or property damage to third parties, the Insured shall immediately report the event to the Assistance Service Provider of the Company and furnish details of the circumstances that gave rise to the liability.
2. The Insured shall not settle or offer for settlement or enter into a compromise with the claimant or any other person without the consent and a written approval by the Assistance Service Provider or the Company.
3. The Insured shall, in the event of the contingency resulting in liability taking place in any of the public places or the roads, he/ she shall immediately report the matter to the police.

#### Compassionate Visit

In event of the Insured sustaining an Injury and/ or contracting an Illness requiring Hospitalisation in the opinion of the Medical Practitioner and further in the opinion of such Medical Practitioner continuous presence in the form of special assistance is required to be rendered to the Insured during the period of Hospitalisation by any of the members of the Family or near relative, immediate notice shall be given and approval obtained from the Assistance Service Provider by the Insured before requisitioning such special assistance.

The Insured shall endeavour wherever possible to requisition such a special assistance from any member of the Family or near relative from places nearer to the place of Hospitalisation. In any case, the Company's liability shall be limited to economy class airfare applicable from and to the Country of Residence of the Insured to the place of Hospitalisation.

#### Emergency Hotel Extension

In the event of an unexpected delay in departure by the insured occurring either from the port of origin or from any other part of departure for travel being part of the Trip covered hereunder, the Insured shall immediately inform the Assistance Service Provider of the Company furnishing circumstances and the details of the delay.

The Insured shall undertake to refund any amount received from the Common Carrier towards emergency hotel accommodation, if any such payment shall be received by the Insured after settlement of the claim by the Company.

#### Return of Minor Child(ren)

In the unfortunate event of the death of the Insured whilst abroad during the Period of Insurance or in the event of the Insured contracting any Illness / sustaining any Injury necessitating Hospitalisation and the Hospitalisation, in the opinion of Medical Practitioner, is likely to extend beyond a period of 2 days, he / she / his representative shall render the particulars of insurance cover as also the details of the Assistance Service Provider to the Hospital while simultaneously reporting the claim to the Company/ Assistance Service Provider.

#### Self Drive Cover: Loss Of International Driving License - Inconvenience Fee

Immediately on becoming aware of the loss of the International driving license, the Insured shall report the matter to the police having jurisdiction over the place of loss while simultaneously reporting the loss to the Assistance Service Provider.

#### Missed Connections/Missed Departure

In the event of any flight wherein the Insured shall travel in connection with part of his/her Trip shall arrive at the intended destination with a delay because of circumstances beyond the control of the Insured, resulting in the Insured missing the ongoing flight to the next place of destination being part of the Trip, he/ she shall report to the Assistance Service Provider such delay furnishing the details of the flights, the scheduled arrival to the place of delay, actual time of arrival and consequently the period of delay.



#### Continued Medical Treatment in India

In event of the Insured meeting with Hospitalization while travelling abroad, arising out of an Injury caused in an Accident or due to any illness taking place any time during the Period of Insurance, immediate written notice thereof shall be sent to the Assistance Service Provider or to us, by or on behalf of the Insured furnishing details of the Accident. If the Accident due to which hospitalization had occurred took place in a public place or premises, report shall be made to the authorities having jurisdiction over the place of Accident, and also to the police having jurisdiction over the place of Accident.

#### Loss of Laptop / Tablet

In event of the Insured is becoming aware of at any time during the Period of Insurance, immediate written notice thereof shall be sent to the Assistance Service Provider or to us, by or on behalf of the Insured furnishing details of the incident. If the incident took place in a public place or premises, report shall be made to the authorities having jurisdiction over the place of incident, and also to the police having jurisdiction over the place of incident.

#### Emergency Cash Advance

1. As soon as the need arises, Insured Person shall call up Assistance Service Provider on the telephone number indicated in the Policy Schedule.
2. The Assistance Service Provider shall verify the details of the Insured and seek information on the amount of cash required as well as local contact in India who can provide payment security including delivery charges through credit card or close relatives.

#### c. Indicative Claims Documents

##### Accident & Sickness Medical Expense Benefit

- Treatment papers, Medical reports including pathology, radiology or other diagnostic test reports and discharge summary issued by the Hospital furnishing the name of the Insured, period of treatment, details of treatment rendered.
- Bills/ receipts for
  - o Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered.
  - o Fees paid to the Medical Practitioner, special nursing charges, etc.
  - o Charges incurred towards any and all test and/ or examinations rendered in connection with the treatment.
  - o Charges incurred towards medicines or drugs purchased from outside duly supported by the prescriptions of the Medical Practitioner attending on the Insured.
- Photocopy of valid Photo ID proof of the Insured
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document related to claim

##### Medical Evacuation

- Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured and details of treatment rendered along with the statement confirming the necessity of evacuation.
- Proof for expenses incurred towards the above.
- Photocopy of valid Photo ID proof of the Insured
- Claim form duly filled and signed by nominee / insured / relative
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors.
- Any other document as required by the Company/ ASP on a case to case basis.

In respect of all claims payable hereunder, the Company may effect settlement either in the form of cashless treatment facility or by reimbursement of the amount of claim to the Insured, at its sole discretion. Cashless treatment facility cannot be demanded by the Insured as a matter of right.

##### Repatriation of Remains

- Photocopy of the death certificate providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the post-mortem certificate wherever required by the Assistance Service Provider, for cases where post-mortem is conducted), issued by the appropriate authority where the contingency has arisen.
- Proof for expenses incurred towards disposal of the mortal remains.
- Photocopy of valid Photo ID proof of the Insured
- In case of transportation of the body of the deceased to the Country of Residence of the Insured, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the air transportation of the mortal remains of the deceased to the Country of Residence of the Insured.

- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors.
- Any other document as required by the Company/ ASP on a case to case basis.

#### Automatic Extension of Policy

- Photocopy of Valid Photo ID proof of the Insured
- Airline report copy stating reason for delay
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document required for claim processing

#### Accidental Death and Dismemberment Benefit (24 Hrs)

- Treatment papers, Medical reports including pathology, radiology or other diagnostic test reports and discharge summary issued by the Hospital furnishing the name of the Insured, period of treatment, details of treatment rendered; Medical reports giving the details of the Accident/assault and the nature of Injury.
- Death certificate issued by the Medical Practitioner who attended on the Insured or disability certificate / fitness certificate mentioning extent of disability in case of dismemberment.
- Post mortem certificate to be produced if required by the Assistance Service Provider, wherever post mortem is conducted
- Police report in original in case the Accident/assault shall have taken place in a public place or premises.
- Photocopy of valid Photo ID proof of the Insured.
- Claim form duly filled and signed.
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document as may be appropriately applicable for the claims preferred under this section of the Policy

#### Accidental Death and Dismemberment Benefit (Common Carrier)

- Medical reports giving the details of the Accident and the nature of Injury.
- Death certificate issued by the Medical Practitioner who attended on the Insured or disability certificate / fitness certificate mentioning extent of disability in case of dismemberment.
- Post mortem certificate to be produced if required by the Assistance Service Provider, wherever post mortem is conducted.
- Photocopy of valid Photo ID proof of the Insured or the claimant
- Police report in original in case the Accident shall have taken place in a public place or premises.
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

#### Sickness Dental Relief

- Medical / Dental reports and discharge summary issued by the Hospital furnishing the name of the Insured, period of treatment, details of treatment rendered.
- Bills/ receipts for:
  - o Charges paid towards Hospital accommodation if applicable, nursing facilities and other medical / dental services rendered.
  - o Fees paid to the Medical/Dental Practitioner, other charges for treatment, etc.
  - o Charges incurred towards any and all test and/ or examinations rendered in connection with the treatment.
  - o Charges incurred towards medicines/ drugs purchased from outside duly supported by the prescriptions of the Medical Practitioner attending on the Insured.
- Photocopy of valid photo identity proof of the Insured
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document related to claim

#### Daily Allowance in Case of Hospitalization

Same documents as mentioned under Accident & Sickness Medical Expense Benefit

#### Pre Existing Disease Coverage In Life Threat Conditions

- Detailed hospitalization records.
- Brief description of incident from insured.

- Copy of police report / MLC report if applicable
- Post mortem report if conducted
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

#### Ambulance cover

- In the event of a claim, the Insured shall submit expenses incurred towards Ambulance, in addition to documents required under Accident & Sickness Medical Expense Benefit.
- Photocopy of a valid Photo identity proof of insured
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document required for claim processing under this cover of policy

#### Emergency Medical Termination of Pregnancy

- In the event of a claim, the Insured shall submit claim form, hospitalization papers, previous consultation papers if any, diagnostic test reports, discharge or death summary from the hospital as applicable and other prescriptions and pharmacy bills.
- Photocopy of valid photo identity proof of the Insured
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document required for claim processing under this cover of policy

#### Cancer Screening and Mammography Expenses

- In the event of a claim, the Insured shall submit claim form, hospitalization papers if applicable, previous consultation papers if any, doctor's referral notes for cancer screening and mammographic examination, diagnostic test reports as applicable and other prescriptions and pharmacy bills.
- Photocopy of valid photo identity proof of the Insured
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document required for claim processing under this cover of policy

#### Childcare Benefits

- In the event of a claim, the Insured shall submit claim form, hospitalization papers if applicable, previous consultation papers if any, doctor's referral notes for hospitalization, diagnostic test reports as applicable and other prescriptions and pharmacy bills.
- Photocopy of valid photo identity proof of the Insured
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document required for claim processing under this cover of policy

#### Out Patient Treatment

1. Copy of consultation paper
2. Copy of investigation reports with payment receipts if any
3. Copy of pharmacy invoices if any
4. Payment receipts towards OPD consultation.
5. Photocopy of valid identity proof of insured
6. Claim form duly filled and signed
7. Travel itinerary, Passport (first and last page with immigration stamping on visa)
8. Boarding passes for all the sectors
9. Any other document required for claim processing

#### Checked Baggage Loss Benefit

1. To claim under this Cover, you must get a property irregularity report containing written confirmation from the common carrier.
2. Original claim form duly signed and filled in
3. Policy copy
4. Journey tickets for all the sectors
5. Original letter from airline/common carrier confirming that the baggage has been permanently lost and if any compensation is paid towards settlement of claim for "Loss of baggage".
6. Description of items lost along with relevant bills in case of claim for "Loss of baggage".
7. Brief Description of the Incident and /or copy of complaint if lodged with port or liner authorities.
8. Photocopy of Valid Photo identity proof of insured
9. Travel itinerary, Passport (first and last page with immigration stamping on visa)
10. Boarding passes for all the sectors.
11. Any other document that may be required to assess claim under this cover of policy.

