

**TRAVEL INSURANCE POLICY****POLICY WORDING**

This Policy is an evidence of the contract between You and Universal Sampo General Insurance Company Limited. The information furnished by You in the Proposal Form and the declaration signed by You forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule, We will indemnify/ pay to You or Your legal representatives, as the case may be, in respect of the insured events occurring during the period of insurance in the manner and to the extent set-forth in the Policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

The Policy is based on the information which has been given to Us about You pertaining to the risk insured under the Policy and the truth of this information shall be condition precedent to Your right to recover under this Policy.

Definition of Words

Accident means a sudden unforeseen and involuntary event caused by external, visible and violent means.

Air Travel: It means that the insured person is in or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.

Annual Multi Trip Insurance - means a Trip or Trips of not exceeding 30 days duration each, that you undertake during the Insured Period as specified on the Proposal and/or Declaration Form / Policy Schedule

Assistance Service Provider (ASP) means such person or persons as may be appointed by the Company from time to time to provide assistance to You in terms of this Policy.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization approved.

Checked Baggage: It means the baggage handed over by you and accepted by the carrier (airline, coach operator, Ferry Company) for transportation in the same carrier in which You are going to travel and for which the carrier has issued a baggage receipt.

Company means “Universal Sampo General Insurance Company Limited.”



Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- a) **Internal Congenital Anomaly:** Congenital Anomaly which is not in the visible and accessible parts of the body
- b) **External Congenital Anomaly:** Congenital Anomaly which is in the visible and accessible parts of the body

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Co-payment means a cost sharing requirement under a health insurance Policy that provides that the Policy holder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

Covered Hazards:

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

Day - means a period of 24 consecutive hours

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

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

Disclosure to information norm means 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.

Finalization of the insurance contract: It means that:

- (a) The Insurance Policy must be concluded prior to the trip abroad by means of the Proposal Form provided for this purpose. Insurance policies that are taken after the commencement of the trip are deemed to be invalid.
- (b) The Insurance Policy comes into effect when the Insurance Policy Schedule is issued, which will be done only on acceptance of the Proposal by Us and payment of the full premium by you.

Hijack: It means that there is any unlawful seizure or exercise of control by force or violence or threat of force or violence and with wrongful intent of an air or sea common carrier.

Hospital:

Means any institution established for treatment of illness and/or injuries and which has been registered as a hospital with the local authorities and complies with all minimum criteria as under:



- has qualified nursing staff under its employment round the clock;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

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.

Illness: Means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a) **Acute condition** - 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.
- b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur.

Injury: means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Insured Event: It means the medically imperative curative treatment of an insured person for an illness or the consequences of an accident. The insured event begins with the commencement of the curative treatment and ends when on the strength of medical findings; there is no longer any need for treatment. If the curative treatment needs to be extended to an illness or the consequence of an accident that is not causally related to the already treated one, a new insured event shall be deemed to have occurred. The insured event is also deemed to include necessary transportation home (repatriation) for the purposes of the aforementioned medically necessary treatment and various other contingencies during travel like Personal Accident, Loss of Passport, Loss of baggage etc as mentioned in "What is covered" under various sections of coverage.

Insured Person: It means the person (from age of 1 year up to an age of 70 years) proposed for insurance coverage with Us by You for whom the appropriate premium has been paid.

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Layoff: The act of suspending or dismissing an employee, as for lack of work or because of corporate reorganization.



Loss: It means loss or damage

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

Medical Expenses: 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.

Medically Necessary means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

- is required for the medical management of the Illness or Injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a Medical Practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner: Means a person who is qualified to practice medicine or is a physician, surgeon or an anesthetist and has a valid medical license issued by the appropriate authority and is not a member of insured's family.

Money: It means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, postal orders, current postage stamps, travelers cheque that are not part of a collection and luncheon voucher

Period of Insurance: This is valid from the commencement to the end of the insurance cover and this duration is shown on the Schedule of the Policy:

- a. **Commencement of the Insurance Cover:** The Insurance Cover begins on the day specified in the Policy Schedule, but not before the finalisation of the insurance contract and not before the international border is crossed to go abroad.
- b. **End of the Insurance Cover:** The Insurance Cover terminates (i) with the end of the insurance period or (ii) with the end of the period abroad, whichever is earlier. The period abroad shall be deemed to end when You cross the international border entering into territory of Republic of India
- c. **Automatic Extension of Period of Insurance:**
 - (i) The period of insurance is automatically extended for the period not exceeding 7(seven) days, and without any extra charge, if necessitated by the delay of public transport services beyond your control, for which You are not able to commence the return journey.
 - (ii) Further, if an injury/ illness/ accident covered under the Policy is contracted during the Insurance Period and continues beyond the expiry date of this Policy which necessitates curative treatment beyond the end of Insurance Period, Our liability to pay benefits within the scope of this Policy shall extend for a further 30 days in case of the Specified Trip Policy daily rated plan and 60 days in case of the Annual Cover in so far as it can be proved that transportation home is not possible. If any new illness/ injury is proved to have been contracted beyond the expiry date of the Policy, treatment for the same would not be covered.



