

Registered Office: Religare Health Insurance Company Limited, D-3, District Centre, Saket, New Delhi - 110017

PRODUCT NAME: STUDENT EXPLORE

POLICY TERMS AND CONDITIONS

1. DEFINITIONS

For the purposes of interpretation and understanding of this Policy the Company has defined below some of the important words used in this Policy. Words not defined below are to be construed in the usual English language meaning as contained in Standard English language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority (“Authority”) and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, Benefits, Optional Covers, insurance coverage and exclusions, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

- 1.1. **Accident / Accidental** is a sudden, unforeseen and involuntary event caused by external, visible and violent means;
- 1.2. **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;
- 1.3. **Age** means the completed age of the Insured Person on his last birthday;
- 1.4. **Alternative treatments** are forms of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- 1.5. **Ambulance** means a vehicle operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- 1.6. **Any One Illness** means a continuous Period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital / nursing home where the treatment may have been taken;
- 1.7. **Assistance Service Provider** means the service provider specified in the Policy Certificate appointed by the Company from time to time;
- 1.8. **Break in Policy** occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- 1.9. **Cashless facility** means a facility extended by the Company 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 Company to the extent pre-authorization approved;
- 1.10. **Checked-In Baggage** means the baggage (luggage and personal possessions belonging to or in the lawful custody of the Insured Person) offered by the Insured Person and accepted for custody by a Common Carrier for transportation in the same Common Carrier in which the Insured Person is travelling and for which the Common Carrier has provided a baggage receipt, and the contents of the baggage checked-in by the Insured Person as long as such contents do not violate any policy or rule restricting the nature of items that may be carried on board. This shall exclude all the items that are carried/ transported under a contract of affreightment;
- 1.11. **Chronic Condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - (a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - (b) It needs ongoing or long-term control or relief of symptoms
 - (c) It requires your rehabilitation or for you to be specially trained to cope with it

- (d) It continues indefinitely
 (e) It comes back or is likely to come back
- 1.12. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment under a Benefit or Optional Cover in respect of an Insured Person;
- 1.13. **Company** means the Religare Health Insurance Company Limited;
- 1.14. **Common Carrier** means any civilian land or water conveyance or scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket;
- 1.15. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon;
- 1.16. **Congenital Anomaly** refers to a condition(s) 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;
- 1.17. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same Insured, to share the cost of an indemnity claim on a ratable proportion of sum insured;
- 1.18. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible costs. A co-payment does not reduce the sum insured;
- 1.19. **Country of Residence** means the country in which the Insured Person is currently residing and as specified in the Policyholder's address in the Policy Certificate;
- 1.20. **Cumulative Bonus** shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium;
- 1.21. **Damages** means sums payable following judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law;
- 1.22. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under—
- (a) has qualified nursing staff under its employment;
- (b) has qualified Medical Practitioner/s in charge;
- (c) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- (d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel;
- 1.23. **Day Care Treatment** refers to medical treatment, and/or surgical procedure as specified under Annexure I which is:
- (a) undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and
- (b) which would have otherwise required a hospitalization of more than 24 hours.
 Treatment normally taken on an out-patient basis is not included in the scope of this definition;
- 1.24. **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 USD or Euro**) in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any Benefit or Optional Cover are payable by the insurer. A deductible does not reduce the Sum Insured;
- 1.25. **Dental Treatment** is carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants;

- 1.26. **Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact;
- 1.27. **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:
- (a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or;
 - (b) The patient takes treatment at home on account of non-availability of room in a hospital.
- 1.28. **Educational Institute** means the entity specified in the Policy Certificate.
- 1.29. **Emergency Care (Emergency)** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health;
- 1.30. **Felonious Assault** means any wilful or unlawful use of force upon the Insured that is a felony or a misdemeanor in the jurisdiction which occurs and results in bodily harm to the Insured except done by an Immediate Family Member or travelling companion.
- 1.31. **Family** means and includes the Insured Person's legal spouse and dependent children;
- 1.32. **Geographical Scope** means the countries or geographical boundaries in which the coverage under the Policy is valid as specified in the Policy Certificate;
- 1.33. **Grace Period** means the specified period of time immediately following the premium due date during which 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;
- 1.34. **Hazardous Activities (Adventure sports)** shall mean any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes racing and competitions, stunt activities of any kind, adventure racing, base jumping, blathlon, big game hunting, black water rafting, bmx stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, 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;
- 1.35. **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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- a) has qualified nursing staff under its employment round the clock;
 - b) has at least 10 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;
 - c) has qualified medical practitioner(s) in charge round the clock;
 - d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- or
- Any institution established for in- patient care and day care treatment of Injury or Illness and which has been registered as a Hospital or a clinic as per law rules and/or regulations applicable for the country where the contingency arises;

- 1.36. **Hospitalization** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours;
- 1.37. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment;
- 1.38. **Immediate Family Member** means an Insured Person's lawful spouse, children and parents only;
- 1.39. **Injury** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner;
- 1.40. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event;
- 1.41. **Insurable event** means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions;
- 1.42. **Intensive Care Unit (ICU)** 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;
- 1.43. **Intercollegiate sports injury** means any injury which is caused due to participation in a college sporting activity; and which does not fall under the category of Professional/Semi-professional sporting activities.
- 1.44. **Insured Person (Insured)** means a person whose name specifically appears under Insured in the Policy Certificate;
- 1.45. **Life Threatening Medical 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.
- 1.46. **Maternity expenses** shall include—
- (a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - (b) expenses towards lawful medical termination of pregnancy during the policy period;
- 1.47. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription;
- 1.48. **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;
- 1.49. **Medical Practitioner** means a person who holds a valid registration from the medical council of any State and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes a physician and / or surgeon;
- 1.50. **Medically Necessary** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- (a) Is required for the medical management of the Illness or Injury suffered by the Insured Person;

- (b) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - (c) Must have been prescribed by a Medical Practitioner;
 - (d) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 1.51. **Monthly/Month** means a continuous period starting from the Policy Period Start Date and ending on next month one day prior to the same date of Policy Period Start Date.
For example – If the Policy Period Start Date is 14th January 2015 then one month would complete on 13th February 2015.
- 1.52. **Network Provider** means Hospitals or Health Care providers enlisted by an insurer or by a TPA (Assistance Service Provider) and insurer together to provide medical services to an insured on payment by a cashless facility;
- 1.53. **New Born Baby (New Born)** means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive;
- 1.54. **Nominee** means the person named in the Policy Certificate to receive the Benefits payable under this Policy if the Insured Person is deceased. For the purpose of avoidance of doubt it is clarified that if the Nominee is a minor on the date when payment becomes due under the Policy, payment shall be made to the Appointee named in the Policy Certificate;
- 1.55. **Non-Network** means any hospital, day care centre or other provider that is not part of the network;
- 1.56. **Notification of claim** is the process of notifying a claim to the Company or Assistant Service Provider by specifying the timelines as well as the address/telephone number to which it should be notified;
- 1.57. **Out-patient Treatment** is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient;
- 1.58. **Period of Insurance** means a period within the Policy Period which commences when the Insured Person crosses the international border of the Country of Residence to leave that country on a Common Carrier (except for a student of Indian origin who is already studying abroad with similar insurance coverage for whom Period of Insurance will commence from Policy Period Start Date) and expires automatically on the earliest of:
- a) the Policy Period End Date;
 - b) the date on which the Insured Person's educational course is discontinued or is completed by the Insured Person;
- If the Insured Person returns to his Country of Residence then the scope of cover under this Policy during his stay in the Country of Residence shall be restricted to Benefit 22 – Coverage at Home Country.
- 1.59. **Place of Destination** means the destination place where the journey of the Insured Person, forming part of the Trip, is scheduled to be concluded through a scheduled Common Carrier;
- 1.60. **Place of Residence** means the dwelling place that the Insured Person is presently resident in as specified as the correspondence address of the Insured Person in the Policy Certificate;
- 1.61. **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Certificate;
- 1.62. **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Certificate;
- 1.63. **Policy** means these Policy Terms and Conditions and Annexures thereto, Optional Covers (if applicable), the Proposal Form and Policy Certificate which form part of the policy contract and shall be read together;
- 1.64. **Policy Certificate** means the certificate attached to and forming part of this Policy;
- 1.65. **Policyholder** means the person named in the Policy Certificate as the Policyholder;
- 1.66. **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 Certificate;
- 1.67. **Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof;

- 1.68. **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;
- 1.69. **Post-hospitalization Medical Expenses** are Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
 - The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 1.70. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which the Insured Person had signs or symptoms, and/or were diagnosed, and/or received medical advice or treatment within 48 months to prior to the first policy issued by the Company;
- 1.71. **Pre-hospitalization Medical Expenses** are Medical Expenses incurred immediately before the Insured Person is Hospitalized, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 1.72. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council;
- 1.73. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved;
- 1.74. **Renewal** defines 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 all waiting periods;
- (a)
- 1.75. **Room rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses;
- 1.76. **Senior Citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy;
- 1.77. **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;
- 1.78. **Sum Insured** means the amount specified against a Benefit or Optional Cover in the Policy Certificate which represents the Company's maximum, total and cumulative liability for the Insured Person for any and all Claims incurred in respect of that Insured Person during the Period of Insurance in a Policy Year under that Benefit or Optional Cover;
- 1.79. **Surgery / 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 a Day Care Centre by a Medical Practitioner;
- 1.80. **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;
- 1.81. **Third Party Administrator** or TPA means any person who is licensed under the IRDA (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;

- 1.82. **Unproven / Experimental Treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

General Conditions applicable to all the Benefits / Optional Covers :

- i. The maximum liability of the Company for an Insured Person for any and all Claims incurring under this Policy for an insured event or occurrence that occurs during the Period of Insurance in relation to that Insured Person shall not exceed the Sum Insured per Policy Year specifically mentioned against each & every Benefit or Optional Cover in the Policy Certificate. Sum Insured of all the Optional Cover (except for Optional Cover 6 – Family Cover, Optional Cover 9 – Co-Payment Option and Optional Cover 10 – Deductible Option) shall be a part of Sum Insured of Benefit 1 – Medical Expenses. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.
- ii. Any Benefits and Optional Covers shall be available only if the same is specifically mentioned in the Policy Certificate and premium for the same has been received.
- iii. The Deductible and/or Co-payment amount specified in the Policy Certificate or as opted shall be borne by the Insured Person on each Claim or the timeframe specified in the Policy Certificate for which the Medical Expenses/ or other costs and expenses incurred in respect of the Insured Person for that timeframe shall be borne by the Insured Person on each Claim. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible and/or Co-payment (if applicable) on that Claim is exhausted;
- iv. Claim documents as specified in Clause 7.3 is applicable to each and every claim. Additional Claim documents related to specific Benefit / Optional Cover are mentioned against respective Benefit / Optional Cover.
- v. Sum Insured of Benefit 2 – Repatriation of Mortal Remains and Benefit 3 – Medical Evacuation are part of Benefit 1 – Medical Expenses Sum insured.
- vi. The Company's aggregate cumulative liability under the Benefit 6 – Accidental Death , Benefit 7 – Permanent Total Disablement and Benefits – 8 Permanent Partial Disablement shall not exceed the Capital Sum Insured during the Policy Year for each Insured Person;
For the purposes of this clause, "Capital Sum Insured" shall mean the amount specified in the Policy Certificate which represents the Company's maximum, total and cumulative liability for that Insured Person towards payment of any and all Claims made in respect of the Benefit during a Policy Year.
- vii. Scope of cover under the Policy will be defined as per the opted Benefit & Optional Cover.
- viii. Coverage for Insured Persons other than Self (Student) is provided only if opted for and restricted to Optional Cover 6 – Family Cover.

