



Overseas Travel Insurance (Policy Wording)

Shriram General Insurance Company Limited (“the Company”), having received a Proposal and the premium from the Proposer named in the Part I of the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Capital Sum Insured/ appropriate benefit will be paid by the Company.

DEFINITIONS

For the purposes of this policy, the terms specified below shall have the meaning set forth:

“**Accident**” means a sudden, unforeseen, and unexpected physical event beyond the control of the Insured caused by external, visible and violent means.

“**Air Travel**” means travel by an airline/aircraft for the purpose of flying therein as a passenger.

“**Burglary**” means an act involving the unauthorized or forcible entry to or exit from the Insured's home or attempted threat with the intent to commit an act of crime therein.

“**Checked-In Baggage**” means the baggage handed over by the Insured and accepted by a Common carrier for transportation in the same carrier in which the Insured is or would be traveling and for which the Common carrier has issued a baggage receipt to the Insured.

“**Company**” means the Shriram General Insurance Company Limited

“**Common Carrier**” means any commercial airline or ship or vessel operating under a license from the relevant authority for the transportation of passengers and cargo for hire.

“**Deductible excess**” means the amount of expenses to be incurred by the Insured before the compensation under the Cover shall become payable and shall not be reimbursed by the Company.

“**Disease**” means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Physician or Surgeon.

“**Family**” means

Self – up to the age of 65 yrs

Spouse – up to the age of 65 yrs

Child – max two dependent children (from 90 days to 21 yrs age)

Parents- Max two dependant Parents

*for each additional child for 90days to 21 yrs of age – 25% additional premium for max upto two children

*for each additional child for 21-25 yrs of age – 40% additional premium

*for each additional adult for 25-65 yrs of age – 50% additional premium

Total addition of family members should not exceed 2.

Total family size at any time not to exceed 6 members.(Separate Policy will be issued if the total members exceeds 6 members)

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“Felonious Assault” means an act of violence against the Insured or a Traveling Companion requiring medical treatment in a Hospital.

“Hijack” means 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.

“Hospital” means any institution established for indoor care and treatment of sickness and injuries and which has been registered as a Hospital or a Nursing Home with the relevant regulatory authorities. For the purpose of this definition, the term “Hospital” shall not include an establishment, which is a place of rest, a place for the aged, a place for drug-addicts or place of alcoholics, a hotel or any other like place.

“Illness” means sickness or disease first diagnosed during the Policy Period for which immediate medical treatment by a Physician is necessary.

“Inclement Weather” means any severe, catastrophic weather conditions, which delays the scheduled arrival or departure of a common carrier. This does not include normal, seasonal climatic/weather changes.

“Injury” means any accidental physical bodily harm solely and directly caused by external, violent and visible causes but does not include any sickness or disease. The injury must be verified and certified by a Physician.

“Insured” means the individual(s) whose name specifically appears as such in Part I of the Schedule to this Policy.

“Insured Event” shall mean an event, loss or damage for which the Insured shall be compensated under this Policy.

“Period of Insurance” with reference to the Single Trip policy shall mean the period from Commencement of Insurance cover to the End of the insurance cover or actual trip duration, whichever is less. With reference to the Multi Trip policy shall mean the period from Commencement of Insurance cover to the End of the insurance cover or full utilization of the maximum insured number of travel days as mentioned in Part I of the Schedule to the Policy, whichever is earlier

“Physician” means a person who is qualified to practice medicine or is a Surgeon or an Anaesthetist and has a valid license issued by the appropriate authority for the same, provided that this person is not a member of the Insured's family.

“Policy” means Insured's proposal, the schedule, Company's covering letter to the Insured and any endorsement attaching to or forming part hereof, either at inception or during the period of insurance.

“Pre-Existing Condition” means the chronic illnesses or ailments and consequences of such illnesses or ailments existing or known to exist at the commencement of the Period of Insurance, even if the same had not been treated, including illnesses treated or for which medical advice has been sought in the last six months before commencement of the Period of Insurance including their consequences.

“Reasonable Additional Expenses” means any expenses for meals and lodging which are necessarily incurred by the Insured as the result of a Trip Interruption or Trip Delay and does not include meals and lodging provided by the Common Carrier or any other party free of charge.

“Reasonable and Necessary Expenses” means the expenses necessarily and reasonably incurred by the Insured in the geographic area where the service is received. In no event will the Reasonable and Necessary Expenses exceed the charges prevalent in the relevant geographic area where the services are availed.

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“Return Destination” means the place to which the Insured is scheduled to return from his/her Trip.

"Service Provider" means any person, organisation or institution providing services to the insured for an Insured event.

“Strike” means a stoppage of work (a) announced, organized and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strike is work slowdowns, lockouts and sickouts.

“Sum Insured” means the maximum amount of coverage, as specified in Part I of the Schedule to this Policy, that the Insured is entitled to in respect of each benefit and as applicable under this Policy.

“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. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

“Third Party Administrator” means such person or persons as may be by the company from time to time to provide assistance to the Insured in terms of this policy.

“Travel Agent” means the Travel Agent, tour operator, or other entity from which the Insured purchases his/her Insurance Policy or travel arrangements, and includes all officers, employees, and affiliates of the Travel Agent or tour operator.

“Traveling Companion” means an individual or individuals traveling with the Insured during the Policy period, provided that, the Insured and such individual(s) are traveling to the same destination on the same dates and such individual(s) is/are also insured under Shriram General Insurance Company Limited Overseas Travel Insurance Policy. For the purpose of this definition, any individual(s) forming part of a group traveling on a tour arranged by a Travel Agent or a tour leader is not considered as Traveling Companion, unless the individual(s) is part of the family of the Insured as defined herein.

“Trip” means journey out of the Republic of India and back. Single Trip shall mean one Trip to a destination outside of the Republic of India during the policy period, the details of which are specified in Part I of the Schedule to this Policy. Multi Trip shall mean two or more Trips to a destination outside of the Republic of India during the policy period.

“Trip Duration” means the length of time period commencing from the date when the Insured travels out of the Republic of India and ending on the date of return of the Insured to the Republic of India, both days inclusive and calculated according to Indian Standard Time (IST).

“Valuables” means photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry, furs, and articles made of precious stones and metals.

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured a sum as compensation for any loss or damage as described under different sections hereunder but not exceeding the Sum Insured as specified in Part I of the Schedule to the Policy.