#### Loss of Passport

1. Police Report in original.
2. Details of the attempts made to trace the passport and brief description of incident.
3. Statement of claim for the expenses incurred.
4. Receipt for payment of charges for obtaining an emergency certificate at the place of loss of the passport.
5. Receipt for charges for obtaining duplicate passport at the Country of Residence of the Insured.
6. Photocopy of Photo ID proof
7. Claim form duly filled and signed
8. Travel itinerary, Passport both new and old (first and last page with immigration stamping on visa)
9. Boarding passes for all the sectors
10. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

#### Personal Liability Benefit

11. Duly filled Claim Form
12. Original Booked tickets
13. Boarding pass / documents indicating proof of travel undertaken
14. Original invoice issued by the booking agency or travel agent or web aggregator or service provider clearly mentioning the time of booking
15. Self-declaration from the insured mentioning all details of the incident which led to the personal liability of the insured
16. Police report, investigation by law enforcement agencies, if applicable
17. Copy of Legal Notice
18. Copy of court judgement
19. Any other document that may be required for assessment of the claim

#### Flight Delay (Trip Delay)

- Confirmation of delay of the Trip from the Common Carrier detailing the circumstances of cancellation.
- Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip (As any payment under this head shall be only in respect of the difference between the actual charges incurred for the return journey from the place of cancellation to the country of residence and the amounts obtained towards refund towards the unfulfilled portion of the Trip. These documents shall be submitted only in case there shall be an additional expenditure incurred by the Insured).
- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Any other document as may be required for processing of claim

#### Compassionate Visit

1. A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by a member of the Family or near relative during the entire period of Hospitalisation. Certificate to also specify the minimum period of Hospitalisation.
2. Discharge summary of the Hospital furnishing details - date of admission, date of discharge, and the presence of the member of the Family or near relative or friends on all days of Hospitalisation.
3. Original ticket used for the travel to and fro by the member of the Family or near relative or friend.

4. Claim form duly filled and signed
5. Travel itinerary, Passport (first and last page with immigration stamping on visa)
6. Boarding passes for all the sectors
7. Detailed hospitalization documents
8. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

#### Emergency Hotel Extension

1. Receipt for the amount paid to the hotel or guest house or any other accommodation provider for a fee for the charges per day paid towards accommodation.
2. Evidence as may be required by the Assistance Service Provider in case the delay is caused by Earthquake, Floods resulting from unseasonal rains, storm or cyclone or Terrorism.
3. Medical certificate furnishing details of date of admission and date of discharge together with the details of the Injury or Illness and the treatment rendered, obtained from the Medical Practitioner in case of delay being caused because of Hospitalisation of the Insured or Insured's Family member or Traveling Companion resulting from any Injury or Illness to the Insured or Insured's Family member or Traveling Companion, as the case may be.
4. In case of loss of passport, a copy of the first information report in relation to the complaint lodged with the police having jurisdiction over the place of loss and a copy of the application lodged with the passport office for a duplicate passport.
5. In case of loss of travel documents, a copy of the report lodged with the Common Carrier for the loss of the travel documents and a confirmation from the latter that the Insured could not undertake the travel as scheduled.
6. In case of delay solely attributable to Common Carrier and beyond the control of the Insured a confirmation by the Common Carrier of the said delay having taken place at their instance together with a copy of the claim made on the Common Carrier for expenses incurred as a result of the delay.
7. Claim form duly filled and signed
8. Travel itinerary, Passport (first and last page with immigration stamping on visa)
9. Boarding passes for all the sectors
10. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

#### Return of Minor Child(ren)

1. A certificate from the Medical Practitioner specifying the cause and minimum period of Hospitalisation.
2. Discharge summary of the Hospital furnishing details - date of admission, date of discharge and the confirmation by the attending Medical Practitioner of presence of the attendant member of the family or near relative on all days of Hospitalisation.
3. Original ticket(s) used for the travel by the Minor Child(ren) back to the Country of Residence, if the ticket(s) are bought on behalf of the Insured without any interference of the Company.
4. Photocopy of the death certificate (wherever applicable) providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the post mortem certificate, wherever required by the Assistance Service Provider, for cases where post mortem is conducted), issued by the appropriate authority where the contingency has arisen.
5. Detailed hospitalization records
6. Photocopy of Passport Card of the Insured
7. Claim form duly filled and signed
8. Travel itinerary, Passport (first and last page with immigration stamping on visa) of travellers under this cover
9. Boarding passes for all the sectors for insured and minor children
10. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

#### Bail Bond

1. Declaration from the Insured, or from the Immediate Family Member, and in case where there is no immediate family member, the sponsor, if any, will be liable to produce the necessary documents, as per the local law detailing the incident which led to the arrest, nature of crime, including police charge-sheet and documents from the court for the bail amount deposited as bond in court registry.
2. Police report and court judgement if applicable.
3. Photocopy of Valid Photo Identity proof of the Insured.
4. Claim form duly filled and signed
5. Travel itinerary, Passport (first and last page with immigration stamping on visa)
6. Boarding passes for all the sectors
7. Any other document required to assess claim under this cover of policy.

#### Self Drive Cover: Loss of International Driving License - Inconvenience Fee

1. Police Report in original.
2. Details of the attempts made to trace the International driving license.

3. Statement of claim for the expenses incurred.
4. Receipt for payment of charges for obtaining an emergency certificate at the place of loss of the International driving license.
5. Receipt for charges for obtaining duplicate International driving license at the Country of Residence of the Insured.
6. Photocopy of Passport Card of the Insured
7. Photocopy of International Driving License of the Insured both old and new
8. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.
9. Claims arising in loss of license due to delay or from confiscation or detention by customs, police or other authority will not be paid;

#### Sponsor Protection

1. The Insured shall obtain and submit an official death certificate, medical reports, diagnostic test and hospitalization papers and reports, police report if applicable, and detailed description from the insured student on the circumstances of the death of the sponsor.
2. Photocopy of Passport Card of the Insured
3. Claim form duly filled and signed
4. Travel itinerary, Passport (first and last page with immigration stamping on visa)
5. Boarding passes for all the sectors
6. Letter from Educational Institution confirming the Academic course details along with tuition fees details both paid/unpaid.
7. The Insured shall obtain a statement from a physician (which physician should not be a relative or spouse of the Insured or the Sponsor) stating cause of death, as proof of death, of the Sponsor, by the insured.
8. Any other document required for claim processing under this cover of policy