2. BENEFITS**2.1. BENEFIT 1 - MEDICAL EXPENSES**

The Company shall indemnify the Insured for the Medical Expenses reasonably incurred during Hospitalization by the Insured for medical treatment undertaken on account of any Illness contracted or Injury (including inter collegiate sports injuries) sustained during the Period of Insurance, subject to the overall liability of the Company not exceeding the Sum Insured per Policy Year for the coverage as specified in the Policy Certificate.

- (a) **IN-PATIENT CARE** : If an Insured Person is diagnosed with an Illness or suffers an Injury during the Period of Insurance that requires the Insured Person's Hospitalization, then the Company will indemnify for the Medical Expenses incurred on Hospitalization provided that:
- i. the Hospitalization is on the written advice of a Medical Practitioner;
 - ii. the treatment for the Illness or Injury commences during the Period of Insurance and immediately after the diagnosis of the Illness or occurrence of the Injury.

In-patient Care also covers the following conditions:-

1. **PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION** : If an Insured Person Hospitalization for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition, during the Period of Insurance for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease, provided that the approval of the Company or the Assistance Service Provider is obtained within 24 hours of Hospitalization.
The Company will indemnify for the Medical Expenses incurred during Hospitalization on that Life Threatening Medical Condition due to pre-existing disease up to 10% of Sum Insured of Benefit 1.
2. **EXTENDED COVER IN THE COUNTRY OF RESIDENCE** : If a Claim is admitted under Clause 2.1.(a) of Benefit 1 above outside the Country of Residence, then the Company will indemnify for the Medical Expenses incurred on Hospitalization of the Insured Person in the Country of Residence for a maximum period of 60 days from the expiry of the Period of Insurance, provided that:
 - (I) the Hospitalization is required for the same Illness or Injury for which the Claim under Clause 2.1.(a) of Benefit 1 was admitted;
 - (II) the Company's pre-authorization under this Benefit has been obtained.
 - (III) If a Claim is admitted under Clause 2.1.(a) of Benefit 1 above, then the Company will indemnify for the costs of economy airfare of the Insured Person and one accompanying attendant to return to the Country of Residence from the place of occurrence of the Illness or Injury provided that:
 - i. The Company shall pay only for the direct route – economy class airfare available on the date of the journey;
 - ii. The Company shall indemnify for the costs of the attendant's airfare only if it is medically necessary and prescribed by the treating Medical Practitioner for an attendant to accompany the Insured Person.

- (b) **OUT-PATIENT CARE:** If an Insured Person is diagnosed with an Illness or suffers an Injury during the Period of Insurance that requires the Insured Person to take Out-patient Treatment, then the Company will indemnify up to the amount specified against this Benefit in the Policy Certificate for the Medical Expenses incurred on that Out-patient Treatment.
- (c) **Exclusions applicable to Benefit 1 – Medical Expenses:**
Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
- i. Medical treatment taken outside Country of Residence if that is the sole reason or one of the reasons for the journey.
 - ii. Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.
 - iii. Any treatment of orthopedic diseases or conditions except for fractures , dislocations and/or injuries suffered during the Period of Insurance.
 - iv. Degenerative or oncological (Cancer) diseases.
 - v. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
 - vi. 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.
 - vii. Physiotherapy expenses or any services provided by chiropractitioner.
 - viii. Expenses related to any kind of Non-medical charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- (d) **Documents to be submitted for any Claim under this Benefit**
It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
- I. Original pathological and diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.
 - II. Original Bills and receipts for:
 - i. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered;
 - ii. Fees paid to the Medical Practitioner and for special nursing charges.
 - iii. Charges incurred towards any and all tests and / or examinations rendered in connection with the treatment.
 - iv. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.

2.2. BENEFIT 2 – REPATRIATION OF MORTAL REMAINS

- (a) If the Insured Person dies solely and directly due to an insurable event during the Period of Insurance, the Company will indemnify for the costs of repatriation of the mortal remains of the Insured Person back to the Place of Residence or, up to an equivalent amount, for a local burial or cremation at the place where death has occurred.
- (b) **Documents to be submitted for any Claim under this Benefit :**
It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
- i. Copy of the death certificate providing details of the place, date time, and the circumstances and cause of death.
 - ii. Copy of the postmortem certificate.
 - iii. Documentary proof for expenses incurred towards disposal of the mortal remains.
 - iv. In case of transportation of the body of the deceased to the Country of Residence or Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased

2.3. BENEFIT 3 – MEDICAL EVACUATION

- (a) The Company will indemnify for the reasonable cost incurred for the medical evaluation of the Insured Person in an Emergency through an Ambulance or any other transportation and evacuation services, (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance, provided that:
- i. The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's Emergency medical evacuation;
 - ii. These transportation expenses are limited to transporting the Insured Person from the place of contracting or sustaining such Illness or Injury to the nearest appropriate Hospital;
 - iii. This benefit will be provided on a cashless basis if the costs are certified and authorized by the Company or the Assistance Service Provider in advance, unless the Insured Person has a Life Threatening Medical Condition and the Insured Person (or his representatives) arrange for the Emergency medical evacuation at their own cost and expense in which case the Company will indemnify for the costs incurred on the Emergency medical evacuation in accordance with the terms of this Benefit;
 - iv. Payment under this Benefit is subject to a Claim for the same Illness or Injury being admitted by the Company under Benefit 1.
- (b) **Documents to be submitted for any Claim under this Benefit :**
It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
- i. 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 Person and details of treatment rendered along with the statement confirm the necessity of evacuation.
 - ii. Documentary proof for expenses incurred towards the Medical Evacuation.

2.4. BENEFIT 4 – DENTAL EXPENSES

(a) The Company will indemnify for the Medical Expenses incurred during the Period of Insurance in connection with any Injury to the Insured Person's Sound Natural Teeth during the Period of Insurance provided that:

- i. The treatment is provided by a Medical Practitioner qualified in practicing dentistry or dental surgery;
- ii. The Company shall compensate the Insured for expenses incurred on acute anesthetic treatment of a natural tooth or teeth.
- iii. For the purposes of this Benefit only:

Sound Natural Teeth means natural teeth that are either 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.

(b) **EXCLUSIONS APPLICABLE TO BENEFIT 4: DENTAL EXPENSES**

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Treatment of orthopedic, degenerative or oncological diseases;
- ii. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- iii. Treatment, which could reasonably be delayed until the Insured's return to the Country of Residence.

(c) **Documents to be submitted for any Claim under this Benefit :**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- I. Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital.
- II. Original bills and receipts for:
 - i. Fees paid to the Medical Practitioner and for special nursing charges.
 - ii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment.
 - iii. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.
 - iv. Any other information or document related to the treatment taken.

2.5. BENEFIT 5 – DAILY ALLOWANCE

(a) If the Illness or Injury suffered by the Insured Person solely and directly requires the Insured Person's Hospitalization during the Period of Insurance, then the Company will pay the for each continuous and completed day of Hospitalization for a maximum duration of 7 days, provided that the Insured Person is hospitalized for Emergency Care of any Injury or Illness suffered during the Period of Insurance and claim is admissible under Benefit 1.

(b) **Documents to be submitted in support of the claim:**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Copy of pathological and diagnostic reports

- ii. Discharge summary
- iii. Indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.

2.6. BENEFIT 6 - ACCIDENTAL DEATH

(a) If the Insured Person dies within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance, the Company will pay the Sum Insured provided that death is solely and directly due to the Injury (including felonious assault).

(b) **Documents to be submitted for any Claim under this Benefit :**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided
- ii. Death certificate
- iii. Postmortem certificate
- iv. Accident Proof: FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket or Boarding Pass of the Common Carrier or any other proof to the satisfaction of the company
- v. Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury

2.7. BENEFIT 7 - PERMANENT TOTAL DISABLEMENT (PTD)

(a) If the Injury (including felonious assault) suffered by the Insured Person solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury during the period of insurance, the Company will pay the amount specified in the table below:

Sr. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit 7.
I.	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
II.	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
III.	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
IV.	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V.	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of the above Insured Events, physical separation of a hand or foot shall mean separation of the hand at or above the wrist and of the foot at or above the ankle.

For the purpose of this Benefit only:

- i. Hemiplegia means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- ii. Paraplegia means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- iii. Quadriplegia means complete and irrecoverable paralysis of all four limbs.

Insured Event means an event that is covered under the Policy and which is in accordance with the Policy Terms & Conditions.

(b) **Documents to be submitted for any Claim under this Benefit :**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Medical reports giving the details of the Accident, nature of Injury and the extent of disability (if applicable) and the details of treatment provided.
- ii. Accident Proof: FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket or Boarding Pass of the Common Carrier or any other proof to the satisfaction of the company.
- iii. Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury.