BENEFIT A - MEDICAL EXPENSES COVER

The Company shall compensate the Insured for expenses incurred for availing immediate medical assistance required on account of any illness or injury sustained or contracted whilst on a Trip abroad but not exceeding the Sum Insured for the coverage as mentioned in Part I of the Schedule hereto. The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

TERMS AND CONDITIONS APPLICABLE TO MEDICAL EXPENSES COVER

The Company will pay or reimburse the following costs to the Insured, if the Insured contracts any illness or sustains any injury during the Policy period:

Medical Expenses

Costs incurred for necessary medical treatment undergone during the Trip abroad less the deductible excess stated in the Schedule. For the purpose of this Benefit, 'treatment' shall be deemed to include only the following:

1. Out patient treatment, provided, the same is critical and cannot be deferred till the insured's return to the Republic of India.
2. In patient treatment in a local hospital at the place the Insured is staying at the time of occurrence of an insured event or at the nearest hospital.
3. Medical aid that is prescribed by a Physician as necessary part of the treatment for broken limbs or injuries (e.g. plaster casts, bandages and walking aids)
4. Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Physician
5. X-Ray, diagnostic test, provided these pertain to the diagnosed diseases due to which hospitalization was deemed necessary
6. Cost of transportation, including necessary medical care en-route, by recognized emergency service providers for medical attention at the nearest hospital or at the nearest Physician like Ambulance services but excluded travel by transportation means like public transport, taxi services.
7. Cost of being transferred to a special clinic if this is medically necessary and prescribed as such by a Physician
8. Life saving unforeseen emergency measures, or measures solely designed to relieve acute pain, provided to the Insured by the Physician for Disease/accident arising out of a pre-existing condition. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain. All further medical cost to maintain medically stable state or to prevent the onset of acute pain would have borne by the Insured.

ADDITIONAL BENEFITS

Additional 30 days cover in India:

If the Third Party Administrator advises that the continued treatment in the Republic of India is appropriate, then the Company will pay the medical expenses incurred in India for the same illness/ injury contracted abroad following the transportation to India, for a maximum period of 30 days from the date of return to the Republic of India, provided that the illness / injury is sustained or contracted within the Period of Insurance during the Trip abroad.



Transportation:

The Company will pay:

1. Any extra costs of medically necessary and prescribed transportation from the foreign country to the Republic of India provided that
 - a. The extra costs in the event of transportation are arising as a consequence of the insured event and;
 - b. In the opinion of the Third Party Administrator, the Insured is capable of being transported to India and;
2. Additional costs of accompanying person(s), if it is medically necessary that the Insured be accompanied to the Republic of India.

Repatriation Of Remains:

In the event of the accidental death of the Insured due to an insured event in terms of this Policy, the Company shall compensate for the costs of transporting the remains of the deceased Insured back to the Republic of India or, up to an equivalent amount, for a local burial or cremation in the country where the accidental death occurred, subject to the maximum limit as specified in the Schedule to this Policy. The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy. This benefit is included under the Medical Expenses Cover and is not a separate benefit.

Daily Allowance In Case Of Hospitalization:

In the event of hospitalization of the Insured for more than 2 consecutive days due to an illness or injury sustained or contracted within the period of insurance whilst on the trip abroad, a daily allowance will be reimbursed to the Insured as specified in Part I of the Schedule. The maximum benefit payable under this cover is US\$25 per day for maximum of 5 consecutive days. This benefit can be claimed only once during the Policy period. This benefit is included under the Medical Expenses Cover and is not a separate benefit.

EXCLUSIONS APPLICABLE TO BENEFIT MEDICAL EXPENSES COVER

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 :

1. Medical treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad;
2. Any Pre-existing Condition;
3. Treatment, which could reasonably be delayed until the Insured's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Physicians and qualified personnel from the Third Party Administrator, as the case may be.
4. Treatment of orthopedic, degenerative, oncological diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured's life or measures solely designed to relieve any acute pain.
6. Charges in excess of reasonable and customary charges incurred on account of an Insured event as per the determination by the Third Party Administrator, as the case may be.
7. Any costs incurred in connection with cancer treatment, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured's life or measures solely designed to relieve acute pain.
8. Treatments relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner)
9. Any costs incurred in connection with rest or recuperation at a SPA or health resort, sanatorium, convalescence home or similar institution.
10. Any costs related to mental or psychiatric disorders.
11. Pregnancy, childbirth and any consequences thereof unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured's or the child's life in the event of acute complications, provided that the Insured has not completed the age of 38 years and 30th week of the pregnancy is not yet completed.

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12. Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy.
13. Any medical check-ups during pregnancy or treatment of the pregnancy
14. Rehabilitation and/or physiotherapy or the costs of prostheses/ prosthetics (artificial limbs) etc.
15. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT B - DENTAL TREATMENT

The Company shall compensate the Insured for expenses incurred on acute anesthetic treatment of a natural tooth or teeth during a Trip abroad but not exceeding the Sum Insured for the coverage as mentioned in Part I of the Schedule hereto.

The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy. However, dental treatment rendered necessary as a result of a covered accident shall be upto the maximum limit of the medial expenses subject to deductible as shown in the Schedule.

BENEFIT C - TOTAL LOSS OF CHECKED IN BAGGAGE

The Company shall compensate the Insured for the total loss of checked-in baggage on the trip abroad. The payment for this benefit will be limited to the travel destinations specified in the main travel ticket from the Republic of India and return trip back to India during the trip abroad. All halts and via destinations included in this main travel ticket will also be considered for payment under this benefit. The compensation will not exceed the Sum Insured for the coverage as mentioned in Part I of the Schedule hereto. The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

TERMS AND CONDITIONS APPLICABLE TO BENEFIT TOTAL LOSS OF CHECKED IN BAGGAGE

1. The Company will compensate the Insured for the market value of checked-in baggage in the event of total and complete loss of such checked-in baggage caused by a Common carrier up to the limits stipulated in the Schedule provided that:
 - a) Maximum amount payable per checked-in baggage, in case more than one bag has been checked-in, is 50 % of the applicable Sum Insured. In case of only one bag being checked in, the amount payable is 100% of the applicable Sum Insured.
 - b) Insured has provided all reports, documents and other details concerning the loss to the Third Party Administrator. For the purposes of this Benefit, "market value" is the sum required to purchase new items of the same kind and quality less an amount representing wear and tear, usage, etc. at the time of loss.
2. In the event that the Company makes any payment or reimbursement under this benefit, it is a condition of such payment that any recovery from any Common carrier by the Insured, or on behalf of the Insured, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.