Policy: It means the Policy booklet, the Schedule and any applicable Endorsement or memoranda. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the conditions on which the Policy is issued.

Pre-Existing Condition: Means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to the first policy issued by the company.

Property Damage: means physical injury to, destruction of or loss of use of tangible property

Proposal Form: It means any signed proposal by filling up the questionnaires and declarations, written statements and any information including the Medical History and Physician's Report and Certificate in addition thereto supplied to us by you.

Qualified Nurse means a person who holds a valid registration from the Nursing Council in the respective jurisdiction.

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.

Relative / Relation: It means your legal spouse, parent, parent-in-law, grandparent, grandparent-in-law, child, brother, sister, brother or sister-in-law, niece or nephew.

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Service Providers means any person, institution or organisation that has been empanelled by the Company to provide services to the Insured Person specified in the Policy.

Schedule: It means the latest Schedule issued by us as part of the Policy. It provides details of the Policy, Your details and the level of coverage opted by you.

Sum Insured: means the amount stated in the Schedule against each Cover in force, which represents Our maximum liability for any and all claims made during the Policy Period in respect of each insured person [regardless of the number of Insured's or the Insuring Parts under which a claim is advanced] or [per Insured] Sum Insured as stated in the Policy.

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

Subrogation means the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

Travel Fund: It means cash, bank drafts, currency coins, bank and currency notes, treasury notes, cheques, postal orders, Credit/ debit card, travelers cheque.

Treatment: It means the Surgical or medical procedures, the sole purpose of which is the cure or relief from acute pain or distress for disease/ illness / injury first manifested / occurring during the Period of Insurance.

Trip: means any Insured Journey during the Insured Period:



- which starts and finishes in India and involves a destination(s) outside India;
- which lasts or is expected to last for: 180 Days or less if covered under Single Trip Insurance; or 30/45 Days or less per Trip, if covered under Annual Multi Trip Insurance or a period of maximum 365 days if covered under a Student Travel Plan

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

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

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

We / Our / Us: It means Universal Sampo General Insurance Company Limited

You / Your /Yourself: It means the insured person named in the Schedule.



Coverage

SECTION 1 - HEALTH COVER	
WHAT IS COVERED	WHAT IS NOT COVERED
<p>If You fall ill or contract any disease or sustain an accident whilst abroad during the Period of Insurance, then We will reimburse the following costs:</p> <p>1. Medical Expenses: Costs incurred for Medically Necessary treatment during a temporary stay abroad less the deductible stated in the Schedule. Within the meaning of these coverage's, treatment is deemed to include only the following :</p> <ol style="list-style-type: none"> Out-patient treatment. In patient treatment in a local hospital at the place You are staying or at the nearest suitable hospital. Medical aid that is necessary as part of the treatment for broken limbs or injuries (e.g. plaster casts, bandages and walking aids) prescribed by a physician. Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a physician. X-Ray, Diagnostic tests. Cost of transportation including necessary medical care enroute by recognized emergency services for medical attention at the nearest hospital or from the nearest available physician. Cost of being transferred to a special clinic if this is Medically Necessary and prescribed by a Physician. Life saving unforeseen emergency measures or measures solely designed to relieve acute pain provided to You by medical assistance for disease / accident including their consequences arising out of a pre-existing condition. This coverage is specifically subject to General Exclusions (2) of this Policy and will not include "Transportation" described in Item 3 of "What Is Covered" of Section 1 of the Health Cover of this Policy. <p>2. Dental treatment: In principle for only acute anesthetic treatment of a natural tooth or teeth upto the maximum limit shown in the</p>	<p>We will not pay for:</p> <ol style="list-style-type: none"> The Deductible mentioned in the Schedule except in case of Hospital Daily Allowance. Treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad. Medical Expenses / services, the need for which arises out of a pre-existing condition A treatment which could reasonably be delayed until You return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating physicians and Us. Treatment of orthopedic, degenerative or oncological diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save Your life or measures solely designed to relieve the acute pain. Charges in excess of reasonable and customary charges. Any costs incurred in connection with cancer treatment, unless the medical assistance provided abroad involves unforeseen emergency measures to save Your life or measures solely designed to relieve the acute pain. Treatments relating to the removal of physical flaws or anomalies (cosmetic treatment). Any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution. Pregnancy, childbirth and their consequences. In the event of acute complications in the course of pregnancy however, We will



Schedule. However dental treatment rendered necessary as a result of a covered accident shall be up to the maximum limit of medical expenses and deductible shown in the Schedule.