2.8. **BENEFIT 8 - PERMANENT PARTIAL DISABLEMENT**

- (a) If the Injury (including felonious assault) suffered by the Insured Member solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury during the period of insurance, the Company will pay the amount specified in the table below:

Sr. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit 8.
I.	Total and irrecoverable loss of hearing in: -	
	a) Both ears	75%
	b) One ear	20%
II.	Loss of toes	
	a) All	20%
	b) Both phalanges of great toes bilateral	5%
	c) Both phalanges of one great toe	2%
	d) Both phalanges of other than great toe for each toe	1%
III.	Loss of four fingers and thumb of one hand	40%
IV.	Loss of four fingers of one hand	35%
V.	Loss of thumb	
	a) both phalanges	25%
	b) one phalanx	10%
VI.	Loss of Index finger	
	a) three phalanges	10%
	b) two phalanges	8%
	c) one phalanx	4%

VII.	Loss of middle finger	
	a) three phalanges	6%
	b) two phalanges	4%
	c) one phalanx	2%
VIII.	Loss of ring finger	
	a) three phalanges	5%
	b) two phalanges	3%
	c) one phalanx	2%
IX.	Loss of little finger	
	a) three phalanges	4%
	b) two phalanges	3%
	c) one phalanx	2%
X.	Loss of metacarpus	
	first or second	3%
	third, fourth or fifth	2%
XI.	Any other Permanent partial disablement not otherwise mentioned under Sr. No. I to X.	Such percentage of the Sum Insured as determined in accordance with the medical assessment carried out by Medical Practitioner provided that the percentage under Insured Event Sr. No. XI shall not exceed 50% of the Sum Insured.

Note: For the purpose of Insured Events II to X, loss means either actual physical separation or total and irrecoverable loss only.

Insured Event means an event that is covered under the Policy and which is in accordance with the Policy Terms & Conditions.

(b) **Documents to be submitted for any Claim under this Benefit:**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Medical reports giving the details of the Accident, nature of Injury and the extent of disability (if applicable) and the details of treatment provided.
- ii. Accident Proof: FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket or Boarding Pass of the Common Carrier or any other proof to the satisfaction of the company.
- iii. Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury.

2.9. BENEFIT 9 – COMPASSIONATE VISIT

- (a) The Company will indemnify the Insured Person for the actual expenses / cost incurred by the Insured for the actual cost of a return (two-way) 'direct route – economy class' air ticket from the Country of Residence of an Immediate Family Member to the place of Hospitalization of the Insured Person, provided that:
- i. The Insured Person is hospitalized for Emergency Care of any Injury or Illness suffered during the Period of Insurance and claim is admissible under Benefit 1; and
 - ii. The treating Medical Practitioner advises that the attendance of an Immediate Family Member is necessary; and
 - iii. The Insured is hospitalized for at least seven (7) consecutive days, and the treating doctor certifies that his medical condition forbids his repatriation and no adult member of his immediate family is present; and
 - iv. The Immediate Family Member's return travel to the Country of Residence shall commence not later than the date of the Insured Person's return to the Country of Residence.
- (b) **Documents to be submitted for any Claim under this Benefit :**
- It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
- i. A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by an additional member during the entire period of Hospitalization. The certificate shall also specify the minimum period of Hospitalization.
 - ii. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
 - iii. Original ticket with invoice used for the travel by the Immediate Family Member.
 - iv. Copy of passport of Immediate Family Member with entry and exit stamp.

2.10. BENEFIT 10 – LOSS OF CHECKED-IN BAGGAGE

- (a) The Company will indemnify the market value for cost of replacement of the entire baggage and its contents incurred by the Insured Person if the entire Checked-In Baggage is lost whilst in the custody of the Common Carrier provided that:
- i. Coverage under this Benefit shall commence only after the Checked-In Baggage is entrusted to the Common Carrier and a receipt obtained and coverage under this Benefit shall terminate automatically on the Common Carrier reaching the Place of Destination specified in the ticket of the Insured Person during the Period of Insurance;
 - ii. If more than one (1) piece of Checked-in Baggage has been checked-in under the same ticket of the Insured Person, the Company's liability shall be restricted to 50% of the Sum Insured, if all the pieces of Checked-in Baggage are not lost;
 - iii. If the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Benefit in full irrespective of whether delivery of the baggage is taken or not;
 - iv. If a portion of the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Benefit attributable to the portion of Checked-in Baggage traced in full irrespective of whether delivery of the baggage is taken;
 - v. The liability of the Company shall be determined based on the market value of the Contents of the Checked-In Baggage as on the scheduled/expected date of delivery at the destination port.

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

(b) **EXCLUSIONS APPLICABLE TO BENEFIT 10 – LOSS OF CHECKED-IN BAGGAGE:**

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any partial loss or damage of any items contained in the Checked-In Baggage.
- ii. Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
- iii. Any loss due to damage to the Checked-In Baggage.
- iv. Any loss of the Checked-In Baggage sent in advance or shipped separately.
- v. Valuables
- vi. Any loss for which a Claim has already been made under Benefit 11.

For this Benefit, **Valuables** shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals.

(c) **Documents to be submitted for any Claim under this Benefit:**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Property irregularity report issued by the appropriate authority.
- ii. Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage.
- iii. Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage.

2.11. **BENEFIT 11 – DELAY OF CHECKED-IN BAGGAGE**

- (a) The Company will pay the Sum Insured if the delivery of the Insured Person's Checked-In Baggage which has been entrusted to the Common Carrier is delayed by more than 12 hours from the Insured Person's arrival at the Place of Destination specified on his valid ticket during the Period of Insurance.

(b) **Exclusions applicable to Benefit 11- Delay of Checked-in Baggage:**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any delay which does not exceed the time period specified in this Benefit.
- ii. Any loss for which a Claim has already been made under Benefit 10;
- iii. Any delay in delivery of the Checked-In Baggage arising out of or resulting from detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies;
- iv. Any delay attributable to damage to the Checked-In Baggage warranting an examined delivery by the Common Carrier.

2.12. BENEFIT 12 – LOSS OF PASSPORT

- (a) If the Insured Person loses his original passport during the Period of Insurance, the Company will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new passport.
- (b) **Documents to be submitted for any Claim under this Benefit :**
It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
- i. Copy of the police report
 - ii. Details of the attempts made to trace the passport;
 - iii. Statement of claim for the expenses incurred;
 - iv. Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

2.13. BENEFIT 13 – LOSS OF INTERNATIONAL DRIVING LICENSE

- (a) If the Insured Person loses his original International Driving license obtained from India on account of theft, the Company will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new International Driving license.
- (b) **Documents to be submitted for any Claim under this Benefit:**
It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
- i. Copy of the police report;
 - ii. Original receipt for payment of charges to the authorities for obtaining a new or duplicate International Driving license.

2.14. BENEFIT 14 - PERSONAL LIABILITY

- (a) The Company shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties arising on account of the Insured Person's negligence occurring during the Period of Insurance for which a civil claim is made or suit brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.
The Company shall also indemnify the Insured Person towards the incurred cost of defense incurred maximum up to 10% of claim amount upon the prior written consent of the Company.
- (b) **EXCLUSIONS APPLICABLE TO BENEFIT 14 - PERSONAL LIABILITY**
Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
- i. Liability of the Insured Person in relation to any professional services rendered by him.
 - ii. Liability for injury or damage of any kind whilst the Insured Person is engaged in his business activities or in course of business activities.
 - iii. Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract.
 - iv. Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances.

- v. Fines, penalties, punitive or exemplary damages of any kind.
- vi. Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- vii. Any liability, which is the subject matter of specific insurance elsewhere.
- viii. Any personal liability of the Insured Person towards his family, relations or traveling companions, whether personal or official or commercial.
- ix. Liability resulting from transmission of an illness or disease by the Insured Person.
- x. Personal liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting there from.
- xi. Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- xii. Liability arising from the possession of animals, birds, reptiles or insects and their byproducts like skin, hair, feathers, horns, fur, ivory, bones or eggs.
- xiii. Liability arising from the ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or use of firearms.
- xiv. Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- xv. Liability arising from any supply of goods or services on the part of the Insured Person.
- xvi. Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- xvii. Any liability arising from a contingency occurring anywhere in the Country of Residence of the Insured Person.
- xviii. Liability arising out of any breach of law or rules or any criminal liability.

(c) **TERMS AND CONDITIONS APPLICABLE TO BENEFIT 14 - PERSONAL LIABILITY:**

- i. Every notice, writ, summons or process and all documents relating to the claim/ event shall be forwarded to the Company immediately on receipt by the Insured Person.
- ii. No admission, offer promise or payment shall be made or given by or on behalf of the Insured Person without the written consent of the Company.
- iii. Insured Person shall fully co-operate and support and act as per the advise of the Company or the Assistant Service Provider.
- iv. Insured Person shall fully support the Company in reaching to a compromise with the aggrieved party and/ or to take such steps as may be required to bring the claim to an amicable settlement.
- v. All amounts spent by the Company in the defense, settlement and/or payment of any claim, will correspondingly reduce the Sum Insured under this benefit.
- vi. In the event the Company 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.
- vii. The Insured Person 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 Company or Assistance Service Provider.
- viii. The terms and exclusions of this Benefit (and any phrase or word contained therein) shall be interpreted in accordance with Indian law.

(d) **Documents to be submitted for any Claim under this Benefit :**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Statement of Claim furnishing particulars of the event leading to the liability such as the court order;
- ii. Photocopy of the police report (wherever reported)

2.15. **BENEFIT 15 – STUDY INTERRUPTION**

(a) The Company will indemnify the Insured Person for tuition fees which is to be paid to the Educational Institute on account of the Insured Person having to repeat the semester solely and directly for any of the following reasons:

- i. Hospitalization of the Insured Person for more than 30 days consecutive for either a covered Injury or Illness for which a Claim has been admitted under Benefit 1 or in case of an Emergency Medical Repatriation, or
- ii. Death of an Immediate Family Member arising out of and consequent upon an Injury sustained during the Period of Insurance

provided that no claim has already been made under Benefit 16 and:

- i. The Company will be liable to pay such fees only after the demand for such fees is raised by the Educational Institute and paid by the Insured Person
- ii. In the event of a Claim, the Insured Person shall make a request to the Educational Institute, in writing, seeking a written response from it towards any amount due to the Insured Person by way of refunds. Any such refunds shall be first deducted from the amount payable by the Company.