EXCLUSIONS APPLICABLE TO BENEFIT TOTAL LOSS OF CHECKED IN BAGGAGE

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:

- a) Valuables and money, all kinds of securities and tickets/passes or any other item not declared to, and agreed to by, the Company.
- b) Loss of property unless a Property Irregularity Report or other report usually issued by carriers in the event of loss of checked-in baggage has been procured and submitted to the Company
- c) Any partial loss of the items contained within the checked-in baggage.
- d) Items contained within the checked-in baggage, which are valued in excess of US \$ 100 without appropriate proof of ownership.
- e) Losses arising from any delay, detention, confiscation by customs officials or other public authorities.

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- f) Loss due to complete/partial damage of the checked-in baggage.
- g) Any checked-in baggage loss in the Republic of India.
- h) Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT D - DELAY OF CHECKED IN BAGGAGE

The Company shall compensate the Insured for the temporary delay of checked-in baggage being transported during a Trip abroad. The payment for this benefit will be limited to the travel destinations specified in the main travel ticket from India and return trip back to India during the trip abroad. All halts and via destinations included in this main travel ticket will also be considered for payment under this benefit. The compensation will not exceed the Sum Insured for the coverage as mentioned in Part I of the Schedule hereto. The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

TERMS AND CONDITIONS APPLICABLE TO BENEFIT DELAY OF CHECKED IN BAGGAGE

1. The Company will pay for costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured suffering temporary delay of his/her checked-in baggage while being transported during the Trip, provided that :
 - a) The delay of checked-in baggage is more than 12 hours from the actual arrival time of the Common carrier at the destination and relates to delivery of baggage that has been checked in by the Common carrier.
 - b) Insured provides the Company with written proof of delay from the Common carrier.
 - c) Insured provides the Company with the receipts for the necessary emergency purchases of toiletries, medication and clothing that he/she needed to buy.

Note : In the event that claim(s) is submitted for total loss of checked-in baggage as well as temporary delay of checked-in baggage, the higher of the claim(s) shall be payable by the Company in respect of the same item(s) of checked-in baggage during any one Period of Insurance.

2. In the event that the Company makes any payment or reimbursement under this benefit, it is a condition of such payment that any recovery from any carrier by the Insured, or on behalf of the Insured, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.

EXCLUSIONS APPLICABLE TO BENEFIT DELAY OF CHECKED IN BAGGAGE

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:

- 1) Valuables and money, all kinds of securities and tickets/passes or any other item(s) not declared to, and agreed to by, the Company.
- 2) Loss of property unless a Property Irregularity Report or other report usually issued by carriers in the event of loss of checked-in baggage has been procured and submitted to the Company.
- 3) Any partial loss of the items contained within the checked-in baggage.
- 4) Items contained within the checked-in baggage, which are valued in excess of US \$ 100 without appropriate proof of ownership.
- 5) Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- 6) Loss due to complete/partial damage of the checked- in baggage
- 7) Any checked-in baggage delay on the inbound sector to the Republic of India.
- 8) Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT E - LOSS OF PASSPORT

The Company shall compensate the Insured for the loss of passport during a Trip abroad but not exceeding the Sum Insured for the coverage as mentioned in Part I of the Schedule hereto. In the event that the passport belonging to the Insured is lost, the Company will reimburse the Insured for actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport.

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The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

EXCLUSIONS APPLICABLE TO BENEFIT E LOSS OF PASSPORT

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:

- 1) Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
- 2) Loss of the passport due to theft unless it has been reported to the police authorities within 24 hours of the Insured becoming aware of the theft and a written police report being obtained in that regard.
- 3) Loss of the passport due to it being left unattended or forgotten by the Insured in a public place or public transport.
- 4) Loss or theft of the passport from a private place or from a private vehicle, unless it was located in a locked hotel room, apartment or locked vehicle, and forcible and violent entry was used to gain access to it.
- 5) Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT F- PERSONAL LIABILITY

The Company will compensate the Insured in the event the Insured becomes legally liable to a third party under statutory liability provisions in private law for an incident which results in accidental death, injury or damage to the health of such third party or damage to his/her properties, but not exceeding the Sum Insured specified in Part I of the Schedule to this Policy and provided the incident occurs during the Period of Insurance and whilst on a Trip abroad. The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

EXCLUSIONS APPLICABLE TO BENEFIT F PERSONAL LIABILITY

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:

- 1) Any claim arising from Insured's contractual liability or through promises made by the Insured.
- 2) Any claim of personal liability of the Insured towards his/her family, relations and traveling companions, whether personal or official.
- 3) Any claim resulting from transmission of an illness or disease by the Insured.
- 4) Any claim or damage resulting from professional activities involving the Insured.
- 5) Any claim for liability arising directly or indirectly from or due to:
 - a) The possession of animals, birds, reptiles, insects, etc. and their byproducts like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
 - b) The ownership or possession of vehicles, aircrafts, water crafts, or activities of the Insured involving parachuting, hang-gliding, hot air ballooning or use of firearms.
 - c) Any willful, malicious or unlawful act.
 - d) Insanity, the use of any alcohol/ drugs (except as medically prescribed) or drug addiction.
 - e) Any supply of goods or services on the part of the Insured.
 - f) Any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- 6) Any exclusion mentioned in the 'General Exclusions' section of this Policy.

TERMS AND CONDITION(S) APPLICABLE TO BENEFIT F PERSONAL LIABILITY

- 1) The Company shall be responsible for contesting unjustified claims against the Insured and providing indemnity for damages, which the Insured has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a court of law.
- 2) If there is a legal action in process against the Insured over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured at the Company's sole discretion.
- 3) The Company will have the right, but in no case the obligation, to take over and conduct in the name of the Insured the defense of any claim and will have full discretion in the conduct of any

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proceedings and in the settlement of any claim and having taken over the defense of any claim, the Company may relinquish the same.

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

BENEFIT G - PERSONAL ACCIDENT

The Company will pay the Sum Assured specified in the part 1 of the Schedule if the Insured sustains Accidental Bodily Injury during the course of the Insured Journey and such Bodily Injury is within one year of the date upon which it was sustained the sole and direct cause of the

- 1) **Accidental death of Insured:**
- 2) **Permanent Total Disablement.**
- 3) **Total and irrecoverable loss of either eyes or two limbs or of one eye and one limb.**

Table of benefits	% OF CAPITAL SUM INSURED
Accidental Death	100
Loss of sight (both eyes)/loss of two limbs/loss of one limb and one eye	100
Loss of sight of one eye/ one limb	50
Permanent Total Disablement	100

Provided always that the policy will not pay under more than one of the foregoing sub clauses in respect of the same accident and in excess of the amount stated in the schedule.