#### Study Interruption

9. In the event of a claim, the Insured shall make a request to the institution, in writing, seeking a written response from the institute towards any amount due to the insured by way of refunds, both of which shall require being provided to the Company.
10. Photocopy of Passport Card of the Insured
11. Claim form duly filled and signed
12. Travel itinerary, Passport (first and last page with immigration stamping on visa)
13. Boarding passes for all the sectors
14. Any other document required for claim processing under this cover of policy

#### Hijack Distress Compensation

15. The statement of claim shall be accompanied by a certificate of hijack from the Common Carrier furnishing details of travel by the Insured, the fact of his/ her being held captive and confirmation of death, if death occur.
16. Original Claim form duly signed and filled in.
17. Policy Copy
18. Journey tickets and boarding passes.
19. Original Police Report.
20. Airline Report.
21. Media / TV Coverage Report.
22. Letter from the Airline Declaring the Hijack along with compensation details if any.
23. Travel itinerary, Passport (first and last page with immigration stamping on visa)
24. Any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

#### Missed Connections/Missed Departure

1. The confirmation letter from the flight operator of the delayed flight as to the expected time of arrival and the actual time of arrival at the port of delay together with the reasons for delay.
2. Unused ticket for the ongoing flight (Missed Flight) with an endorsement of the Common Carrier of cancellation of the same.
3. Certificate from the flight operator of the Missed Flight that the fare for the part of the Trip covered by the Missed Flight is forfeited in full or in part together with the amount of forfeiture.
4. Original used ticket obtained afresh towards the alternative flight for the part of the Trip covered by the Missed Flight indicating the amount paid as fare.
5. Photocopy of Valid Photo ID proof of the Insured
6. Claim form duly filled and signed
7. Travel itinerary, Passport (first and last page with immigration stamping on visa)
8. Boarding passes for all the sectors
9. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

#### Fraudulent Card Payment Benefit

1. Police Report in original.
2. Details of the attempts made to trace the loss of payment card and description of event from insured.
3. Statement of claim for the expenses incurred, after reporting the fraud to the issuing financial institution.
4. Details of communications with financial intuitions
5. Claim form duly filled and signed
6. Travel itinerary, Passport (first and last page with immigration stamping on visa)
7. Boarding passes for all the sectors
8. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

#### Continued Medical Treatment in India

9. Treatment papers of prior hospitalization including discharge or transfer summary, pathology / radiology or other diagnostic reports, prescriptions and doctor's notes giving the details of the Accident / illness, the nature of Injury /illness and line of treatment rendered – both during first and subsequent hospitalisation.
10. Photocopy of valid Photo ID proof of the Insured or the claimant
11. Police report in original in case the Accident shall have taken place in a public place or premises.
12. Bills/ receipts for
  - a. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered – both during first and subsequent hospitalisation.
  - b. Fees paid to the Medical Practitioner, special nursing charges, etc.
  - c. Charges incurred towards any and all test and/ or examinations rendered in connection with the treatment.
  - d. Charges incurred towards medicines or drugs purchased from outside duly supported by the prescriptions of the Medical Practitioner attending on the Insured.
13. Claim form duly filled and signed
14. Travel itinerary, Passport (first and last page with immigration stamping on visa)
15. Boarding passes for all the sectors
16. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

#### Loss of Laptop / Tablet

17. Claim form duly filled and signed
18. Travel itinerary, Passport (first and last page with immigration stamping on visa)
19. Boarding passes for all the sectors
20. Photocopy of valid Photo ID proof of the Insured or the claimant
21. Copy of Police FIR
22. Letter from authority (the bus line, airline, shipping line or rail authority you were travelling) confirming the loss and compensation details.
23. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

#### Emergency Cash Advance

- Claim form duly filled and signed
- Travel itinerary, Passport (first and last page with immigration stamping on visa)
- Boarding passes for all the sectors
- Photocopy of valid Photo ID proof of the Insured or the claimant
- Copy of Police FIR
- Name, address, contact details of relatives and relationship with insured
- Brief description of incident from insured
- Any other document as may be required.

#### Self-Inflicted Injury

1. Claim form duly filled and signed
2. Travel itinerary, Passport (first and last page with immigration stamping on visa)
3. Boarding passes for all the sectors
4. Photocopy of valid Photo ID proof of the Insured or the claimant
5. Copy of Police FIR
6. All relevant treatment papers along with bills and receipts towards the expenses incurred.
7. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

#### Vision Care

1. Claim form duly filled and signed
2. Travel itinerary, Passport (first and last page with immigration stamping on visa)
3. Boarding passes for all the sectors
4. Photocopy of valid Photo ID proof of the Insured or the claimant
5. Ophthalmologist consultation notes.
6. Bill and receipts for expenses incurred for the purchase of mentioned loss.
7. Letter from authority (the bus line, airline, shipping line or rail authority you were travelling) confirming the loss and compensation details.
8. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy

## 2. GRIEVANCE MECHANISM

In case of any grievance the insured person may contact the company through

- Website: [www.edelweissinsurance.com](http://www.edelweissinsurance.com), Link: <https://www.edelweissinsurance.com/documents/20143/1081704/Service+Parameters+and+Grievance+Mechanism+15-04-21.pdf/114fd592-ad87-457a-d8c6-2e6cc6b9fd91?t=1618577820419>
- Toll free: 1800120216216 / 180012000
- E-mail: [grievance@edelweissinsurance.com](mailto:grievance@edelweissinsurance.com)
- Courier: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kiroli Road, Kurla (West), Mumbai 400 070:

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 1800120216216 and [grievance@edelweissinsurance.com](mailto:grievance@edelweissinsurance.com).