(b) **Documents to be submitted in support of the claim:**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

I. In relation to Death of the Immediate Family Member

- i. Medical reports giving the details of the Accident and nature of Injury.
- ii. Death Certificate.
- iii. Postmortem certificate
- iv. Police report.

II. In relation to Hospitalization of Insured Person

- i. Documents as applicable to Benefit 1

III. In relation to Fees

- i. Demand letter from Educational Institute raising such demand
- ii. Copy of the original fee schedule
- iii. Certificate from Educational Institute establishing the discontinuity of studies and re-admission to the same semester under the same course
- iv. Last semester passing certificate
- v. Documentary proof of last fee paid.

2.16. BENEFIT 16 – SPONSOR PROTECTION

- (a) The Company will indemnify the Insured Person for the balance fees for regular classroom study for the educational course specified in the Policy Certificate at the Educational Institute specified in the Policy Certificate in the event of the death of the Sponsor directly arising out of and consequent upon an Injury sustained during the Period of Insurance, provided that:
- I. The Company's cumulative liability under this Benefit shall be limited to the actual unpaid fees for the remaining period of the course or the Period of Insurance, whichever is earlier.
 - i. The Company will be liable to pay for such fees only after the demand for such fees is raised by the Educational Institute.
 - ii. The Company will pay the outstanding fees semester wise or as per the periodicity based on which demand for such fees is raised by the Educational Institute.
 - iii. The Company will be liable to pay such fees under this Benefit only if the Insured Person continues to be enrolled and attend that course at the Educational Institute as per the rules of such institute.
 - iv. If the Insured Person discontinues his studies for any reason, the Company shall have the right to recover such fees paid by it from the Insured Person.
 - II. No claim has already been paid under Benefit 15.
- (b) **Documents to be submitted in support of the claim:**
It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
- I. **In relation to the Sponsor**
 - i. Medical reports specifying the details of the Accident and the nature of Injury.
 - ii. Death Certificate.
 - iii. Postmortem certificate.
 - iv. Police report.
 - II. **In relation to Unpaid Fees**
 - i. Demand letter from Educational Institute
 - ii. Copy of the original fee schedule
 - iii. Certificate from Educational Institute establishing the continuity of studies
 - iv. Last semester passing certificate
 - v. Documentary proof of last fee paid.

2.17. BENEFIT 17 – BAIL BOND

- (a) The Company will indemnify for the legal costs of procuring a bail bond, which is required to be furnished in the event of the arrest or imminent arrest of the Insured Person by any government or statutory body or authority, provided that every notice, writ, summons or process and all documents relating to the claim/ event shall be forwarded to the Company immediately on receipt by the Insured Person.
- (b) **EXCLUSIONS APPLICABLE TO BENEFIT 17 - BAIL BOND**
Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
- i. Legal liability of the Insured Person
 - ii. Any amount paid towards bail, surety or guarantee or of similar nature
 - iii. Fines, penalties, punitive or exemplary damages of any kind.
 - iv. Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
 - v. Any liability, which is the subject matter of specific insurance elsewhere.

- vi. Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- vii. Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- viii. Liability arising out of any breach of law or rules or any criminal liability.

(c) **Documents to be submitted for any Claim under this Benefit:**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Statement of claim furnishing particulars of the event
- ii. Copy of the report and notice received from the government or statutory body/authority
- iii. Copy of the application for bail and the evidence of cost incurred towards procurement of such bail.

2.18. **BENEFIT 18 – UNIVERSITY INSOLVENCY**

(a) The Company will indemnify the Insured Person the actual additional expenses / cost incurred by the Insured for Common Carrier expenses for returning back to the Country of Residence and accommodation expenses in case the University in which the Insured Person has applied has become insolvent, provided that:

- i. The Company's liability shall be in relation to the economical category of accommodation in the same place of stay where the University is situated for a maximum of 7 days and additional expenses in relation to the economical class of travel.
- ii. It is a condition precedent to admission of liability by the Company under this cover that the Insured shall take all steps to fix the primary responsibility for the University Insolvency and try to recover from them the consequential loss incurred by the Insured. Details of the steps taken by the Insured shall be furnished to the Company.
- iii. Any recovery towards additional expenses from the University as the case may be, if any, affected from the concerned agencies after settlement of the claim under the policy, shall be remitted to the Company to the extent of the amount of claim admitted and paid by the Company to the Insured.

(b) **Exclusions applicable to Benefit 18 – University Insolvency:**

- i. A Claim is not admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions in respect of any Insured Person for, arising out of or directly or indirectly due to the Insured failing to adhere to the rules of the University or regulation of state in connection to admission as the case may be.

(c) **Documents to be submitted for any Claim under this Benefit :**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. A declaration from the Insured that he / she has strictly complied with the rules laid down by the University;
- ii. Copy of the complaint lodged by the Insured on the University;
- iii. Statement of Claim for the expenses incurred;
- iv. Original receipt for payment of charges to the other Common Carrier and / or other the accommodation provider;
- v. Valid visa having the same University name.

2.19. **BENEFIT 19 - TRIP DELAY**

(a) If the departure of a Common Carrier in which the Insured Person is scheduled to travel on a valid ticket during the Period of Insurance is delayed for more than 12 consecutive hours from the later of the declared time of departure or expected time of departure due solely and directly to any one of the following:

- i. Earthquake, flood, rains, storm, cyclone or tempest; or
- ii. Terrorism

The Company will pay the Sum Insured provided that:

- i. The Company or the Assistance Service Provider is given written notice of the delay immediately and in any event within 30 days of the commencement of the delay.
- ii. No alternate travel arrangements were made by the same airlines before completion of 12 hours.

(b) **Exclusions applicable to Benefit 19 – Trip Delay**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any contingencies other than those specifically named above;
- ii. The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority.

(c) **Documents to be submitted in support of the Claim:**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay

2.20. **BENEFIT 20 – LOSS OF LAPTOP /TABLET**

(a) The Company shall indemnify the Insured Person for loss incurred due to theft of his/her Laptop / Tablet during travel in a common carrier provided that:

- i. The claim shall be settled at Market Value of the Laptop / Tablet before the loss, which will be arrived at by depreciating the value by 25% per annum. However the maximum liability would be restricted to the Sum Insured.

(b) **Exclusions applicable to Benefit 20 – Loss Of Laptop /Tablet :**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any electrical or mechanical breakdown of the laptop / Tablet
- ii. Any loss of softwares or data in the laptop / Tablet and any consequential loss
- iii. Any loss as a result of any action taken by customs department.

(c) **Documents to be submitted for any Claim under this Benefit :**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. Copy of the police report;
- ii. Details of the attempts made to trace the Laptop / Tablet;
- iii. Letter defining incidence of theft
- iv. Bill Copy of the Laptop / Tablet;

2.21. **BENEFIT 21 – EMERGENCY CASH ADVANCE**

(a) If the Insured Person suffers a Financial Emergency, then the Company or the Assistance Service Provider will co-ordinate with the Insured Person's relatives in his Country of Residence for such relatives to provide emergency financial assistance to the Insured Person provided that:

- i. The Company's liability under this Benefit is limited to organizing the delivery of funds received from the Insured Person's relatives to the Insured Person in cash within 7 days from receipt of funds;
- ii. The Company shall not have or be deemed to have any direct financial liability to the Insured Person under this Benefit;
- iii. This Benefit shall not be available more than once during the Policy Year.

For the purpose of this Benefit only 'Financial Emergency' means the Insured Person's loss of Money (money, travelers cheque or credit cards issued in favor of the Insured Person) available with him such that he has insufficient Money to continue the journey but not including any immediate financial support available to the Insured Person from any alternative source on request and/ or any emergency situation encountered by him by causes other than substantial loss of money and/ or where a Financial Emergency is not an immediate and instantaneous consequence at the place of loss of money.

(b) **Documents to be submitted for any Claim under this Benefit :**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- i. A copy of the complaint lodged with the police authorities or the first information report.

2.22. **BENEFIT 22 – COVERAGE AT HOME COUNTRY**

(a) If the Insured Person returns to his Country of Residence during a vacation, the scope of cover under this Policy during his stay in the Country of Residence shall be restricted to

- i. Benefit 1 – Medical Expenses – subject to coverage limited to Medical Expenses incurred due to Hospitalization arising due to medical emergency
- ii. Benefit 6 – Accidental Death
- iii. Benefit 7 – Permanent Total Disablement
- iv. Benefit 16 – Sponsor Protection

All the payments during this restricted scope of cover shall be made in India in Indian rupees as reimbursement claim.

2.23. **BENEFIT 23 – TREATMENT OF MENTAL AND NERVOUS DISORDER**

The scope of cover under Benefit 1 is extended to cover Mental and nervous disorders Expenses incurred in respect of the Insured Person.

This Benefit shall supersede Clause 5.17 of the General Exclusions.

2.24. **BENEFIT 24 – TREATMENT OF ALCOHOLISM AND DRUG DEPENDENCY**

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for treatment of Alcoholism And Drug Dependency provided that Claims under this Benefit shall be admissible only if the Medical Expenses are incurred in case of Hospitalization; and

This Benefit shall supersede Clause 5.25 of the General Exclusions.

2.25. **BENEFIT 25 – CANCER SCREENING AND MAMMOGRAPHIC EXAMINATION**

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for cancer screening and mammographic examination.

This Benefit shall supersede exclusion of Oncological diseases specified as per Clause 2.1(c)(iv) of Exclusions under Benefit 1.

3. OPTIONAL COVERS

The Policy provides the following Optional Covers which can be opted either :-

- a. At the inception of the policy or;
- b. During the Policy Period (only if it is a university requirement)

3.1. OPTIONAL COVER 1 : SELF INFLICTED INJURY

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred due to any self-inflicted injury, provided that Claims under this Optional Cover shall be admissible only if the Medical Expenses are incurred in case of Hospitalization; and

This Optional Cover shall supersede Clause 5.4 of the General Exclusions.

For this Optional Cover wait period of 30 days starting from the commencement of Period of Insurance is applicable.

3.2. OPTIONAL COVER 2 : HIV/ AIDS COVER

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for the treatment of acquired immune deficiency syndrome (AIDS).