The company will be liable to pay 50% of the Sum assured stated in the schedule in respect of the accidental death of the insured person if the insured person's age is under 18 years; to be calculated at the time of effecting this insurance.

EXCLUSIONS APPLICABLE TO BENEFIT G - PERSONAL ACCIDENT

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:

- 1) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- 2) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- 3) Any payment under this Benefit whereby the Company's liability would exceed the sum payable in the event of accidental death.
- 4) Any other claim after a claim for accidental death has been admitted by the Company and becomes payable.
- 5) 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.
- 6) Any claim arising out of an accident related to pregnancy or childbirth, venereal disease or infirmity.
- 7) Any exclusion mentioned in the 'General Exclusions' section of this Policy.

SPECIAL CONDITIONS APPLICABLE TO BENEFIT G – PERSONAL ACCIDENT

- 1) In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the Table of Benefits will be considered for payment.

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- 2) If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but the amount payable shall not exceed 100% of the Sum Insured specified in Part I of the Schedule to this Policy.
- 3) If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in determining the benefit amount in such a case will be the degree to which the normal physical or mental capabilities are impaired, solely from a medical point of view, as ascertained by the Third Party Administrator.
- 4) If the accident affects any physical or mental function, which was already impaired beforehand, a deduction will be made equal in amount for this prior disablement.
- 5) If the Insured dies for a reason unconnected with the accident within a year of the accident for whatever reason, and if a claim for disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have been expected to exist from the findings of the last medical examination made.
- 6) In the event of permanent disablement, the Insured will be under obligation:
 - a) To have himself/herself examined by doctors appointed by the Company/ the Third Party Administrator and the Company will pay the costs involved thereof.
 - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required.

If the above obligations are not met with due to whatsoever reason, the Company shall be relieved of its liability to pay.

BENEFIT H - HIJACK DISTRESS ALLOWANCE

The Company shall pay to the insured, compensation in the event of hijack of a common carrier in which the Insured is traveling on a Trip abroad, but not exceeding the Sum Insured for the coverage as specified in Part I of the Schedule hereto.

The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

TERMS & CONDITIONS APPLICABLE TO BENEFIT H – HIJACK DISTRESS ALLOWANCE

In the event that the common carrier in which the Insured is traveling is hijacked on the Trip abroad during the Period of Insurance and the Insured's journey is interrupted or disrupted for more than twenty four (24) hours, then the Company will pay the Indian Rupee equivalent of US \$ 100 for each day of delay caused to the Insured, subject to a maximum amount of Sum Insured specified in Part I of the Schedule hereto.

EXCLUSIONS APPLICABLE TO BENEFIT H - HIJACK DISTRESS ALLOWANCE

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:

- a) The first twenty four (24) hours of the hijacking.
- b) Any incident where the Insured is suspected to be involved either directly or indirectly in the hijacking.
- c) Any claim as a consequence of a change in the regular routes of travel / journey of the common carrier due to traffic, weather, fuel shortage, technical snag or security reasons.
- d) Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT I - FINANCIAL EMERGENCY ASSISTANCE

The Company shall compensate the Insured in the event of a financial emergency arising due to theft, mugging, robbery, dacoity of the funds of the Insured, but the compensation shall not exceed the maximum Sum Insured as specified in Part I of the Schedule to this Policy. The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

EXCLUSIONS APPLICABLE TO BENEFIT I - FINANCIAL EMERGENCY ASSISTANCE

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:

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1. Any loss reported to the nearest police authority beyond 24 hrs from the time of loss
2. A shortage or loss of funds due to currency fluctuation, errors, omissions, exchange, loss or depreciation in value.
3. Any loss not reported to the police authorities having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
4. Any claim in respect of a loss of traveler's cheques not immediately reported to the local branches or agents of the issuing authority.
5. Loss of funds not kept in the personal custody of the Insured.
6. Any reimbursement under Financial Emergency Assistance is excluded if the claim is put up after arrival of the Insured to the Republic of India.
7. Any exclusion mentioned in the 'General Exclusions' section of this Policy.
8. Losses due to misuse of debit/credit cards.

BENEFIT J - TRIP CANCELLATION AND INTERRUPTION

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured compensation if a Trip is delayed, cancelled, or interrupted due to any of the following unforeseen reasons:

- 1) Unforeseen Illness, Injury, or accidental death of the Insured or Insured's Family Member. Injury or Illness must be so disabling as to reasonably cause a Trip to be delayed, cancelled, or interrupted;
- 2) Termination of employment or layoff affecting the Insured or the Traveling Companion of the Insured, provided that the Insured or the Traveling Companion, as the case may be, have been employed with the employer for at least five continuous years.
- 3) Inclement Weather conditions causing delay or cancellation of the Trip;
- 4) The place intended to be occupied by the Insured for purposes of Insured's stay during the Trip or the Destination being made uninhabitable by fire, flood, vandalism, burglary, or Natural Disaster;
- 5) The Insured being abducted or quarantined;
- 6) The insured or a Traveling Companion being the victim of a Felonious Assault within 10 days prior to the departure date, provided that the Insured (including any member of Insured's Family) or the Traveling Companion (including any member of Traveling Companion's Family) is/are not involve directly or indirectly in such Felonious Assault.
- 7) A Terrorist Incident in a City/destination listed on the Insured's itinerary within 30 days of the Insured's scheduled arrival. "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.

Trip Cancellation Benefits: The Insurer will pay this benefit up to the Maximum Limit as specified in Part I of the Schedule for Trips that are delayed or cancelled before the scheduled Departure Date. The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the insured's Departure Date.

Trip Interruption Benefits: The Company will pay this benefit up to the Maximum Limit as specified in Part I of the Schedule for Trips that have been interrupted or delayed, due to the reasons mentioned above. The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the insured's Departure Date and additional transportation expenses incurred by the Insured, either to

- a) Return to the Republic of India; or
- b) From the place that the Insured left the Trip to the place that the Insured may rejoin the Trip; or
- c) Additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the Trip Departure Date.

However, the benefit payable under (2) and (3) will not exceed the cost of economy airfare by the most direct route, less any refunds paid or payable.