For updated details of grievance officer, kindly refer the link: <https://www.edelweissinsurance.com/documents/20143/1081704/Service+Parameters+and+Grievance+Mechanism+15-04-21.pdf/114fd592-ad87-457a-d8c6-2e6cc6b9fd91?t=1618577820419>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>



## Annexure A



## Ombudsman and Addresses

Mentioned below are contact details of Ombudsman:

CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email:- <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	State of Gujarat, Union Territory of Dadra & Nagar Haveli & Union Territory of Daman and Diu.
<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	State of Karnataka
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769200/201/202, Fax:- 0755-2769203 Email:- <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	States of Madhya Pradesh and Chattisgarh
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455, Fax:- 0674-2596429 Email:- <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	State of Odisha
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<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	State of Kerala, Union Territory of Lakshadweep and Mahe, a part of Puducherry
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### Appendix I

#### List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity ( Travel )Policy.

Sr.No.	Item
	<b>Toiletries/Cosmetics/Personal Comfort Or Convenience Items/Similar Expenses</b>
1	Hair removal cream
2	Baby charges (unless specified/indicated)
3	Baby food
4	Baby utilities charges
5	Baby set
6	Baby bottles
7	Brush
8	Cosy towel
9	Hand wash
10	Moisturiser paste brush
11	Powder
12	Razor
13	Shoe cover
14	Beauty services
15	Belts/ braces
16	Buds
17	Barber charges
18	Caps
19	Cold pack/hot pack
20	Carry bags
21	Cradle charges
22	Comb
23	DISPOSABLES RAZORS CHARGES ( for site preparations)
24	Eau-de-cologne / room fresheners
25	Eye pad
26	Eye shield
27	Email / internet charges
28	Food charges (other than patient's diet provided by hospital)
29	Foot cover
30	Gown
31	Leggings
32	Laundry charges
33	Mineral water
34	Oil charges
35	Sanitary pad
36	Slippers
37	Telephone charges
38	Tissue paper
39	Tooth paste
40	Tooth brush
41	Guest services
42	Bed pan
43	Bed under pad charges
44	Cliniplast

Sr.No.	Item
	<b>Toiletries/Cosmetics/Personal Comfort Or Convenience Items/Similar Expenses</b>
45	Cliniplast
46	Crepe bandage
47	Curapore
48	Diaper of any type
49	Dvd, cd charges
50	Eyelet collar
51	Face mask
52	Flexi mask
53	Gauze soft
54	Gauze
55	Hand holder
56	Hansaplast/ adhesive bandages
57	Infant food
58	Slings
59	Weight control programs/ supplies/ services
60	Cost of spectacles/ contact lenses/ hearing aids etc.
61	Dental treatment expenses that do not require hospitalization
62	Hormone replacement therapy
63	Home visit charges
64	Infertility/ subfertility/ assisted conception procedure
65	Obesity (including morbid obesity) treatment if excluded in Policy
66	Psychiatric and psychosomatic disorders
67	Corrective surgery for refractive error
68	Treatment of sexually transmitted diseases
69	Donor screening charges
70	Admission/registration charges
71	Hospitalization for evaluation/ diagnostic purpose
72	Expenses for investigation/ treatment irrelevant to the disease for which admitted or diagnosed
73	Endoscopy instruments
74	Stem cell implantation/ surgery and storage
75	Ward and theatre booking charges
76	Arthroscopy Instruments
77	Microscope cover
78	Surgical blades, harmonic scalpel, shaver
79	Surgical drill
80	Eye kit
81	Eye drape
82	X-ray film
83	Sputum cup
84	Boyles apparatus charges
85	Blood grouping and cross matching of donors samples
86	Antiseptic or disinfectant lotions



87	Band aids, bandages, sterile injections, needles, syringes
88	Cotton
89	Cotton bandage
90	Micropore/ surgical tape
91	Blade
92	Apron
93	Tourniquet
94	Orthobundle, gynaec bundle
95	Urine container
	<b>Elements of room charge</b>
96	Luxury tax
97	Hvac
98	House keeping charges
99	Service charges where nursing charge also charged
100	Television and air conditioner charges
101	Surcharges
102	Attendant charges
103	Im iv injection charges
104	Clean sheet
105	Extra diet of patient(other than that which forms part of bed Charge)
106	Blanket/warmer blanket
	<b>Administrative or non-medical charges</b>
107	Admission kit
108	Birth certificate
109	Blood reservation charges and ante natal booking charges
110	Certificate charges
111	Courier charges
112	Conveyance charges
113	Diabetic chart charges
114	Documentation charges / administrative expenses
115	Discharge procedure charges
116	Daily chart charges
117	Entrance pass / visitors pass charges
118	Expenses related to prescription on discharge
119	File opening charges
120	Incidental expenses / misc. Charges (not explained)
121	Medical certificate
122	Maintenance charges
123	Medical records
124	Preparation charges
125	Photocopies charges
126	Patient identification band / name tag
127	Washing charges
128	Medicine box
129	Mortuary charges
130	Medico legal case charges (mlc charges)