This Optional Cover shall supersede Clause 5.6 of the General Exclusions whereas Claim would not be payable if the Insured Person is suffering from HIV / AIDS prior to the Period of Insurance.

3.3. OPTIONAL COVER 3 : ADVENTURE SPORTS INJURY

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for the Insured Person due to any sporting Hazardous Activity injury, provided that Claims under this Optional Cover shall be admissible only if the Medical Expenses are incurred in case of Hospitalization; and
This Optional Cover shall supersede Clause 5.31 & 5.32 of the General Exclusions.

3.4. OPTIONAL COVER 4 : VISION CARE

The Company will indemnify the Insured Person for the actual expenses / cost incurred for Vision Check-up and Spectacles damage for the Insured Person provided that :

- a. It is on a written advice of a Medical Practitioner;
- b. The treatment for the Illness or Injury commences during the Period of Insurance;
- c. Claim payable under Optional Cover shall be reduced by the Deductible and / or co-payment of 50% as specified against that Optional Cover in the Policy Certificate.

3.5. OPTIONAL COVER 5 : HOME CARE

If the Illness or Injury suffered by the Insured Person requires the Insured Person to be necessarily attended by a qualified nurse, the Company will indemnify the Insured Person for each continuous and completed day of attendance by a qualified nurse at the Insured Person's home provided that:

- a. The Insured Person's Hospitalization is for more than 7 consecutive days;
- b. The Company shall not be liable to make payment under this Optional Cover for more than 30 consecutive days arising from Any One Illness or Injury; and
- c. The Company shall not be liable to make payment under this Optional Cover for more than 90 days per Policy Year.
- d. Medical Practitioner's Prescription that medical services of a qualified nurse be provided to the Insured Person at his home.
- e. Claim payable under Optional Cover shall be reduced by a co-payment of 10% as specified against that Optional Cover in the Policy Certificate.

3.6. OPTIONAL COVER 6 : FAMILY COVER

The Company provides option for coverage of spouse and / or up to 2 children on an individual basis for the Benefits mentioned below, subject to Benefit availability in the selected plan:-

- a. Medical Expenses (Maximum up to Sum Insured of Medical Expenses of Student)
- b. Delay of checked in baggage
- c. Loss of checked in baggage
- d. Loss of Passport
- e. Personal Liability
- f. Trip Delay

3.7. OPTIONAL COVER 7 : MATERNITY COVER

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred in respect of the Insured Person for hospitalization for the delivery of the child.

This Optional Cover shall supersede Clause 5.7 of the General Exclusions.

Specific Conditions applicable to this Optional Cover:

- a. Claims under this Optional Cover are admissible only if the expenses are incurred in Hospital for delivery of the child as an in-patient.
- b. The delivery occurs after the completion of the waiting period specified in the Policy Certificate.
- c. The Company shall not be liable to make payment under this Optional Cover in respect of the Insured Member more than twice during the Insured Person's lifetime.

3.8. OPTIONAL COVER 8 : MATERNITY AND NEW BORN COVER

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred in respect of the Insured Person for hospitalization for the delivery and vaccination of the new born.

This Optional Cover shall supersede Clause 5.7 of the General Exclusions .

Specific Conditions applicable to this Optional Cover:

- a. Claims under this Optional Cover are admissible only if the expenses are incurred in Hospital for delivery of the child as an in-patient.
- b. The delivery occurs after the completion of the waiting period specified in the Policy Certificate.
- c. The Company shall not be liable to make payment under this Optional Cover in respect of the Insured Member more than twice during the Insured Person's lifetime.
- d. Coverage for vaccination of the new born is restricted to up to US \$ 500 under this Optional Cover.

3.9. OPTIONAL COVER 9 : CO-PAYMENT OPTION

- a. Notwithstanding anything to the contrary in the Policy, it is hereby agreed and declared that the Insured Person will bear a Co-payment as specified in the Policy Certificate in accordance with Clause 7.5 and Company's liability shall be restricted to the balance amount payable.
- b. The Co-payment shall be applicable to each and every claim for each Insured Person as defined in the Policy.
- c. Co-payment under this Optional Cover shall be applicable to the following Benefits / Optional Cover (if opted) :-
 - i. Medical Expense
 - ii. Dental Treatment
 - iii. Treatment for mental and nervous disorder
 - iv. Treatment for Alcoholism and Drug Dependency
 - v. Cancer screening and mammographic examination
 - vi. Adventure Sports Injury
 - vii. Family Cover (only for Medical Expenses)
 - viii. HIV / AIDS Cover
 - ix. Self-inflicted injury

3.10. OPTIONAL COVER 10 : DEDUCTIBLE OPTION

- a. The claim amount assessed by the Company for a particular claim shall be reduced by the Deductible as specified in the Policy Certificate in accordance with Clause 7.5. The Company shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.
- b. Deductible under this Optional Cover shall be applicable to the following Benefits / Optional Cover (if opted) :-
 - i. Medical Expenses
 - ii. Maternity Cover
 - iii. Maternity and New Born Cover
 - iv. Adventure Sports Injury
 - v. Family Cover (only Medical Expenses)
 - vi. HIV / AIDS Cover
 - vii. Self-inflicted injury

3.11. OPTIONAL COVER 11 : COMPLETE PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION

The scope of cover under Benefit 1 is extended to cover Medical Expenses for Pre-Existing Disease in life threatening medical condition up to 100% of Benefit 1 provided that Claims under this Optional Cover shall be admissible only if the Medical Expenses are incurred in case of Hospitalization; and

This Optional Cover shall supersede Clause 2.1(a)(i) of the Benefit 1.

4. SPECIAL CONDITION**4.1. ADDITIONAL SERVICES**

- a. The Company or Assistance Service Provider will arrange for the Insured Person to avail any of the following services, subject to details as specified in the Policy Certificate, including but not limited to:
- i. **Medical Assistance Services**
The Company / Assistance Service provider shall provide Medical assistance service e.g. Referral, emergency medical assistance etc.
 - ii. **Medical Service Provider Referral**
The Company / Assistance Service Provider shall provide to the Insured Person, upon request, with the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). The Company / Assistance Service Provider shall not be responsible for providing medical diagnosis or treatment. Although The Company / Assistance Service Provider shall make such referrals, it cannot guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider shall be the decision of the Insured Person. The Company / Assistance Service Provider, however, will exercise care and diligence in selecting the Medical Service Providers.
 - iii. **Arrangement of Hospital Admission**
If the medical condition of the Insured Person is of such gravity as to require hospitalization, The Company / Assistance Service Provider will assist such Insured Person in the hospital admission.
 - iv. **Arrangements of Appointments with Local Doctors for Treatment**
The Company / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local doctors for treatment.
 - v. **Medical Translation Service**
The Company / Assistance Service Provider will arrange for the provision of medical translation to the Insured Person over the telephone.
 - vi. **Delivery of Essential Medicine**
The Company / Assistance Service Provider will arrange to deliver to the Insured Person essential medicine, drugs and medical supplies that are necessary for a User's care and/or treatment but which are not available at the Insured Person's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. The Company / Assistance Service Provider will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.
 - vii. **Arrangement of Compassionate Visit**
The Company / Assistance Service Provider will arrange for one return airfare for an Immediate Family Member of the Insured Person wishing to join the Insured Person who, when travelling alone, is hospitalized outside the Country of Residence / City of Residence.
 - viii. **Inoculation and Visa Requirement Information**
The Company / Assistance Service Provider shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured Person at any time, whether or not the Insured Person is travelling or an emergency has occurred. The Company / Assistance Service Provider shall inform the Insured Person requesting such information that The Company / Assistance Service Provider is simply communicating the requirements set forth in a document and The Company / Assistance Service Provider shall name the document.
 - ix. **Embassy Referral**
The Company / Assistance Service Provider shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
 - x. **Emergency Document Delivery**

The Company / Assistance Service Provider shall assist the Insured Person to arrange for emergency document to be delivered to the Insured Person's Immediate Family Member, upon the Insured Person's request to do so.

- xi. Preferred pricing and discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty or Hotel or any travel related services and skin-clinics
- xii. Special discounts on medical equipment's or medicines as provided by service providers
- xiii. Health risk assessment
Health Risk Assessment (HRA) is an online questionnaire based application, which empowers the Insured Person to analyze his / her health status and identify health risks early. HRA helps in early identification and management of risks, promotion of preventive healthcare, regular follow up and monitoring to ensure effective management of health status
- xiv. Tele Support: Basic medical advice and symptom information, pre-travel advice, Details of local and national support groups, emotional stress related to foreign environs

b. It is agreed and understood that:

- i. The Insured Person is free to choose whether or not to obtain the additional services and, if obtained under this Special Conditions, then whether or not to act on it.
- ii. This Special Conditions is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.
- iii. The Company do not provide the services under this Special Conditions or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same or the use to which the services under this Special Conditions are put.
- iv. The Company do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any service under this Special Conditions or for any consequences of actions taken or not taken in reliance thereon.

5. GENERAL EXCLUSIONS (applicable to all Benefits & Optional Covers)

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- 5.1. Any condition or treatment as specified in Annexure – I.
- 5.2. The Company shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – II.
- 5.3. The Insured Person:
 - a. traveling against the advice of a Medical Practitioner; or
 - b. receiving, or is supposed to receive, medical treatment; or
 - c. having received terminal prognosis for a medical condition; or
 - d. travelling for the purpose of obtaining medical treatment; or
 - e. taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
- 5.4. An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness.
- 5.5. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.
- 5.6. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- 5.7. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy, which is proved by diagnostic means and certification by a gynecologist that it is life threatening.
- 5.8. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- 5.9. Any dental treatment or surgery unless necessitated due to an Injury.
- 5.10. 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.
- 5.11. Charges incurred in connection with cost of spectacles and contact lenses, aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
- 5.12. Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment. Any diagnosis or treatment of an Illness or Injury which does not require Hospitalization.
- 5.13. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker, belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implant(s).
- 5.14. Weight management services and treatment, services and supplies including treatment of obesity (including morbid obesity).