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EXCLUSIONS APPLICABLE TO BENEFIT J TRIP CANCELLATION AND INTERRUPTION

- 1) Common Carrier-caused delays, including an announced, organized sanctioned union labor strike that affects public transportation, unless the commencement of the Period of Insurance is prior to a date when the Strike is foreseeable. A Strike is foreseeable on the date the labor union members vote to approve a Strike.
- 2) Travel arrangements cancelled or changed by an airline, cruise line, or tour operator, unless the cancellation is the result of bad weather.
- 3) Changes in plans by the Insured, an Immediate Family Member, or Traveling Companion for any reason.
- 4) Adverse change in financial circumstances of the Insured, any Family Member, or a Traveling Companion.
- 5) Any business or contractual obligations of the Insured, any Family Member, or a Traveling Companion, except for termination or layoff of employment as defined above.
- 6) Default by the person, agency, or tour operator from whom the Insured bought this Policy and made travel arrangements.
- 7) Any government regulation or prohibition.
- 8) An event or circumstance, which occurs prior to the commencement of the Period of Insurance.
- 9) On account of a Felonious Assault, where the Insured, any Family Member of the Insured, the Traveling Companion or Traveling Companion's Family Member has been a directly or indirectly involved in the Assault committed.

BENEFIT K - MISSED CONNECTIONS

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured compensation upto the sum insured in the event inclement weather causes cancellation or a delay of all regularly scheduled airline flights on which the insured is or would be traveling, for minimum twelve hours from the scheduled departure time. The insured will be reimbursed for:

- 1) Additional transportation costs to join the Trip (must be same class of original tickets purchased).
- 2) Reasonable accommodations and meals up to \$50 per day.
- 3) And/or the non-refundable, unused portion of the prepaid expenses as long as the expense is supported by a proof of purchase and is not reimbursable by another source. The Common Carrier must certify the delay of the regularly scheduled airline flight.

The compensation under this cover will not exceed the Sum Insured for the overage as mentioned in Part I of the Schedule hereto. The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

BENEFIT L - TRAVEL DELAY

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to reimburse the Insured for the Reasonable Additional Expenses incurred by the Insured up to \$ 50 per day if the Insured's Trip is delayed for more than twelve hours from the scheduled time until travel becomes possible. Incurred expenses must be accompanied by supporting receipts. This benefit is payable for only one delay per Insured per Trip on account of the following unforeseen reasons:

- 1) Unforeseen Illness, Injury, or accidental death of an Insured or Family Member of the Insured or the Traveling Companion. Injury or Illness must be so disabling as to reasonably cause a Travel delay;
- 2) Termination of employment or layoff affecting the Insured or the Traveling Companion of the Insured, provided that the Insured or the Traveling Companion, as the case may be, have been employed with the employer for at least five continuous years.
- 3) Inclement Weather conditions causing delay. This must be authenticated by a letter from the common carrier;
- 4) The place intended to be occupied by the Insured for purposes of Insured's stay during the Trip or the Destination being made uninhabitable by fire, flood, vandalism, burglary, or Natural Disaster;
- 5) The Insured being abducted or quarantined;
- 6) The Insured or a Traveling Companion being the victim of a Felonious Assault within 10 days prior to the departure date, except where the Insured, any Family Member of the Insured, the

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Traveling Companion or Traveling Companion's Family Member has been a principal or accessory in the commission of the Felonious Assault.

- 7) A Terrorist Incident in a City/destination listed on the Insured's itinerary within 30 days of the Insured's scheduled arrival. "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.
- 8) Delay by the Common Carrier;
- 9) Lost or stolen passport, travel documents or money;

The compensation under this cover will not exceed the Sum Insured for the coverage as mentioned in Part I of the Schedule hereto. The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in Part I of the Schedule to this Policy.

BENEFIT M – GOLFERS HOLE IN ONE

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to reimburse the Insured for the celebration expenses incurred by the Insured for achieving a hole-in-one during the Trip anywhere in the world excluding India, in a United Golfer's Association UGSA) recognized golf course subject to a maximum of \$ 500. The incurred expenses must be accompanied by supporting receipts. This benefit is payable for only one hole-in-one per Insured per Trip.

BENEFIT N – BAIL BOND INSURANCE

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein to reimburse towards the bail amount for release of the Insured if he is arrested for any inadvertent violation of law in the country of travel subject to a maximum of \$ 500. The Company will however not pay the bail expenses if:

1. Where the Insured is charged for over speeding in a vehicle; and
2. Where the Insured has been charged for breaking the law with criminal intent.

This benefit is payable only once per Insured per Trip.

BENEFIT O – Trip Curtailment

Subject to all other terms and conditions, the Company will indemnify the insured subject to limits shown in the part 1 of the schedule, for loss of personal accommodation or travel charges paid or contracted to be paid by the insured, which are not recoverable from any other source, following the necessary and unavoidable curtailment (the cutting short by early return to India) of the trip because of:

1. accidental death, serious injury or sudden sickness of your spouse or child residing with you in India and who is not travelling with you on the insured journey
2. the hijack of an aircraft in which you are travelling as a fare-paying passenger

GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

- 1) The entire scope of cover applies to sea / cruise travel as well.
- 2) Minimum age of the insured shall be 3 months and maximum age shall be 65 years.
- 3) In case of the Insured and Insured's Family being insured ("Family Plan"), the minimum age of the Insured persons shall be 3 months and maximum age shall be 65 years for the parents. Under Family Plan, the maximum persons that may be covered under a Policy shall be 6 inclusive of the Insured and his/her lawful spouse and maximum of four (4) dependant children below the age of 21 years.
In case of family plans, the scope of cover applies to each insured member of the family separately.
- 4) The maximum number of travel days that may be insured, under the policy, shall be 180 days. Provided that the policy may be extended only once beyond the initial period of 180 days during the trip duration by a maximum of additional 180 days at the sole discretion of the Company. Provided further that for an Insured being up to the age of 65 years, the maximum trip duration

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(including the extension as provided earlier) shall not exceed 360 days in total, and for an Insured being more than 65 years of age, the maximum trip duration (including the extension as provided earlier) shall not exceed 180 days in total. **(Refer the Endorsement Wordings)**

- 5) Policy start date should be on or before the trip start date.
- 6) Relapse period for injury/illness will be 48 hours and if any injury/illness which occurs after 48 hours of the preceding injury/illness, the same will be treated as separate incident.
- 7) Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.
- 8) The Insured shall take all reasonable precautions to prevent injury, illness and disease in order to minimize claims. Failure to do so will prejudice the Insured's claim under this Policy.
- 9) The Insured shall provide the Company with the details of the Trip and other information (as may be required by the Company from time to time) about the Insured in advance.

GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY)

Without prejudice to anything contained in this Policy, the Company shall not be liable to make any payments in respect of :

- 1) Any claim relating to events occurring before the commencement of the cover or otherwise outside of the Period of Insurance.
- 2) Any claim if the Insured
 - a) Is traveling against the advice of a physician.
 - b) Is receiving, or is on a waiting list to receive, specified medical treatment declared in a physician's report or certificate.
 - c) Has received terminal prognosis for a medical condition
 - d) Is taking part in a naval, military or air force operation.
- 3) Any claim arising out of illnesses or accidents that the Insured has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).
- 4) Any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and/or any mutant derivative or variations thereof howsoever caused.
- 5) Illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
- 6) Any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- 7) 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.
- 8) Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, unless declared beforehand and necessary additional premium paid.
- 9) Pre-existing conditions.



Personal Accident- Injury Claims Only	1	claim form
	2	police report, if accident is reported to police
	3	medical papers, pathology report, X-ray reports, as applicable
	4	for Permanent Disability Claims-disability certificate from reputed surgeon or hospital
	5	for temporary total disability claims-sick leave certificate from employer
	6	attending physician's statement
Medical Expenses/Dental Treatment	1	claim form
	2	police report, if accident is reported to police
	3	medical papers, pathology report, X-ray reports, as applicable
	4	doctor's prescription and line of treatment suggested
	5	bills and cash memos
	6	attending physician's statement
Golfers Hole in One	1	claim form
	2	USPGA Club Certificate for putting the ball in the hole in one shot
	3	Bills for Expenses incurred for arrangement of party
	4	Any other bills relevant to arrangement of Party
Bail Bond Insurance	1	claim form
	2	Original/photo copy of FIR report
	3	Original/photo copy of Court Order
Total Loss of Checked in Baggage	1	claim form + section F duly filled and signed
	2	original Property Irregularity Report (PIR) mentioning the names of items lost and it's Declaration Value.
	3	baggage damage report or letter from airlines or any other document from airlines confirming the loss of items
	4	copies of boarding pass, ticket and baggage tags
	5	copy of passport showing the date of entry and exit related to journey (to & fro) from India
	6	details of compensation received from airlines
	7	original purchase receipts in the event of claims regarding goods purchased during the insured journey
	8	for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the period of insurance, when a claim is made
Delay of Checked in Baggage	1	claim form + section F duly filled and signed
	2	original Property Irregularity Report (PIR) mentioning the date and time of loss
	3	letter from airlines mentioning the duration for which baggage delay has taken place or any other document suggestive of proof of period for which baggage delay has taken place
	4	copies of boarding pass, ticket and baggage tags
	5	copy of passport showing the date of entry and exit related to journey (to & fro) from India
	6	details of compensation received from airlines
	7	original bills/receipts/invoices for the necessary emergency purchases of toiletries, medication and clothing that he/she needed to buy during the period of baggage delay
Personal Accident- Accidental death Claims only	1	claim form
	2	police report
	3	Shriram General Insurance Co. Ltd. coroner's report
	4	Death certificate
	5	for payment to beneficiary-succession certificate or notarized affidavit certifying legal heir status



	6	where payment to beneficiary is through notarized affidavit, a letter of indemnity on Rs.200 stamp paper (please contact us for the indemnity format)
Loss of Passport/ Financial Emergency Assistance	1	claim form + section F duly filled and signed
	2	airlines tickets
	3	original/photo copy of FIR report
	4	any available receipts for the lost baggage/personal effects
	5	correspondence with the airline/carrier
	6	Irregularity Report or Loss Notification Report from the airline/carrier
	7	for baggage delay, letter from carrier confirming reason for delay and duration of the delay
	8	for passport loss/document loss cash receipts for obtaining duplicate documents
	9	copy of the old & new passport of the employee
	10	for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the period of insurance
	11	original purchase receipts in the event of claims regarding goods purchased during the insured journey
Trip Cancellation & Interruption/ Missed Connections & Trip Curtailement	1	claim form + section F duly filled and signed
	2	copy of travel itinerary
	3	verification of trip payment
	4	original airline tickets, vouchers or cruise documents
	5	copy of trip cancellation statement from airline/cruise line, hotel, itemizing non-refundable charges
	6	copy of any refund cheque or credit voucher
	7	copy of newly purchased items-for trip interruption only
	8	itemized expense receipts
Travel Delay	1	claim form and section H-duly completed and signed by the Insured
	2	confirmation letter from the airlines clearly stating the duration and the reason for flight delay
	3	invoices related to list of essential purchases made, such as meals, refreshments or other related expenses directly resulting from the flight delay
Personal Liability	1	claim form
	2	Original/photo copy of FIR report
	3	Original/photo copy of Court Order stating the amount of liability to be paid

10) Claim Procedure:

- In case of any event leading to a claim under the policy, please call our third party administrator M/s.....on
- Our claims service representative will guide you on the claim procedures and documents required.
- A claim form will be forwarded to you by mail, email or fax
- Complete the claim form relevant to the nature of loss as indicated below
- Attach the documents mentioned against the claim type

Documents, in addition to those mentioned above may be called for, depending on the nature of accident and claim lodged.

You may also send the claim form with annexures to our claims processing cell at the following address:

<address>.....

Please retain a copy of the documents sent for your records.

11) Obligations of the Insured:

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- a) Claims for insurance benefits must be submitted to the Third Party Administrator not later than one (1) month after the completion of the treatment or transportation home, or in the event of accidental death, after transportation of the mortal remains/ burial.
- b) The Insured shall provide the Third Party Administrator on demand any information that is required to determine the occurrence of the Insured Event or the Company's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip abroad.
- c) If requested to do so by the Third Party Administrator, the Insured is obliged to undergo a medical examination by a Physician designated by the Third Party Administrator.
- d) The Third Party Administrator is authorized by the Insured to take all measures that are suitable for loss prevention and claim minimization, which includes the Insured's transportation back to the Republic of India.
- e) The Company shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached by the Insured.

10) Transfer and Set-off of Claims:

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

11) Deleted

- 12) The insurance cover applies to all countries stated in the Policy Schedule, except those countries, where the Insured has a permanent place of residence.
- 13) In the event of the Insured's accidental death, the Company or the Company's representatives shall have the right to carry out a post mortem/autopsy, at the Company's expense.