3. Medical Repatriation:

(a) Extra costs of Medically Necessary and prescribed transportation from the foreign country to Your permanent country of residence provided that -

1. Extra costs in the event of transportation home are the additional costs arising for the return journey home as a consequence of the insured event.
2. If You are transportable from a medical point of view, it is Our decision whether the Insured Person is repatriated to India or not.

(b) Additional extra costs for an accompanying person, if it is medically necessary that the insured person be accompanied in this way.

4. Repatriation of Mortal Remains

In the event of death of the Insured Person due to illness/ injuries covered on the trip abroad, extra costs of transporting the mortal remains of the deceased back home or up to an equivalent amount for a local burial or cremation in the country where the death occurred up to the limit stipulated in the Schedule.

5. Balance Period of Policy + 30 days:

If it has been established that the continued treatment in the Republic of India is appropriate, then We will pay the medical expenses incurred in India for the same illness/ bodily injury contracted abroad following the transportation home at the usual customary level, for treatment received within the Insurance Period – and for a maximum of 30 days beyond the Insurance Period provided the disease/ injury/ illness is contracted within the Insurance Period.

6. Hospital Daily Allowance: In the event of You being hospitalised for a period of more than 48 hours and also if We have accepted liability under the Medical Expenses cover aforementioned, then We will pay You up to the

indemnify within the scope of the Policy, medical measures to directly avert danger to the life of the mother and / or child, on the condition that the pregnant woman has not reached the age of 38 and the 30th week of the pregnancy is not yet completed.

11. Medical Treatment of typical complaints suffered during pregnancy and their consequences, including changes in the chronic conditions as a result of pregnancy
12. Checkups during pregnancy or treatment of the pregnancy.
13. Treatment by relatives.
14. Rehabilitation and physiotherapy or the costs of prostheses (artificial limbs etc.)
15. Any other costs not listed as indemnifiable under “What is Covered”.
16. Any claim in respect of Hospital Daily Allowance for the first 48 hours
17. Medical Expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose
18. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing



maximum limit mentioned in the Schedule	
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SECTION 2 - TOTAL LOSS OF BAGGAGE INCLUDING DELAY OF BAGGAGE

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will reimburse for total loss of Checked baggage caused by a carrier (i.e. airline, coach operator, ferry company etc.) up to the limits stipulated in the Schedule provided that:</p> <ol style="list-style-type: none"> 1. Loss of a Pair/Set: (pair or set of articles is treated as one article e.g. a pair of earrings) In case of loss to a pair or set, We may elect to: <ol style="list-style-type: none"> a) repair or replace any part, to restore the pair or set to its value before the loss; or b) pay the difference between the cash value of the property before and after the loss. You make a report to the Police within 24 hours after You become aware of the loss. 2. You provide all the Reports concerning the loss to Us or Our Assistant Service Provider. 3. We will pay the benefit on Market Value. Market Value is the sum required to purchase new items of the same kind and quality less a figure representing the condition of the articles insured (age, wear, usage etc.) 4. The maximum amount to be reimbursed per bag is 50%, and the maximum value per article contained in any bag is 10%, of the amount stated in the Policy Schedule <p><u>Benefits: (Delay of Baggage)</u> We will pay up to the limit of cover shown in the Schedule for costs of necessary emergency purchases of essential items in the event of You suffering a temporary loss of Your baggage while being transported during the journey provided that:</p> <ol style="list-style-type: none"> a) The delay of baggage is more than 12 hours from the scheduled arrival time at the destination and relates to delivery of baggage that has been checked in by the carrier. b) You give Us written proof of delay from the carrier. c) Any claim under this additional benefit will be offset against any claim payable under Total Loss of Baggage. 	<p>We will not pay for –</p> <ol style="list-style-type: none"> 1. Valuables and Money all kinds of securities and tickets. The Valuables and Money should at all times be carried on person by You. 2. loss of property unless the Property Irregularity Report has been obtained from the carrier after the discovery of loss by You. 3. any partial loss. However loss of individual units of baggage will be considered as a total loss. 4. losses arising from any delay, detention, confiscation or distribution by customs officials or other public authorities.