- 5.15. Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- 5.16. Treatment of all external Congenital Anomalies or Illnesses or defects or anomalies or treatment relating to external birth defects.
- 5.17. Treatment of mental illness, stress, psychiatric or psychological disorders.
- 5.18. Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an accident injury or burns.
- 5.19. Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.
- 5.20. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- 5.21. All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
- 5.22. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- 5.23. All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- 5.24. Non-allopathic treatment.
- 5.25. Illness or Injury attributable to the consumption, use, misuse of intoxicating drugs or alcohol.
- 5.26. Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care is required.
- 5.27. 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.
- 5.28. Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
- 5.29. 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 or 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.In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded
- 5.30. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- 5.31. Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
- 5.32. Any claim relating to Hazardous Activities.
- 5.33. Any claim relating to aviation training

6. GENERAL CONDITIONS

The General Conditions shall be applicable to all Benefits, Optional Cover and Specific Policy Conditions under the Policy.

- 6.1. The cover under the Policy shall not attach to any journey that has already commenced prior to the Policy Period Start Date.
- 6.2. **Extension of the Policy Period –**
- The reason for requesting the extension is the extension of the duration of the education course specified in the Policy Certificate.
 - The total Policy Period shall not in any event exceed 36 months from the original Policy Period End Date;
 - Additional premium is received by the Company in advance of commencement of coverage;
 - If a Claim has been made under the Policy in respect of the original Policy Period:
 - No insurance cover will be available under the Benefit or Optional Cover in respect of which the Claim is made if such Benefit or Optional Cover is available on a fixed benefit amount basis for that Policy Year;
 - Insurance cover up to the available Sum Insured will be available under the Benefit or Optional Cover in respect of which the Claim is made if such Benefit or Optional Cover is available on an indemnity basis for that Policy Year.
 - Extension premium will be premium for extended Policy Period.
Example – Premium for 2 months Policy Period is Rs. X & Premium for 8 months Policy Period is Rs. Y.
If the Proposer buys the Policy for a period of 8 months, then the premium will be Rs. Y. Now if he wants to extend his Policy Period by 2 months, he will have to pay an additional premium of Rs. X.
- 6.3. **Extension of the Geographical Scope –**
- On the Policyholder's written request, the Company will extend Geographical Scope specified in the Policy Certificate provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope made any medical related Claim under the Policy.
 - Extension premium will be calculated as difference in the premiums of the new geographical scope & existing geographical scope for the travel duration of the new extended geographical scope only.
Example – If a person buys 12 month policy for 'Worldwide excluding US, Canada and India' and later on extends his geographical scope to 'Worldwide excluding India' for say one month, he/she will have to pay the difference in the one month premium of 'Worldwide excluding India' and 'Worldwide excluding US, Canada and India'.
- 6.4. **Extension (Increase) of Sum Insured –**
- On the Policyholder's written request within 30 days from Policy Period Start Date, the Company will extend the Sum Insured specified in the Policy Certificate provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that Insured Person has not already made any medical related Claim under the Policy and the premium of the increased Sum Insured will be charged from the inception of the Policy.
 - Extension premium will be premium for new Sum Insured opted less premium for existing Sum Insured.
- 6.5. All requests for extensions must be made at least 1 day before the expiry of the original Policy Period and accompanied by all the following information and documentation:
- Duly completed application for extension;
 - Details of complete particulars of all Claims;
 - A good health declaration.

Note - Extension will automatically be granted except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person.

- 6.6. **Cancellation of the Policy** -At the request of the Policyholder, the Policy will be cancelled any time prior to the Policy Period End Date subject to the following conditions:
- a. Full refund shall be made if the request for Policy cancellation is received by the Company not later than 30 days from the Policy Period Start Date and before commencement of Period of Insurance if the sole reason for such cancellation is denial of visa for countries where the Insured Person was scheduled to Study or in the event of non-acceptance of this Policy by the Educational Institute. The visa denial or cancellation or the Educational Institute's non-acceptance letter issued by appropriate authorities shall be submitted to the Company along with the request for cancellation.
 - b. In the event of cancellation of Policy prior to Policy Period Start Date for any reason whatsoever other than the one mentioned above the Company shall deduct Rs. 300/- towards cancellation charges before refunding the balance amount.
 - c. Cancellation of Policy, at a date earlier than the Policy Period End Date can be done only if the Insured Person completes or discontinues the educational course at the Educational Institute prior to the Policy Period End Date. Refund of premium shall only be applicable if the difference between the date of completion or discontinuance and the Policy Period End Date is at least 30 days. Premium refunded will be the difference of the amount of premium paid for the original Policy Period and the premium applicable by taking such date of completion or discontinuance as the new Policy Period End Date.
 - d. No refund of premium shall be eligible in case of cancellation of this Policy where a Claim has been incurred/ registered under the Policy.
- 6.7. This product may be withdrawn / modified by the Company after due approval from the IRDA. In case this product is withdrawn / modified by the Company, this Policy can be extended under the then prevailing product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder at least three months prior to the date of such withdrawal / modification of this product and the options available to the Policyholder at the time of extension of this policy.
- 6.8. Mid Term endorsements are allowed in the Product.

7. CLAIM INTIMATION, ASSESSMENT AND MANAGEMENT

Upon the occurrence of any event that may give rise to a Claim under this Policy, then as a condition precedent to Company's liability under the Policy, the Policyholder or Insured Person (or the Nominee or legal heir if the Insured Person is deceased) shall undertake in addition to any specific requirements specified within the Benefit under which the Claim is made:

7.1. Claims Intimation

- a. If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Policyholder or Insured Person (or the Nominee or legal heir if the Insured Person is deceased), shall notify the Company either at the Company's call center or in writing immediately and in any event within the timeframe (if any) specified in the Benefit under which the Claim is made.
- b. It is agreed and understood that the following details are to be provided to the Company at the time of intimation of the Claim:
 - i. Policy Number;
 - ii. Claimant's Name;
 - iii. Name of the Insured Person in whose relation the Claims is being made;
 - iv. Nature of Illness or Injury or contingency for which Claim has been made and the Benefit and/or Optional Cover under which the Claim is being made;
 - v. Date of admission to Hospital or loss;
 - vi. Name and address of the attending Medical Practitioner and Hospital (if applicable);
 - vii. Any other information, documentation or details requested by the Company or Assistance Service Provider.

7.2. Claim Procedure

- a. **Cashless:** Cashless treatment facilities are available only at Network Providers. The Insured Person can avail of this cashless facility at the time of admission into a Network Provider by completing the following procedure.
 - I. Pre-authorization : The Policyholder/ Insured Person must call the Company's/ Assistance Service Provider's call center number as specified in the Policy Certificate and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least within 24 hours of admission to the Hospital.
 - II. The Company will process the request for authorization after having obtained accurate and complete information for the Illness or Injury for which cashless facility for is sought to be availed. The Company or the Assistance Service Provider will confirm in writing authorization or rejection of authorization to avail cashless facility for the Insured Person's Hospitalization.
 - III. If the request for availing cashless facility is authorized by the Company or the Assistance Service Provider, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing cashless facility. Payment in respect of all Deductibles/co-payments (if applicable) shall be made directly by the Policyholder or Insured Person to the Network Provider.
 - IV. If the Company does not authorize the cashless facility due to insufficient Sum Insured or insufficient information provided to the Company to determine the admissibility of the Claim or if the treatment is not taken at Network Provider, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company which will be considered by the Company subject to the Policy terms and conditions.
 - V. It is agreed and understood that in all cases where availing of cashless facility has been authorized in writing by the Company, all the information and documentation specified below shall be submitted to the Company or the Assistance Service Provider immediately and in any event before the Insured Person's discharge from Hospital:

- i. Duly filled and signed claim form
 - ii. Duly filled and signed 'Release of Medical information Form'
- b. It is agreed and understood that:
 - I. When authorizing the availing of cashless facility under this Policy, the Company may authorize the Policyholder's or Insured Person's request for direct settlement of admissible Claims resulting from the Hospitalization in accordance with the agreed charges and the terms and conditions between the Network Provider and the Company. If this authorization is provided then, the Company will directly pay all amounts payable in accordance with the terms and conditions of the Policy to the Network Provider to the extent the Claim is admissible under the Policy.
 - II. The Company may modify or add to the list of Network Providers or modify or restrict the extent of cashless facilities that may be availed at any particular Network Provider. The updated list would be available at the Company's or Assistance Service Provider's website or call centre.
 - III. Before availing the cashless facility, the Policyholder or the Insured Person is required to check the applicable list of Network Providers for the area where he intends to avail the cashless facility through the call center number as provided in the Policy Certificate.
- c. **Reimbursement :**

It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified against the Benefit / Optional Cover and Clause 7.3 below shall be submitted (at the Insured Person's expense) to the Company immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss.

7.3. Claim Documentation

- a. The Policyholder or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his expense) give the documentation specified below and any additional information or documentation specified in the Benefit provision and/or Optional Cover under which the Claim is being made to the Company or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury.
 - i. Duly completed and signed claim form in original
 - ii. Passport copy with entry and exit stamp
 - iii. Copy of the Educational institute Identification card
 - iv. Any other document as required by the Company or Assistance Service Provider
 - v. Additional documents as specified for each benefit

Note:

All invoices and bills should be in Insured Person's name or as per the documents mentioned in the respective Benefits or Optional Covers. Depending on the nature of the Claim, treatment undertaken or illness, there would be a possibility of seeking more information / document from the Claimant concerned without prejudice to his interest and the same shall be requested by any means of recognized communication channels.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

7.4. POLICYHOLDER'S OR INSURED PERSON'S OR CLAIMANT'S DUTY AT THE TIME OF CLAIM

It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:

- a. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- b. The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and the Company shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
- c. Intimation of the claim, notification of the claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 7 of the Policy and the specific procedures and timeframes specified under the Benefit or Optional Cover under which the Claim is being made.
- d. The Insured Person will, at the request of the Company, submit himself for a medical examination by the Company's/Assistance Service Provider's nominated Medical Practitioner as often as the Company considers reasonable and necessary.
- e. The Company's/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and hospitalization records and to investigate the facts and examine the Insured Person.
- f. The Company shall be provided with complete documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

7.5. CLAIM ASSESSMENT

- a. All admissible Claims under this Policy shall be assessed by the Company / Assistance Service Provider in the following progressive order:
 - i. If the provisions of the Contribution Clause in Clause 8.9 are applicable, the Company's liability to make payment under that Claims shall first be apportioned accordingly.
 - ii. The Deductible shall be applied to each Claim that is either paid or payable (and not excluded), under this Policy. The Company's liability to make payment shall commence only once the amount of the Claim payable or paid exceeds the Deductible.
 - iii. Co-payment shall be applicable on the amount payable by the Company after applying Clause 7.5(a) (i) and (ii).
- b. All claims incurred in India are dealt by the Company directly.