STANDARD TERMS AND CONDITIONS

- 1) Duty of Disclosure - The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.
- 2) Reasonable Care - The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to a claim.
- 3) Observance of terms and conditions - The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
- 4) Material change - The Insured shall immediately notify the Company by fax and in writing of any material change in the risk, and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safe operation of the Insured items or trade or business practices thereby containing the circumstances that may give rise to the claim, and the Company may adjust the scope of cover and / or premium if necessary, accordingly.
- 5) Documents to be maintained - The Insured shall keep an accurate record containing all relevant documents including medical bills and shall allow the Company to inspect such documents. The Insured shall within one month after the expiry of the Insurance Policy furnish such information as the Company may require.
- 6) No constructive Notice - Any knowledge or information of any circumstances or condition in connection with the Insured in possession of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

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- 7) Notice of charge etc. - The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured or his legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.
- 8) Special Provisions - Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. The terms and conditions contained herein and in Part II of the Schedule shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Schedule, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover/terms and conditions contained in Part II of the Schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.
- 9) Electronic Transactions: The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Insured agrees that the Company may exchange, share or part with any information to or with other Companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use or application.
- 10) Duties of the Insured on occurrence of loss - On the occurrence of any loss, within the scope of cover under the Policy the Insured shall:
- Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause as provided above.
 - Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties under 'Rights of the Company On Happening Of Loss Or Damage' Clause as provided in this Part.
 - Not abandon the insured property/item in premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its agents or TPA or the Surveyor. If the Insured does not comply with the provisions of this Clause or other obligations cast upon the Insured under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.
- 11) Rights of the Company on happening of loss or damage - On the happening of loss or damage, or circumstances that have given rise to a claim under this Policy, the Company may:
- Enter and/or take possession of the insured property, where the loss or damage has happened
 - Take possession of or require to be delivered to it any property of the Insured in the building or on the premises at the time of the loss or damage
 - Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same at its own cost; and,
 - Sell any such property or dispose of the same for account of whom it may concern. The powers conferred by this condition shall be exercisable by the Company at any time until notice in writing is given by the Insured that he makes no claim under the Policy, or if any claim is made, until such claim is finally determined or withdrawn. The Company shall not by any act done in the exercise or purported exercise of its powers hereunder incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this Policy in answer to any claim.
- If the insured or any person on his behalf shall not comply with the requirement of the Company, or shall hinder or obstruct the Company in the exercise of the powers hereunder, all benefits under the Policy shall be forfeited at the option of the Company.
- 12) Right to inspect - If required by the Company, an agent/representative of the

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Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy.

- 13) Subrogation** - In the event of payment under this Policy, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organisation, and the Insured shall execute and deliver instruments and papers necessary to secure such rights. The Insured and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.
- 14) Contribution** - If at the time of the happening of any loss or damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.
- 15) Fraudulent claims** - If any claim 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 or anyone acting on his/her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.
- 16) Cancellation/Termination:**
- The Insured may at any time, cancel this Policy after the expiry of 15 days from the effective date, in writing to the Company as long as the insured is able to establish to the Company's satisfaction that the Insured Journey has not commenced, and this policy shall stand cancelled if the Insured Journey has not commenced within 15 days of the commencement date shown on the Schedule.
 - Upon cancellation, the Company shall be entitled to deduct according to the its Cancellation Scale subject to retaining a minimum of Rs. 250/-
 - In case of any early return of the Insured prior to the expiry of the policy period the Company will refund premium at the following rates subject to no claims being incurred on the Policy.

Period of Risk	Rate of Premium retained by the Company
Above 50% of the Policy Period	100% of Premium
Above 40% to 50% of Policy Period	80% of Premium
Above 30% to 40% of the Policy Period	75% of Premium
Above 20% to 30% of the Policy Period	60% of Premium
Policy inception-20% of Policy Period	50% of Premium

17) DELETED

- 18) Policy Disputes** - Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit to the exclusive jurisdiction of the High Court of Jaipur and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.
- 19) Arbitration clause** -If any dispute or difference shall arise as to the quantum to be paid under this 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 to

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the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of 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. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

- 20) Notices - Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to In case of the Insured, at the address specified in Part 1 of the Schedule.
- 21) This Policy may be renewed by mutual consent every year and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. The Company shall not, however, be bound to give notice that such renewal premium is due.
- 22) A **Key Information Sheet** will be provided to insured in simple language briefly containing all the important features of the policy, its claim limits etc.
- 23) Unless otherwise provided, the IRDA (Policyholder Protection of Interest) Regulation, 2002 will be applicable. Settlement / Rejection of claim will be done, within 30 days of the receipt of the last necessary document except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary', all the documents required for claims processing are called for at one time and not in a piece meal manner. All necessary claim documents should be furnished by the policyholder/insured within 15 days from the completion of treatment and/or fitness to make a claim. However, claims filed even beyond such period may be considered if there are valid reasons for any delay. On receipt of all necessary documents/reports, we shall offer a settlement/rejection of claim within a period of thirty days. Upon acceptance of an offer of settlement by the insured, the payment of the amount, as the case may be ,shall be made in accordance with the provisions of Protection of Policyholders' Interest Regulations 2002.

In case of the Company:

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- 24) Customer Service -If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

25) Complaints / Grievance Redressal System

Shriram General Insurance Company Limited has put in place a mechanism administered by the Complaints / Grievance Co-ordinator who can be reached at the Corporate Office at the address mentioned herein below:

Contact Person:	Hemant Kumar Sharma, Company Secretary
Contact Address:	Shriram General Insurance Co. Ltd. E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur – 302022
Grievance Cell No.:	1800-180-7474, 1800-300-30000
E-mail ID:	md@shriramgi.com
Fax No.:	91-141-2770693

Customized grievance Settlement Machinery:

In case, the customer is not satisfied with the decision taken by the office in respect of a service, he/she can appeal against the decision in the following manner:

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- a) If not satisfied with the decision taken by the dealing officer, can appeal to the Branch Manager.
 b) In case not satisfied with the reply given by the Branch Manager, matter may be brought to the notice of Grievance Cell, HO, headed by a senior executive which will be directly under the control of the MD.