	<b>External durable devices</b>
131	Walking aids charges
132	Bipap machine
133	Commode
134	Cpap/ capd equipments
135	Infusion pump – cost
136	Oxygen cylinder (for usage outside the hospital)
137	Pulse oxymeter charges
138	Spacer
139	Spirometer
140	Spo2 probe
141	Nebulizer kit
142	Steam inhaler
143	Armsling
144	Thermometer
145	Cervical collar
146	Splint
147	Diabetic foot wear
148	Knee braces ( long/ short/ hinged)
149	Knee immobilizer/shoulder immobilizer
150	Lumbo sacral belt
151	Nimbus bed or water or air bed charges
152	Ambulance collar
153	Ambulance equipment
154	Microshield
155	Abdominal binder
	<b>Items payable if supported by a prescription</b>
156	Betadine \ hydrogen peroxide\spirit / disinfectants, etc
157	Private nurses charges- special nursing charges
158	Nutrition planning charges - dietician charges- diet charges
159	Sugar free tablets
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
161	Digestion gels
162	Ecg electrodes
163	Gloves
164	Hiv kit
165	Listerine/ antiseptic mouthwash
166	Lozenges
167	Mouth paint
168	Nebulisation kit
169	Novorapid
170	Volini gel/ analgesic gel
171	Zytee gel
172	Vaccination charges
	<b>Part of hospital's own costs and not payable</b>
173	Ahd

174	Alcohol swabs
175	Scrub solution/sterillium
	<b>Others</b>
176	Vaccine charges for baby
177	Aesthetic treatment / surgery
178	Tpa charges
179	Visco belt charges
180	Any kit with no details mentioned [delivery kit, orthokit, Recovery kit, etc]
181	Examination gloves
182	Kidney tray
183	Mask
184	Ounce glass
185	Outstation consultant's/ surgeon's fees
186	Oxygen mask
187	Paper gloves
188	Pelvic traction belt
189	Referral doctor's fees
190	Accu check (glucometry / strips)
191	Pan can
192	Sofnet
193	Trolley cover
194	Urometer, urine jug
195	Ambulance
196	Tegaderm / vasofix safety
197	Urine bag
198	Softovac
199	Stockings

#### Appendix II – List of Day Care Treatments

Sr No.	Day Care Procedure Name
1	Stapedotomy
2	Myringoplasty(Type I Tympanoplasty)
3	Revision stapedectomy
4	Labyrinthectomy for severe Vertigo
5	Stapedectomy under GA
6	Ossiculoplasty
7	Myringotomy with Grommet Insertion
8	Tympanoplasty (Type III)
9	Stapedectomy under LA
10	Revision of the fenestration of the inner ear.
11	Tympanoplasty (Type IV)
12	Endolymphatic Sac Surgery for Meniere's Disease
13	Turbinectomy
14	Removal of Tympanic Drain under LA
15	Endoscopic Stapedectomy
16	Fenestration of the inner ear
17	Incision and drainage of perichondritis
18	Septoplasty
19	Vestibular Nerve section
20	Thyroplasty Type I
21	Incision and drainage - Haematoma Auricle
22	Tympanoplasty (Type II)
23	Keratoses removal under GA
24	Reduction of fracture of Nasal Bone
25	Excision and destruction of lingual tonsils
26	Conchoplasty
27	Thyroplasty Type II
28	Tracheostomy
29	Excision of Angioma Septum
30	Turbinoplasty
31	Incision & Drainage of Retro Pharyngeal Abscess
32	UvuloPalatoPharyngoPlasty
33	Palatoplasty
34	Tonsillectomy without adenoidectomy
35	Adenoidectomy with Grommet insertion
36	Adenoidectomy without Grommet insertion
37	Vocal Cord lateralisation Procedure
38	Incision & Drainage of Para Pharyngeal Abscess
39	Transoral incision and drainage of a pharyngeal abscess
40	Tonsillectomy with adenoidectomy
41	Tracheoplasty Ophthalmology
42	Incision of tear glands
43	Other operation on the tear ducts
44	ncision of diseased eyelids
45	Excision and destruction of the diseased tissue of the eyelid
46	Removal of foreign body from the lens of the eye.



47	Corrective surgery of the entropion and ectropion
48	Operations for pterygium Rigid Oesophagoscopy for dilation of benign Strictures
49	Corrective surgery of blepharoptosis
50	Removal of foreign body from conjunctiva
51	Biopsy of tear gland
52	Removal of Foreign body from cornea
53	Incision of the cornea
54	Other operations on the cornea
55	Operation on the canthus and epicanthus
56	Removal of foreign body from the orbit and the eye ball
57	Surgery for cataract
58	Treatment of retinal lesion
59	Removal of foreign body from the posterior chamber of the eye
60	IV Push Chemotherapy
61	HBI-Hemibody Radiotherapy
62	Infusional Targeted therapy
63	SRT-Stereotactic Arc Therapy
64	SC administration of Growth Factors
65	Continuous Infusional Chemotherapy
66	Infusional Chemotherapy
67	CCRT-Concurrent Chemo + RT
68	D Radiotherapy
69	D Conformal Radiotherapy
70	IGRT- Image Guided Radiotherapy
71	IMRT- Step & Shoot
72	Infusional Bisphosphonates
73	IMRT- DMLC
74	Rotational Arc Therapy
75	Tele gamma therapy
76	FSRT-Fractionated SRT
77	VMAT-Volumetric Modulated Arc Therapy
78	SBRT-Stereotactic Body Radiotherapy
79	Helical Tomotherapy
80	SRS-Stereotactic Radiosurgery
81	X-Knife SRS
82	Gammaknife SRS
83	TBI- Total Body Radiotherapy
84	intraluminal Brachytherapy
85	Electron Therapy
86	TSET-Total Electron Skin Therapy
87	Extracorporeal Irradiation of Blood Products
88	Telecobalt Therapy
89	Telesesium Therapy
90	External mould Brachytherapy
91	Interstitial Brachytherapy
92	Intracavity Brachytherapy