SECTION 3 - HIJACK DISTRESS ALLOWANCE

WHAT IS COVERED	WHAT IS NOT COVERED
In the event of air or sea common carrier in which You are travelling, being hijacked on the trip abroad during the Period of Insurance for more than 12 hours, and the journey is interrupted, then We will pay US \$ 125 to You for each day up to the maximum limit mentioned in the Schedule.	We will not pay for: <ol style="list-style-type: none"> 1. First 12 hours of hijacking 2. Any claim where You are considered as the principal or accessory in the hijacking. 3. Any claim as a consequence of change in the direction of the route of the carrier due to traffic, weather, fuel shortage, technical snag or security reasons.

SECTION 4 - LOSS OF PASSPORT

WHAT IS COVERED	WHAT IS NOT COVERED
In the event that the passport belonging to You is lost, We will pay up to the limit stipulated in the Policy Schedule for the reimbursement of actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport.	We will not pay for loss: <ol style="list-style-type: none"> 1. of the passport due to delay or confiscation or detention by the customs, police or public authorities. 2. of the passport due to theft unless it has been reported to the Police within 24 hours of Your becoming aware of the theft and a written Police Report obtained. 3. of the passport due to, it being left unattended or forgotten by You in a public place or public transport. 4. or theft of the passport from a private place or from a private vehicle unless it was located in a locked hotel room or apartment and any forcible and violent entry was used to gain access to it.

SECTION 5 - FINANCIAL EMERGENCY ASSISTANCE COVER

WHAT IS COVERED	WHAT IS NOT COVERED
In the event of Your getting into a financial emergency due to theft, pilferage, robbery, dacoity of Your travel funds, We will pay up to the amount stipulated in the Schedule	We will not pay for any: <ol style="list-style-type: none"> i. claim reported in excess of 30 days after the occurrence of the incident, giving rise to a claim. ii. loss or shortage due to currency fluctuation, errors, omission, exchange loss or depreciation in value. iii. loss if not reported to the Police having jurisdiction at the place of loss within 24 hours of the incident and a written Report obtained. iv. claim in respect of loss of travellers' cheques not immediately reported to the local branches or agents of the issuing authority. v. of travel funds not kept in Your personal custody.



SECTION 6 - PERSONAL LIABILITY

WHAT IS COVERED	WHAT IS NOT COVERED
<p>a. Property Damage: If a claim is made or a suit is brought against You for Property Damage caused by an Occurrence to which this coverage applies, We will pay up to the amount stated in the Policy Schedule or the Schedule of Benefits subject to any applicable Deductible, for Our limit of liability for the damages for which You are legally liable.</p> <p>b. Medical Payments to Others: We will pay the necessary medical expenses that are incurred or medically ascertained within one year from the date of an Accident causing Bodily Injury. Medical expenses means reasonable charges for medical, surgical, X-ray, dental, ambulance, Hospital, professional nursing, prosthetic devices and funeral services. This coverage does not apply to You or regular residents of Your household. As to others, this coverage applies only if the Bodily Injury is caused by Your activities.</p>	<p>We will not pay for any claim:</p> <ul style="list-style-type: none"> I. up to the deductible stated in the Schedule. The deductible will apply to each insured event and shall be borne by You. In case of a single claim leading to a series of claims single deductible will be applicable II. arising from employer’s liability or contractual liability or through special promises made by You. III. of Your personal liability towards Your family, relations and travelling companions, whether personal or official. IV. resulting from transmission of an illness or disease by the insured person. V. or damage resulting from Your professional activities. VI. for liability arising directly or indirectly from or due to Your <ul style="list-style-type: none"> a) ownership of animals. b) ownership, possession of vehicles, aircrafts, watercrafts, or Your activities of parachuting, hang-gliding, hot air ballooning or use of firearms. c) willful, malicious or unlawful act. d) insanity, the use of any alcohol/ drugs (except as medically prescribed) or drug addiction. e) supply of goods or services. f) ownership or occupation of land or buildings other than the occupation only of any temporary residence.

Limit of Liability:

Our liability for this Section shall be limited to the maximum per insured trip equal to the Sum Insured mentioned in the Schedule.