You can also reach us by email or register their complaints on the website of the Company. You may please take note that in case you are not satisfied with the complaint redressal procedure or complaint /resolution from the Company, you can approach the Insurance [Ombudsman](#) located in your region. The list of Ombudsmen are as under:

Office of the Ombudsman	Name of the Ombudsmen	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri Amitabh	Insurance Ombudsman Office of the Insurance Ombudsman 2 nd floor, Ambica House Nr. C.U.Shah College 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel.079-27546150 Fax:079-27546142 E-mail: insombahd@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Shri N.A.Khan	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor Malviya Nagar, BHOPAL Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri S.K.Dhal	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park BHUBANESHWAR - 751 009 Tel.0674-2596461(Direct) Secretary No.:0674-2596455 Tele Fax - 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Shri K.M.Chadha	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2 nd floor, Batra Building Sector 17-D CHANDIGARH - 160 017	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh

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		Tel.: 0172-2706196 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	
CHENNAI	Shri K.Sridhar	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI – 600 018 Tel. 044-24333678 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri R.Beri	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road NEW DELHI – 110 002 Tel. 011-23239611 Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Shri Sarat Chandra Sarma	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5 th floor Nr. Panbazar Overbridge , S.S. Road GUWAHATI – 781 001 Tel. : 0361-2131307 Fax:0361-2732937 E-mail: omb_ghy@sify.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri P.A.Chowdary	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards,	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of

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		Lakdi-Ka-Pool HYDERABAD – 500 004 Tel. 040-23325325 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Pondicherry
ERNAKULAM	Shri James Muricken	Insurance Ombudsman Office of the Insurance Ombudsman 2 ND Floor, CC 27/2603, Pulinat Building , Opp. Cochin Shipyard, M.G. Road , ERNAKULAM – 682 015 Tel: 0484-2358734 Fax:0484-2359336 E-mail: iokochi@asianetglobal.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Shri K.Rangabhashyam	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road , 3 rd floor, KOLKATA – 700 001 Tel.:033-22134869 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Shri M.S.Pratap	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6 th floor, Nawal Kishore Rd. Hazratganj, LUCKNOW – 226 001 Tel.:0522-2201188 Fax: 0522-2231310 E-mail: joblko@sancharnet.in	Uttar Pradesh and Uttaranchal
MUMBAI	Shri R.K.Vashishtha	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), MUMBAI – 400 054 PBX: 022-26106928 Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra



Endorsements

1. Premium Bearing:

A. Extension of cover under the policy shall be provided, subject to the following:

- The original policy period should not have expired, it has to be still in force.
- There should not be any claim registered on the effective policy.
- The “Health Declaration” has to be submitted by the insured as per the format mentioned below
- “I, (name of the insured) am enjoying good health and am physically fit. I have not consulted any doctor for any kind of treatment for sickness or bodily injury and have sustained no loss that can be claimed under the policy as on (date of declaration). I am anticipating returning back to India on (date).”
- Extension in travel days should not exceed **180 days**.
- The total extension including original policy period should not exceed more than 360 days.
- Extension can be effected only once on the policy.
- Premium for extension in policy period has to be paid prior to actual extension being effected.
- Reduction in policy coverage period is not allowed.
- The premium payable for extension will be provided by the Insurance Company.

B. Reduction in travel days:

- No reduction is allowed in travel days

C. Change in plan: No change in plan is allowed once the policy is incepted.

D. Addition of additional family members to an existing policy as per the underwriting guidelines.

2. Cancellation:

Conditions for cancellation:

- Policy may be cancelled before inception of the policy subject to the following:
 - Retention of minimum premium of Rs.250 (Inclusive of Service Tax)
- Policy may be cancelled after inception of the policy subject to the following:
 - Retention of minimum premium of Rs.250 (Inclusive of Service Tax)
- Submission of all the pages of the insured’s passport as a proof that the journey has not been undertaken
- Any request for cancellation will be entertained only within 14 days of date of insurance as indicated in the policy schedule (irrespective of the duration of the journey)
- Cancellation requests will be executed by company. Request to be sent to @shriramgi.com

Plan Benefits					
Section	Coverage Details	Coverage Amount	Shri Travel	Shri Travel Plus	Shri Travel Elite
			Age 90 days to 65 years	Age 90 days to 65 years	Age 90 days to 65 years
A	Medical Expenses Cover@	US\$ 50,000 to 200,000	US \$ 50000	US \$ 100000	US \$ 200000
	Cashless hospitalisation worldwide		Yes	Yes	Yes
	Repatriation of Remains	Sublimit of US\$ 1000-2000	US \$ 1000	US \$ 1500	US \$ 2000
	Daily allowance in case of hospitalisation ^s	US\$ 25 (for 5 days)	US\$ 25 (for 5 days)	US\$ 25 (for 5 days)	US\$ 25 (for 5 days)
B	Dental Treatment@	US\$ 250	US\$ 250	US\$ 250	US\$ 250

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C	Total Loss of Checked in Baggage	US\$ 500	US\$ 500	US\$ 500	US\$ 500
D	Delay of Checked in Baggage ^	US\$ 100	US\$ 100	US\$ 100	US\$ 100
E	Loss of Passport **	US\$ 200	US\$ 200	US\$ 200	US\$ 200
F	Personal Liability\$\$	US\$ 50000	US\$ 25000	US\$ 50000	US\$ 50000
G	Personal Accident	US\$ 15,000	US\$ 10,000	US\$ 15,000	US\$ 15,000
H	Hijack Distress Allowance*** (applicable if > 24 hours & for maximum 7 days)	US\$ 100 per day	US\$ 100 per day	US\$ 100 per day	US\$ 100 per day
I	Financial Emergency Assistance**	US\$ 300	US\$ 300	US\$ 300	US\$ 300
J	Trip Cancellation & Interruption	US\$ 250	No	US\$ 250	US\$ 250
K	Missed Connection^	US\$ 500	US\$ 250	US\$ 500	US\$ 500
L	Travel Delay++	US\$ 250	No	US\$ 250	US\$ 250
M	Golfers hole in one	US\$ 500	No	No	US\$ 500
N	Bail bond Insurance	US\$ 500	No	US\$ 500	US\$ 500
O	Trip Curtailment	US\$ 250	No	US\$ 250	US\$ 250
@	Deductible of US\$ 100. This deductible is applicable on per illness (complete treatment) basis.				
**	Deductible of US\$ 50.				
***	24 hours				
\$	2 days deductible - If hospitalisation is for more than 2 consecutive days, this benefit can be cleared only once during the policy period				
^	delay of more than 12 hours				
++	up to US\$ 100/-per day, if trip is delayed for more than 12 hours.				
\$\$	Deductible of US\$ 100.				