93	D Brachytherapy ORIF with plating- Small long bones
94	Implant Brachytherapy
95	Intravesical Brachytherapy
96	Adjuvant Radiotherapy
97	Afterloading Catheter Brachytherapy
98	Conditioning Radiotherapy for BMT
99	Extracorporeal Irradiation to the Homologous Bone grafts
100	Radical chemotherapy
101	Neoadjuvant radiotherapy
102	LDR Brachytherapy
103	Palliative Radiotherapy
104	Radical Radiotherapy
105	Palliative chemotherapy
106	Template Brachytherapy
107	Neoadjuvant chemotherapy
108	Adjuvant chemotherapy
109	Induction chemotherapy
110	Consolidation chemotherapy
111	Maintenance chemotherapy
112	HDR Brachytherapy
113	Construction skin pedicle flap
114	Gluteal pressure ulcer-Excision
115	Muscle-skin graft, leg
116	Removal of bone for graft
117	Muscle-skin graft duct fistula
118	Removal cartilage graft
119	Myocutaneous flap
120	Fibro myocutaneous flap
121	Breast reconstruction surgery after mastectomy
122	Sling operation for facial palsy
123	Split Skin Grafting under RA
124	Wolfe skin graft
125	Plastic surgery to the floor of the mouth under GA
126	AV fistula – wrist
127	URSL with stenting
128	URSL with lithotripsy
129	CystoscopicLitholapaxy
130	ESWL
131	Haemodialysis
132	Bladder Neck Incision
133	Cystoscopy & Biopsy
134	Suprapubiccystostomy
135	Percutaneous nephrostomy
136	Cystoscopy and "SLING" procedure.
137	TUNA- prostate
138	Excision of urethral diverticulum
139	Removal of urethral Stone



140	Excision of urethral prolapse
141	Mega-ureter reconstruction
142	Kidney renoscopy and biopsy
143	Ureter endoscopy and treatment
144	Vesico ureteric reflux correction
145	Surgery for pelvi ureteric junction obstruction
146	Anderson hynes operation
147	Kidney endoscopy and biopsy
148	Paraphimosis surgery
149	injury prepuce- circumcision
150	Frenular tear repair
151	Meatotomy for meatal stenosis
152	surgery for fournier's gangrene scrotum
153	surgery filarial scrotum
154	surgery for watering can perineum
155	Repair of penile torsion
156	Drainage of prostate abscess
157	Orchiectomy
158	Cystoscopy and removal of FB
159	Facial nerve physiotherapy
160	Nerve biopsy
161	Muscle biopsy
162	Epidural steroid injection
163	Glycerol rhizotomy
164	Spinal cord stimulation
165	Motor cortex stimulation
166	Stereotactic Radiosurgery
167	Percutaneous Cordotomy
168	Intrathecal Baclofen therapy
169	Entrapment neuropathy Release
170	Diagnostic cerebral angiography
171	VP shunt
172	Ventriculoatrial shunt
173	Thoracoscopy and Lung Biopsy
174	Excision of cervical sympathetic Chain
175	Thorascopic
176	Laser Ablation of Barrett's oesophagus
177	Pleurodesis
178	Thoracoscopy and pleural biopsy
179	EBUS + Biopsy
180	Thoracoscopy ligation thoracic duct
181	Thoracoscopy assisted empyaema drainage
182	Pancreatic pseudocyst EUS & drainage
183	RF ablation for barrett'sOesophagus
184	ERCP and papillotomy
185	Esophagoscope and sclerosant injection
186	EUS + submucosal resection

187	Construction of gastrostomy tube
188	EUS + aspiration pancreatic cyst
189	Small bowel endoscopy (therapeutic)
190	Colonoscopy ,lesion removal
191	ERCP
192	Colonscopy stenting of stricture
193	Percutaneous Endoscopic Gastrostomy
194	EUS and pancreatic pseudo cyst drainage
195	ERCP and choledochoscopy
196	Proctosigmoidoscopy volvulus detorsion
197	ERCP and sphincterotomy
198	Esophageal stent placement
199	ERCP + placement of biliary stents
200	Sigmoidoscopy w / stent
201	EUS + coeliac node biopsy
202	Infected Keloid Excision
203	Incision of a pilonidal sinus / abscess
204	Axillary lymphadenectomy
205	Abscess-Decompression
206	Cervical lymphadenectomy
207	Inguinal lymphadenectomy
208	Suturing of lacerations
209	Maximal anal dilatation
210	Piles
	A)Injection Sclerotherapy
	B)Piles banding
211	Liver Abscess- catheter drainage
212	Fissure in Ano- fissurectomy
213	Fibroadenoma breast excision
214	OesophagealvaricesSclerotherapy
215	ERCP - pancreatic duct stone removal
216	Perianal abscess I&D
217	Perianal hematoma Evacuation
218	Fissure in anosphincterotomy
219	UGI scopy and Polypectomyoesophagus
220	Breast abscess I& D
221	Feeding Gastrostomy
222	Oesophagoscopy and biopsy of growth oesophagus
223	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
224	ERCP - Bile duct stone removal
225	Ileostomy closure
226	Colonoscopy
227	Polypectomy colon
228	Splenic abscesses Laparoscopic Drainage
229	UGI SCOPY and Polypectomy stomach
230	Rigid Oesophagoscopy for FB removal