Special Conditions:

1. Our liability comprises checking the question of personal liability, contesting unjustified claims and providing indemnity for damages which You have to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by Us or under a judicial decision.
2. If there is a legal action with the claimant or Your assignees over a Personal Liability claim, We may conduct the legal action at Our expenses in Your name and You will allow us to do so.
3. If an event insured against occurs which may result in a Personal Liability claim falling within the cover provided and if there are criminal proceedings relating to this event



and if in these proceedings, We wish to appoint a defence counsel for You. For approval of such an appointment, We will pay the costs of this counsel.

4. If We wish to settle a Personal Liability claim by accepting liability or making an out of court settlement and cannot do so due to Your resistance, We shall not be liable to pay the extra expenditure incurred from the date of refusal in respect of main sum, interest and cost.

SECTION 7 - PERSONAL ACCIDENT	
WHAT IS COVERED	WHAT IS NOT COVERED
<p>If You meet with an Injury on a trip abroad which leads to Your death or subsequent disablement, We will indemnify You in the following way:</p> <ol style="list-style-type: none"> 1. <u>Your Death</u>: If following an Injury that directly causes Your death within one year directly as a result of an accident, We will pay to Your legal heirs the Sum Insured mentioned in the Schedule. 2. <u>Your Permanent total / partial disablement</u>: If following an injury which causes permanent impairment of Your mental or physical capabilities, We will pay the following benefits depending upon the degree of disablement as provided in the Table of Benefits subject to: <ol style="list-style-type: none"> a. the disablement must occur within a year of the accident b. the disablement must be confirmed and claimed for prior to the expiry of a further period of 3 months 	<p>We will not pay for:</p> <ol style="list-style-type: none"> 1. damage to health caused by curative measures, radiation, infection and poisoning except where these arise from an accident. 2. any payment under this Section during any one Period of Insurance by which Our liability in that period would exceed the sum payable in the event of death. 3. more than 50% of the Sum Insured as mentioned in the Schedule in respect of death if Your age is below the age of 18 years at the time of effecting this insurance. 4. any other claim after a claim for death has been admitted and becomes payable. 5. any claim which arises out of an accident where the cause has to do with the operation of an aircraft except when You are flying as a passenger on a multi-engine aircraft or which occurs during parachuting. 6. any claim arising out of an accident relating to pregnancy or childbirth, venereal disease or infirmity.

Table of Benefits	Percentage of Sum Insured mentioned in the Schedule
Death	100
Loss or Inability to function of an arm at the shoulder joint	70
An arm to a point above the elbow joint	65
An arm below the elbow joint	60
A hand at the wrist	55
A thumb	20
An index finger	10
Any other finger	5
A leg above the Centre of the femur	70
A leg up to a point below the femur	65
A leg to a point below the knee	50



A leg up to the Centre of the tibia	45
A foot at the ankle	40
A big toe	5
Some other toe	2
An eye	50
Hearing in one ear	30
Sense of smell	10
Sense of taste	5

Special Conditions Applying to the Personal Accident Section

1. In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the Table of Benefits will be considered by Us.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but not exceeding 100% of the Sum Insured stated in the Schedule.
3. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in such a case will be the extent to which normal physical or mental capabilities are impaired, solely from a medical point of view as ascertained by Us.
4. If the accident affects any physical or mental function, which was already impaired beforehand, a deduction will be made equal in amount to this prior disablement.
5. If You die for a reason unconnected with the accident within one year of an accident or for whatever reasons after more than 12 months from the accident, and if a claim for disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have been expected to exist from the findings of the last medical examination made.
6. In the event of Permanent Disablement, You will be under obligation to:
 - a. have Yourself examined by doctors appointed by Us or on Our behalf and We will pay the costs involved thereof.
 - b. authorize doctors providing treatments or giving expert opinion, other insurers and any other authority to supply Us any information that may be required. If the obligations are not met with due to whatsoever reasons, We may be relieved of Our liability to pay.
7. In the event of permanent disablement, a disablement payment cannot be claimed prior to completion of the healing process or within one year of occurrence of the accident, whichever is earlier.

SECTION 8 - TRIP DELAY	
WHAT IS COVERED	WHAT IS NOT COVERED
We will reimburse Reasonable Additional Expenses for Trip Delay, subject to all other terms and conditions , if the aircraft in which You are booked to travel from India is delayed beyond 12 hours from the original scheduled departure time, up to the maximum limit shown in the Policy Schedule or the Schedule of Benefits	We will not pay for: <ol style="list-style-type: none"> 1. for any departure which is delayed as a result of the You or any other person who have arranged to travel with You failing to check in correctly as required by the airlines. 2. For any delay departure caused by strike or industrial action known to exist or was anticipated at the time the trip was booked.