7.6. PAYMENT TERMS

- a. The Company may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to the Policyholder.
- b. Only for reimbursement cases, payments under this Policy shall be made in Indian Rupees and within India. For all admissible reimbursement claims, the exchange rate on the date of payment shall be applied and for all admissible benefit claims, the exchange rate on the date of loss shall be applied.
- c. If the Assistance Service Provider or the Company requests that bills/vouchers in a local language/ vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by the Policyholder or the Insured Person.
- d. The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Benefit or any Optional Cover under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Policy Period.
- e. The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person once the Sum Insured for that Insured Person is exhausted.
- f. If the Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same

Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.

- g. For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- h. For Reimbursement Claims for, the Company will make payment to the Policyholder. In the event of Policyholder's death, the Company will make payment to the Nominee and in case of no Nominee to the legal heir of the Policyholder whose discharge shall be treated as full and final discharge of the Company's liability under the Policy.
- i. The Company shall settle any Claim within 30 days of receipt of all the necessary documents/information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder an offer of settlement of Claim and upon acceptance of such offer by the Policyholder the Company shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, the Company shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- j. No loading based on individual claim experience shall be applicable on renewal premium payable in case of Annual Trip Policy.
- k. The Premium for the policy will remain the same for the policy period mentioned in the Policy Certificate.

8. STANDARD TERMS AND CONDITIONS:**8.1. Disclosure to Information Norm**

If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder, the Insured Person or any one acting on his / their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited ab initio to the Company on cancellation of the Policy.

8.2. Observance of Terms and Conditions

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be condition precedent to the Company's liability under the Policy.

8.3. Reasonable Care

Insured Persons shall take all reasonable steps to safeguard the interests against any Illness or Injury that may give rise to a Claim.

8.4. Material Change

It is a condition precedent to the Company's liability under the Policy that the Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in occupation or business at his own expense. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly.

8.5. Records to be maintained

The Policyholder and 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 under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all Claims under this Policy.

8.6. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

8.7. Complete Discharge

Payment made by the Company to the Policyholder or Insured Person or the Nominee or the legal representative of the Insured Person, as the case may be, under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.

8.8. Subrogation

The Policyholder and Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and / or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be

applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of affecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall not apply to any Benefit or Optional Cover offered on a fixed benefit basis.

8.9. Contribution

- a. In case any Insured Person is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder/Insured Person shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the sum insured of such Policy.
- b. In case the Claim amount under a single policy exceeds the Sum Insured after considering the deductible or co-payment, then Policyholder shall have the right to choose the companies with whom the Claim is to be settled. In such cases, the settlement shall be done as under:
 - i. If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then the Company may not be liable to pay or contribute more than its ratable proportion of any Claim.
 - ii. This clause shall not apply to any Benefit or Optional Cover offered on a fixed benefit basis.

8.10. Free Look Period

- a. This Clause shall be applicable only for the policies which are issued for a period of at least 12 months.
- b. The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- c. If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- d. Provision for Free look period is not applicable and available at the time of extension of the Policy.

8.11. Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

8.12. Cancellation / Termination

The Company may at any time, cancel this Policy on grounds as specified in Clause 8.1 and the Company shall have no liability to make payment of any claims and the premium paid shall be forfeited ab initio by the Company, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address.

Policies where the Policyholder and Insured Person are different, in the event of the demise of the Policyholder, this Policy shall continue till the Policy Period End Date.

8.13. Limitation of liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder / Insured Person proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond its / his control.

8.14. Communication

- a. Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Certificate. Any communication meant for the Policyholder or Insured Person will be sent by the Company to his last known address or the address as shown in the Policy Certificate.
- b. All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Certificate. Agents are not authorized to receive notices and declarations on the Company's behalf.
- c. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

8.15. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to the Geographical Scope shall be permissible only at the time of extension of the Policy.

8.16. Cause of Action

No Claims shall be payable under this Policy unless the cause of action arises in the Geographical Scope as specified in the Policy Certificate.

8.17. Overriding effect of Policy Certificate

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Certificate, the information contained in the Policy Certificate shall prevail.

8.18. Electronic Transactions

The Policyholder and Insured Person 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, tele-service 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.

8.19. Grievances

- a. The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.
- b. If the Policyholder/Insured Person has a grievance that the Policyholder/Insured Person wishes the Company to redress, the Policyholder/Insured Person may contact the Company with the details of his grievance through:

Website : www.religarehealthinsurance.com

Contact No.:1800-200-4488

Fax :1800-200-6677

Or write to :

Manager – Customer Services

Religare Health Insurance Company Limited
 GYS Global,
 Plot No. A3, A4, A5, Sector - 125,
 Noida, Uttar Pradesh - 201301
 E- mail : resolve1@religarehealthinsurance.com
 Post/Courier : Any branch office or the correspondence address, during normal business hours. The detailed list of our branch in operations in the country is available on our website.

- c. If the Policyholder/Insured Person is not satisfied with the Company's redressal of the Policyholder's/Insured Person's grievance through one of the above methods, the Policyholder/Insured Person may contact the Company at:

Head – Customer Services
 Religare Health Insurance Company Limited
 GYS Global,
 Plot No. A3, A4, A5, Sector - 125,
 Noida, U.P. - 201301
 E-mail : resolve2@religarehealthinsurance.com

- d. If the Policyholder/Insured Person is not satisfied with the Company's redressal of the Policyholder's/Insured Person's grievance through one of the above methods, the Policyholder/Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are mentioned below:

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, 5, Navyug Colony Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.: 079-27546150/139 Fax: 079-27546142 Email: ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Shri Raj Kumar Srivastava	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 011. Tel.: 0755-2569200/201/202 Fax: 0755-2569203 Email: bimalokpalbhopal@gmail.com	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri B.N. Mishra	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674-2596455/2596461 Fax: 0674-2596429 Email: ioobbsr@dataone.in	Orissa

CHANDIGARH	Shri Manik Sonawane	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172-2706468/6196/5861 Fax: 0172-2708274 Email: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Shri Virander Kumar	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668/664/678 Fax: 044-24333664 Email: chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Ms. Sandhya Baliga	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23239633/7539/7532 Fax: 011-23230858 Email: jobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI		Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361-2132204/2205/1307 Fax: 0361-2732937 Email: ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri G.Rajeswara Rao	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel: 040-23325325/23312122 Fax: 040-23376599 Email: insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Shri P.K. Vijayakmar	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel: 0484-2358759/734/9338 Fax: 0484-2359336 Email: iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry

KOLKATA	Shri K.B. Saha	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/22124339 Fax: 033 22124341 Email: insombudsmankolkata@gmail.com	West Bengal , Bihar , Jharkhand and UT of Andeman & Nicobar Islands , Sikkim
LUCKNOW	Shri N.P. Bhagat	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel: 0522 -2201188/31330/1 Fax: 0522-2231310 Email: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Shri A.K. Dasgupta	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel: 022-26106928/360/6552/6960 Fax: 022-26106052 Email: ombudsmanmumbai@gmail.com	Maharashtra , Goa

The updated details of Insurance Ombudsman are available on IRDA website : www.irda.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, the Company's website www.religare.com or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council –

Office of the Governing Body of Insurance Council
 3rd Floor, Jeevan Seva Annexe,
 S. V. Road, Santacruz (W),
 Mumbai - 400 054.
 Tel.: 022-26106245/889/671
 Fax: 022-26106949
 Email: inscoun@gmail.com

Sr. No.	Annexure – I (List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy)
<i>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</i>	
1	HAIR REMOVAL CREAM
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
3	BABY FOOD
4	BABY UTILITES CHARGES
5	BABY SET
6	BABY BOTTLES
7	BRUSH
8	COSY TOWEL
9	HAND WASH
10	MOISTURISER PASTE BRUSH
11	POWDER
12	SHOE COVER
13	BEAUTY SERVICES
14	BELTS/ BRACES
15	BUDS
16	BARBER CHARGES
17	CAPS
18	COLD PACK/HOT PACK
19	CARRY BAGS
20	CRADLE CHARGES
21	COMB
22	EAU-DE-COLOGNE / ROOM FRESHNERS
23	EYE PAD
24	EYE SHEILD
25	EMAIL / INTERNET CHARGES
26	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
27	FOOT COVER
28	GOWN
29	LEGGINGS
30	LAUNDRY CHARGES
31	MINERAL WATER
32	OIL CHARGES
33	SANITARY PAD
34	SLIPPERS
35	TELEPHONE CHARGES
36	TISSUE PAPER

Sr. No.	Annexure – I (List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy)
37	TOOTH PASTE
38	TOOTH BRUSH
39	GUEST SERVICES
40	BED PAN
41	BED UNDER PAD CHARGES
42	CAMERA COVER
43	CLINIPLAST
44	CREPE BANDAGE
45	CURAPORE
46	DIAPER OF ANY TYPE
47	DVD, CD CHARGES
48	EYELET COLLAR
49	FACE MASK
50	FLEXI MASK
51	GAUSE SOFT
52	GAUZE
53	HAND HOLDER
54	HANSAPLAST/ ADHESIVE BANDAGES
55	LACTOGEN/ INFANT FOOD
56	SLINGS
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
57	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
58	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,
59	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
60	HORMONE REPLACEMENT THERAPY
61	HOME VISIT CHARGES
62	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
63	OBESITY (INCLUDING MORBID OBESITY) TREATMENT
64	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS
65	CORRECTIVE SURGERY FOR REFRACTIVE ERROR
66	TREATMENT OF SEXUALLY TRANSMITTED DISEASES
67	DONOR SCREENING CHARGES
68	ADMISSION/REGISTRATION CHARGES
69	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
70	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
71	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
72	STEM CELL IMPLANTATION/ SURGERY and storage