231	Feeding Jejunostomy
232	Colostomy
233	Ileostomy
234	colostomy closure
235	Submandibular salivary duct stone removal
236	Pneumatic reduction of intussusception
237	Varicose veins legs - Injection sclerotherapy
238	Rigid Oesophagoscopy for Plummer vinson syndrome
239	Pancreatic Pseudocysts Endoscopic Drainage
240	ZADEK's Nail bed excision
241	Subcutaneous mastectomy
242	Excision of Ranula under GA
243	Eversion of Sac
	a) Unilateral
	b) Bilateral
244	Lord's plication
245	Jaboulay's Procedure
246	Scrotoplasty
247	Surgical treatment of varicocele
248	Epididymectomy
249	Circumcision for Trauma
250	Meatoplasty
251	Intersphincteric abscess incision and drainage
252	Psoas Abscess Incision and Drainage
253	Thyroid abscess Incision and Drainage
254	TIPS procedure for portal hypertension
255	Esophageal Growth stent
256	PAIR Procedure of Hydatid Cyst liver
257	Tru cut liver biopsy
258	Photodynamic therapy or esophageal tumour and Lung tumour
259	Excision of Cervical RIB
260	laparoscopic reduction of intussusception
261	Microdocheotomy breast
262	Surgery for fracture Penis
263	Sentinel node biopsy
264	Parastomal hernia
265	Revision colostomy
266	Prolapsed colostomy- Correction
267	Testicular biopsy
268	laparoscopic cardiomyotomy( Hellers)
269	Sentinel node biopsy malignant melanoma
270	laparoscopic pyloromyotomy( Ramstedt)
271	Arthroscopic Repair of ACL tear knee
272	Closed reduction of minor Fractures
273	Arthroscopic repair of PCL tear knee
274	Tendon shortening
275	Arthroscopic Meniscectomy – Knee

276	Treatment of clavicle dislocation
277	Arthroscopic meniscus repair
278	Haemarthrosis knee- lavage
279	Abscess knee joint drainage
280	Carpal tunnel release
281	Closed reduction of minor dislocation
282	Repair of knee cap tendon
283	ORIF with K wire fixation- small bones
284	Release of midfoot joint
285	Implant removal minor
286	K wire removal
287	POP application
288	Closed reduction and external fixation
289	Arthrotomy Hip joint
290	Syme's amputation
291	Arthroplasty
292	Partial removal of rib
293	Treatment of sesamoid bone fracture
294	Shoulder arthroscopy / surgery
295	Elbow arthroscopy
296	Amputation of metacarpal bone
297	Release of thumb contracture
298	Incision of foot fascia
299	calcaneum spur hydrocort injection
300	Ganglion wrist hyalase injection
301	Partial removal of metatarsal
302	Repair / graft of foot tendon
303	Revision/Removal of Knee cap
304	Amputation follow-up surgery
305	Exploration of ankle joint
306	Remove/graft leg bone lesion
307	Repair/graft achilles tendon
308	Remove of tissue expander
309	Biopsy elbow joint lining
310	Removal of wrist prosthesis
311	Biopsy finger joint lining
312	Tendon lengthening
313	Treatment of shoulder dislocation
314	Lengthening of hand tendon
315	Removal of elbow bursa
316	Fixation of knee joint
317	Treatment of foot dislocation
318	Surgery of bunion
319	intra articular steroid injection
320	Tendon transfer procedure
321	Removal of knee cap bursa
322	Treatment of fracture of ulna



323	Treatment of scapula fracture
324	Removal of tumor of arm/ elbow under RA/GA
325	Repair of ruptured tendon
326	Decompress forearm space Cystoscopy and removal of polyp Revision of neck muscle ( Torticollis release )
327	Lengthening of thigh tendons
328	Treatment fracture of radius & ulna
329	Repair of knee joint Paediatric surgery
330	Excision Juvenile polyps rectum
331	Vaginoplasty
332	Dilatation of accidental caustic stricture oesophageal
333	Presacral Teratomas Excision
334	Removal of vesical stone
335	Excision Sigmoid Polyp
336	Sternomastoid Tenotomy
337	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
338	Excision of soft tissue rhabdomyosarcoma
339	Mediastinal lymph node biopsy
340	High Orchiectomy for testis tumours
341	Excision of cervical teratoma
342	Rectal-Myomectomy
343	Rectal prolapse (Delorme's procedure)
344	Orchidopexy for undescended testis
345	Detorsion of torsion Testis
346	lap.Abdominal exploration in cryptorchidism
347	EUA + biopsy multiple fistula in ano
348	Cystic hygroma - Injection treatment
349	Excision of fistula-in-ano
350	Hysteroscopic removal of myoma
351	D&C
352	Hysteroscopic resection of septum
353	thermal Cauterisation of Cervix
354	Hysteroscopic adhesiolysis
355	LEEP

356	Cryocauterisation of Cervix
357	Polypectomy Endometrium
358	Hysteroscopic resection of fibroid
359	LLETZ
360	Conization
361	polypectomy cervix
362	Hysteroscopic resection of endometrial polyp
363	Vulval wart excision
364	Laparoscopic paraovarian cyst excision
365	uterine artery embolization
366	Bartholin Cyst excision
367	Laparoscopic cystectomy
368	Hymenectomy( imperforate Hymen)
369	Endometrial ablation
370	vaginal wall cyst excision
371	Vulval cyst Excision
372	Laparoscopic paratubal cyst excision
373	Repair of vagina ( vaginal atresia )
374	Hysteroscopy, removal of myoma
375	TURBT
376	Ureterocoele repair - congenital internal
377	Vaginal mesh For POP
378	Laparoscopic Myomectomy
379	Surgery for SUI
380	Repair recto- vagina fistula
381	Pelvic floor repair( excluding Fistula repair)
382	URS + LL
383	Laparoscopic oophorectomy
384	Insert non- tunnel CV cath
385	Insert PICC cath ( peripherally inserted central catheter)
386	Replace PICC cath ( peripherally inserted central catheter )
387	Insertion catheter, intra anterior
388	Insertion of Portacath

**Note:**

1. Any surgery/procedure (not listed above) which due to advancement of medical science requires hospitalization for less than 24 hours will require prior approval from company/TPA.
2. The standard exclusions and waiting periods are applicable to all of the above day care procedures / surgeries depending on the medical condition / disease under treatment. Only 24 hours hospitalization is not mandatory.

Disclaimer: The Company's Claims Team may modify /edit above list, consider other treatments as day care treatments depending on the treatment.

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