	<p>3. If the air craft is taken out of service on the instructions of the Civil Aviation Authority or similar authority.</p>
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SECTION 9 TRIP CANCELLATION

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will indemnify You subject to the limits shown in the Schedule , for loss of personal accommodation or travel charges paid or contracted to be paid by You which are not recoverable from any other source , following the necessary & unavoidable cancellation of the trip prior to its commencement because of</p> <ol style="list-style-type: none"> 1. Your death or sudden sickness requiring minimum three days hospitalisation 2. Death of Your spouse or parent or child 3. Serious injury or sudden sickness requiring minimum three days hospitalisation of Your wife or child who were booked to travel with You and who are also insured with Us 4. Compulsory quarantine or prevention of travel by Government 	<p>We will not pay for:-</p> <ol style="list-style-type: none"> 1.Common Carrier-caused delays, including an announced, organized sanctioned union labor strike that affects public transportation, unless the commencement of the Period of Insurance is prior to a date when the Strike is foreseeable. A Strike is foreseeable on the date the labor union members vote to approve a Strike. 2.Travel arrangements cancelled or changed by an airline, cruise line, or tour operator, unless the cancellation is the result of bad weather. 3.Changes in Your plan, an immediate Family Member, or Traveling Companion for any reason. 4.Adverse change in Your financial circumstances, any Family Member, or a Traveling Companion. 5.Any business or contractual obligations of Yours, any Family Member, or a Traveling Companion, except for termination or layoff from employment as defined above 6.Default by the person, agency, or tour operator from whom You bought this Policy and made travel arrangements. 7.Any government regulation or prohibition. 8.An event or circumstance, which occurs prior to the commencement of the Period of Insurance. 9.On account of a felonious assault on You, any Family Member of Yours, the Travelling Companion or Travelling Companion's Family Member has been a principal accessory in the assault committed.

SECTION 10 MISSED CONNECTION

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay subject to all the terms & conditions, if the air craft on which You are booked to travel from India is delayed beyond 12 hours from the original scheduled arrival time at the destination of the connecting flight, We will pay the sum mentioned in the Schedule towards missed connection.</p> <p>For a claim to be admissible under this Section it is condition precedent to liability that the claim is admissible under Section 9</p>	<p>This Benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' Section of this Policy.</p>



: Trip Delay

SECTION 11 BURGLARY (HOME CONTENTS)

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay You for any claim in respect of loss of or damage to contents of Your home in India (Located at the address mentioned in the Policy Schedule) caused by actual or attempted Burglary and/or Robbery during the Policy period. The cover incepts from the date of Your departure from the country and ends on the expiry date or date of return to the country whichever is earlier .Our liability will be limited to the Sum Insured specified in the Schedule.</p>	<p>We will not pay for</p> <ol style="list-style-type: none"> 1. Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, Jewellery, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards, precious stones that are not part of jewellery or ornaments, gold bullion (unless previously specifically declared to, and accepted by Us in writing 2. Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever; 3. Any claim up to the deductible stated in the Schedule. The deductible will apply to each insured event and shall be borne by You.



SECTION 12 STUDY INTERRUPTION

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We shall pay You, compensation in the event of Study Interruption up to the amount stated in the Schedule subject to the following terms.</p> <ol style="list-style-type: none"> In the event of Your Hospitalisation for more than one consecutive month from either a covered Injury or sickness or in the case of terminal sickness, or in the case of a medical repatriation, or In case of death of any one immediate family member or the sponsor during the entire Policy period, which leads You to discontinue Your studies for the remaining part of the current school semester for which Tuition has been paid, We shall reimburse You, the Tuition fees which has already been advanced to the educational institution less possible/ actual refunds, up to the amount stated in the Policy Schedule. 	<p>We will not pay for</p> <ol style="list-style-type: none"> Routine physical check up A trip, the purpose of which was to obtain medical care; Cosmetic or plastic surgery except as a result of an accident; Elective surgery; Alcoholism or drug addiction, or use of any drug or narcotic agent; Any treatment provided by a family member; Specific named hazards, hang gliding, mountaineering, rock climbing, sky diving, professional or amateur racing and piloting an aircraft; Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident. Any other claim after a claim for death has been admitted by Us and becomes payable. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when You are flying as a passenger on a multi engine, commercial aircraft. This Benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' Section of this Policy.