Sr. No.	Annexure – I (List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy)
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
73	WARD AND THEATRE BOOKING CHARGES
74	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
75	MICROSCOPE COVER
76	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
77	SURGICAL DRILL
78	EYE KIT
79	EYE DRAPE
80	X-RAY FILM
81	SPUTUM CUP
82	BOYLES APPARATUS CHARGES
83	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
84	ANTISEPTIC OR DISINFECTANT LOTIONS
85	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
86	COTTON
87	COTTON BANDAGE
88	MICROPOROUS/ SURGICAL TAPE
89	BLADE
90	APRON
91	TORNIQUET
92	ORTHOBUNDLE, GYNAEC BUNDLE
93	URINE CONTAINER
ELEMENTS OF ROOM CHARGE	
94	LUXURY TAX
95	HVAC
96	HOUSE KEEPING CHARGES
97	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
98	TELEVISION & AIR CONDITIONER CHARGES
99	SURCHARGES
100	ATTENDANT CHARGES
101	IM IV INJECTION CHARGES
102	CLEAN SHEET
103	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
104	BLANKET/WARMER BLANKET
ADMINISTRATIVE OR NON-MEDICAL CHARGES	
105	ADMISSION KIT
106	BIRTH CERTIFICATE
107	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES

Sr. No.	Annexure – I (List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy)
108	CERTIFICATE CHARGES
109	COURIER CHARGES
110	CONVENYANCE CHARGES
111	DIABETIC CHART CHARGES
112	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
113	DISCHARGE PROCEDURE CHARGES
114	DAILY CHART CHARGES
115	ENTRANCE PASS / VISITORS PASS CHARGES
116	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
117	FILE OPENING CHARGES
118	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
119	MEDICAL CERTIFICATE
120	MAINTAINANCE CHARGES
121	MEDICAL RECORDS
122	PREPARATION CHARGES
123	PHOTOCOPIES CHARGES
124	PATIENT IDENTIFICATION BAND / NAME TAG
125	WASHING CHARGES
126	MEDICINE BOX
127	MORTUARY CHARGES
128	MEDICO LEGAL CASE CHARGES (MLC CHARGES)
EXTERNAL DURABLE DEVICES	
129	WALKING AIDS CHARGES
130	BIPAP MACHINE
131	COMMODE
132	CPAP/ CAPD EQUIPMENTS
133	INFUSION PUMP - COST
134	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
135	PULSEOXYMETER CHARGES
136	SPACER
137	SPIROMETRE
138	SPO2 PROBE
139	NEBULIZER KIT
140	STEAM INHALER
141	ARMSLING
142	THERMOMETER
143	CERVICAL COLLAR
144	SPLINT
145	DIABETIC FOOT WEAR

Sr. No.	Annexure – I (List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy)
146	KNEE BRACES (LONG/ SHORT/ HINGED)
147	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
148	LUMBO SACRAL BELT
149	NIMBUS BED OR WATER OR AIR BED CHARGES
150	AMBULANCE COLLAR
151	AMBULANCE EQUIPMENT
152	MICROSHEILD
153	ABDOMINAL BINDER
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
154	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
155	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
156	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
157	SUGAR FREE Tablets
158	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed medical pharmaceuticals payable)
159	Digestion gels
160	ECG ELECTRODES
161	GLOVES
162	HIV KIT
163	LISTERINE/ ANTISEPTIC MOUTHWASH
164	LOZENGES
165	MOUTH PAINT
166	NEBULISATION KIT
167	NOVARAPID
168	VOLINI GEL/ ANALGESIC GEL
169	ZYTEE GEL
170	VACCINATION CHARGES
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
171	AHD
172	ALCOHOL SWABES
173	SCRUB SOLUTION/STERILLIUM OTHERS
174	VACCINE CHARGES FOR BABY
175	AESTHETIC TREATMENT / SURGERY
176	TPA CHARGES
177	VISCO BELT CHARGES
178	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
179	EXAMINATION GLOVES
180	KIDNEY TRAY
181	MASK

Sr. No.	Annexure – I (List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy)
182	OUNCE GLASS
183	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
184	OXYGEN MASK
185	PAPER GLOVES
186	PELVIC TRACTION BELT
187	REFERAL DOCTOR'S FEES
188	ACCU CHECK (Glucometry/ Strips)
189	PAN CAN
190	SOFNET
191	TROLLY COVER
192	UROMETER, URINE JUG
193	AMBULANCE
194	TEGADERM / VASOFIX SAFETY
195	URINE BAG
196	SOFTOVAC
197	STOCKINGS

Annexure II –List of Hospitals where Claim will not be admitted

Hospital Name	Address	Zone
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi	North
Taneja Hospital	Q-Block,South City-2, Sohna Road,Main Sector-47, Preet Vihar, New Delhi, Delhi	North
Shri Komal Hospital & Dr.Saxena's Nursing Home	Silver Plaza Complex,Opposite Rupali Cinema, Rander Road, Rewari, Haryana	North
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur, Badshahpur, Gurgaon, Haryana	North
Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70, Mohali, Punjab	North
Brij Medical Centre	Sec-6, Jain Narayan Vyas Colony, Kavi Nagar Industrial Area Sector 17, Ghaziabad, Uttar Pradesh	North
Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62, Noida, Uttar Pradesh	North
Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh	North
City Hospital & Trauma Centre	C-1,Cinder Dump Complex, Opposite Krishna Cinema Hall,Kanpur Road, Alambagh, Lucknow, Uttar Pradesh	North
Dayal Maternity & Nursing Home	No.953/23, D.C.F.Chowk, DLF Colony, Rohtak, Haryana	North
Metas Adventist Hospital	No.24, Ring-Road, Athwalines, Surat, Gujarat	West
Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road, Lokhandwala,Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra	West
Paramount General Hospital & I.C.C.U.	42-1,Chettipalayam Road, Palladam, Andheri, Mumbai, Maharashtra	West
Gokul Hospital	Battan Lal Road, District Fatehgarh Sahib, Kandivali East, Mumbai, Maharashtra	West
Shree Sai Hospital	Gokul Nagri I,Thankur Complex, Western Express Highway,	West

	Kandivali East, Mumbai, Maharashtra	
Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra	West
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra	West
Arpan Hospital And Research Centre	No.151/2, Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh	West
Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur, Chhattisgarh	East

Hospital Name	Address	Zone
Gupta Multispeciality Hospital	Mezzanine Floor,Shakuntal B, Near Sanghvi Tower,Gujrat Gas Circle,Adajan Road, Vivek Vihar, New Delhi, Delhi	North
R.K.Hospital	3C/59,BP, Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana	North
Prakash Hospital	D -12,12A,12B, Noida, Sector 33, Noida, Uttar Pradesh	North
Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana	North
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat	West
Mohit Hospital	Khoya B-Wing,Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra	West
Scope Hospital	628,Niti Khand-I, Indirapuram, Indirapuram, Ghaziabad, Uttar Pradesh	North
Agarwal Medical Centre	E-234, -, Greater Kailash 1, New Delhi, Delhi	North
Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana	North
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41, Noida, Uttar Pradesh	North
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Naroda Road, Ahmedabad, Gujarat	West
Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana	North
B.K.S. Hospital	No.18,1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka	South
East West Medical Centre	No.711, Sector 14, Sector 14, Gurgaon, Haryana	North
Jagtap Hospital	Anand Nagar,Sinhgood Road, Anandnagar, Pune, Maharashtra	West
Dr. Malwankar's Romeen Nursing Home	No 14,Cunningham Road, Sheriffs Chamber, Vikhroli East, Mumbai, Maharashtra	West

Noble Medical Centre	C.K. Emerald Number, N.S. Palya, Kaveriappa Industrial Area, Bannerghatta Road, Borivali West, Mumbai, Maharashtra	West
Rama Hospital	Sonepat Road, Bahalgarh, Bahalgarh, Sonipat, Haryana	North
S.B. Nursing Home & ICU	Lake Bloom 16, 17, 18 Opposite Solaris Estate, L.T. Gate No. 6, Tunga Gaon, Saki-Vihar Road, Powai, Mumbai, Maharashtra	West
Saraswati Hospital	103-106, Vrurel Apartment, Opposite Navjivan Post Office, Navjivan, Ajwa Road, Malad West, Mumbai, Maharashtra	West
Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh	North
Mahaveer Hospital & Trauma Centre	Plot No-25, B/H Old Mount Carmel School, Near Lokmat Square, Panki, Kanpur, Uttar Pradesh	North
Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh	South

Hospital Name	Address	Zone
Amrapali Hospital	Plot No. NH-34,P-2, Omega -1, Greater Noida, Noida, Uttar Pradesh	North
Hardik Hospital	29c, Budh Bazar, Vikas Nagar, New Delhi, Delhi	North
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh	West
Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra	West
Santosh Hospital	L-629/631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh	North
Sona Medical Centre	5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh	North
City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana	North
Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana	North
Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Uttar Pradesh	North
Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh	North
SPARSH MEDICARE AND TRAUMA CENTRE	Shakti Khand - III/54 , Indirapuram, Ghaziabad, Uttar Pradesh	North
SARAS HEALTHCARE PVT LTD	K-112, SEC-12 , Pratap Vihar, Ghaziabad, Uttar Pradesh	North
GETWELL SOON MULTISPECIALITY INSTITUTE PVT LTD	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh	North
SHIVALIK MEDICAL CENTRE PVT LTD	A-93 , Sector 34, Noida, Uttar Pradesh	North
Aakanksha Hospital	126, Aaradhnanagar Soc., B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat	West

Hospital Name	Address	Zone
Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, God Dod Road, Surat, Gujarat	West
Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Rd., Surat, Gujarat	West
Aris Care Hospital ,	A 223-224, Mansarovar Soc, 60 Feet , Godadara Road, Surat, Gujarat	West
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat	West
Auc Hospital	B-44 Gujarat Housing Board ,Nandeshara, Surat, Gujarat	West
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat	West
Dr. Santosh Basotia Hospital ,	Bhatar Road, Surat, Gujarat	West
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat	West
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat	West
Hari Milan Hospital	L H Road, Surat, Gujarat	West

Hospital Name	Address	Zone
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat	West
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat	West
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat	West
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat	West
Krishnavati General Hospital ,	Bamroli Road, Surat, Gujarat	West
Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat	West
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Surat, Gujarat	West
Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road, Surat, Gujarat	West
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat, Gujarat	West
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat	West
Santosh Hospital	L H Road, Surat, Gujarat	West
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank, Surat, Gujarat	West

Notes:

- For an updated list of Hospitals, please visit the Company's website.
- Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.