Claim Procedure

In the event of a claim, You shall make a request to the institution, in writing, seeking a written response from the institute towards any amount due to You by way of refunds, both of which shall require being provided to Us. Only the figures shown on an official invoice(s) from the educational institution for payment of said Tuition Fees in conjunction with the refund statement, if any, shall be used for calculating any reimbursement to be paid by Us. It cannot exceed the maximum amount stated in the Schedule of benefits under this Policy.



SECTION 13 ACCIDENT TO SPONSOR

WHAT IS COVERED	WHAT IS NOT COVERED
<p>In the event of accidental injury to Your Sponsor, as stated in the Enrollment Form, resulting in his Death within the Policy Period the Company shall reimburse You the Tuition Fee incurred for the remaining period of this study up to the maximum limit stated in the Schedule of benefits. In the event of a claim, only the figures shown on official invoice(s) from the educational institution and voucher(s) of payment of the said Tuition fees, shall be used for calculating any reimbursement to be paid by Us.</p>	<p>This Benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' Section of this Policy.</p>

Claim Procedure

The claim would be payable by Us upon Your submission of an official death certificate and a statement from a **Medical Practitioner** (which **Medical Practitioner** should not be a relative or spouse of the Insured or the Sponsor) stating cause of death, as proof of death, of the Sponsor. Simultaneous claims under 'Study Interruption' and 'Sponsor Protection' is not permitted.

SECTION 14 COMPASSIONATE VISIT

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We shall pay compensation, to You in the event of Compassionate Visit by one Immediate Family Member, up to the amount stated in the Schedule, as per the following terms.</p> <p>In the event You are Hospitalised for more than seven (7) consecutive days, and Your medical condition forbids Your repatriation and no adult member of Your immediate family is present, We or the Assistant Service Provider, after obtaining confirmation of need for a companion from Our panel doctor / the Assistant Service Provider, will provide a round trip economy class air ticket, or first class railway ticket, to allow one immediate Family Member, during the -relevant period of insurance, to be at Your bedside for the duration of Your stay in the hospital. Additionally, We will refund the cost of stay of one immediate family member, up to the amount stated in the Policy Schedule. In any event, the Company's total liability for round trip transport and for daily allowances (accommodation and transportation only) shall not exceed the maximum amount stated in the Schedule under this Policy.</p> <p>In the event parent(s), spouse / child of the Insured is Hospitalized for more than (7) consecutive days, We or the Assistant Service Provider, after obtaining confirmation of need for a companion from Our panel doctor / the Assistant Service Provider, will provide a round trip economy class air ticket, or first class railway ticket, to allow You to be at the bedside of Your parent(s), spouse / child for the duration of his/her stay in the hospital. In any event, Our total liability for round-trip transport shall not exceed the maximum amount stated in the Schedule of this Policy.</p>	<p>This Benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' Section of this Policy</p>

**General Exclusions (What is not Covered by the whole Policy):**

We will not pay for:

1. any claim relating to events occurring before the commencement of the cover.
2. any claim if You –
 - a) are travelling against the advice of a physician.
 - b) are suffering from a Pre-existing condition or any complication arising from it
 - c) are receiving or on a waiting list for specified medical treatment declared in a physician's report or certificate or
 - d) have received terminal prognosis for a medical condition.
 - e) are taking part in a naval, military or air force operation.
3. any claim arising out of illnesses or accidents that caused by the insured person intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).
4. illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
5. any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
 - b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
6. any claim arising out of sporting risk in so far as they involve the training or participation in competitions of professional or semi-professional sportsmen or women (unless declared beforehand and necessary additional premium paid)
7. any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss

General Conditions (applicable to the whole Policy)

- 1. Reasonable Precautions** You / insured person shall take all reasonable precautions to prevent injury, illness, disease and damage in order to minimize claims. Failure to do so will prejudice the claim under this Policy.
- 2. Validity:** The Policy will be valid only if You commence- the journey within 14 days of the first day of insurance as indicated in the Policy Schedule.
- 3. Misdescription** The Policy shall be void and all premium paid by You to Us will be forfeited in the event of a misrepresentation or concealment of any material information.
- 4. Changes in Circumstances** You must inform Us, as soon as reasonably possible of any change in information You have provided to Us about the insured person which may affect the insurance cover provided.



5. Claim Procedure:

- a. You shall immediately contact the Alarm Center of the Overseas Assistance Provider providing the necessary details. The phone numbers of the Alarm Centre are as mentioned on the Schedule.
- b. You need to contact the Alarm Centre number while abroad as soon as possible and inform in case You will be filing - any claim, even if assistance is not required. We will not be liable to pay any claim on return back to India, that has not been informed by You, while abroad to the Alarm Centre
- c. The Alarm Centre, will verify the identity of the caller by asking his name & passport number.
- d. In the event of an accident or sudden illness where it is not possible to do so before consulting a **Medical Practitioner** or going to the Hospital, You shall contact the Alarm Centre as soon as possible. In either case, when being admitted as a patient, You shall show the concerned **Medical Practitioner** or personnel this Policy, if requested.
- e. In case of Financial Emergency, You shall immediately contact the Alarm Centre stating the details given on Your Insurance Policy along with the police report containing the passport number and a written statement narrating the incident of loss i.e. causes, circumstances and the place. Failure to do so may prejudice Your claim, as Our liability will only attach in case of claim supported by above documents.
- f. In case of Hijacking, the fact of the incident having occurred should be confirmed by the proper police authorities. The police report should contain details such as the passport number of the Insured, the period of hijack, etc. In rare cases We may consider the other supporting documents such as a report issued by the airlines, newspaper reports, TV and other media coverage with regard to the particular hijacking incident.
- g. If the procedure stated above is complied with, the Overseas Assistance Provider, as the case may be, will guarantee to the service provider the costs of hospitalization, transportation for emergency services, transportation home for You and any covered accompanying person and Financial Emergency Assistance. All costs will be directly settled by the Overseas Assistance Provider on Our behalf and the same shall constitute due discharge of Our obligations hereunder.
- h. If the service provider does not accept the guarantee of payment from the Overseas Assistance provider, We cannot be held responsible for the same. The relevant costs will then have to be borne by You. These cost will then be considered for reimbursement by - Us or the Overseas Assistance Provider on submission of required documents.
- i. Reimbursement of all claims (except claims under Financial Emergency Assistance) will be made by the Overseas Assistance Provider in Indian Rupees on the insured's return back to the Republic of India, at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed.
- j. Claims under Financial Emergency Assistance shall be settled/ arranged directly to You, whilst abroad, by the Overseas Assistance Provider
- k. In case of burglary loss at the home of the insured whilst on the trip abroad, the loss is to be intimated to the Overseas Assistance Provider in India. The company shall appoint an independent surveyor to assess the loss.



6. Claim Documentation:

- a. The original ticket / boarding pass or a copy of the passport indicating the travel dates must be submitted with every claim, along with the completed claim form.
- b. The original bills and vouchers must be submitted along with all claims.
- c. Bills/vouchers/reports/discharge summary must mention the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed. The pharmacy bills must clearly show the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed. Treatment taken on different dates for separate ailments will be treated as separate claims. The claim form should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply for each claim separately.
- d. For Reimbursement of the costs of Transporting the Mortal Remains to the Republic of India or of the costs of burial abroad, an official death certificate and a physician's statement giving the cause of death needs to be submitted. Medical statements from relations or spouses will not be accepted. Original bills / receipts of the expenses incurred need to be submitted. These would be paid as per the usual and customary charges incurred for the same.
- e. For Reimbursement of Extra Expenses of Your transportation to the Republic of India, a medical statement from a qualified & registered **Medical Practitioner** indicating the cause of illness and the necessity of the transportation needs to be submitted. Medical statements from relations or spouses will not be accepted. Original bills / receipts of the expenses incurred need to be submitted. These would be paid as per the usual and customary charges incurred for the same.
- f. In case of Loss of Checked-In Baggage, a Property Irregularity Report or other report usually issued by the carriers in the event of loss of checked-in baggage will need to be submitted with the claims form. A letter from the airline will also need to be submitted stating the compensation received from them for the lost baggage.
- g. Adequate proof of ownership of items contained within Checked-In Baggage valued in excess of the Indian Rupee equivalent of US \$ 100 for Loss/Delay of Checked-In Baggage will need to be submitted.
- h. Original bills of emergency items purchased, and the property irregularity report or any other such report from the airline stating the date and time of arrival of delayed baggage needs to be submitted in case Delay of Checked-In Baggage delay claims.
- i. For loss of Passport, a Police Report obtained within 24 hours of You becoming aware of the theft needs to be submitted. Along with this, bills / receipts of expenses incurred in obtaining a new / fresh passport needs to be submitted.
- j. For Financial Emergency, the original police report filed within 24 hours of becoming aware of the theft, pilferage, robbery, and dacoity needs to be submitted.
- k. For any claim under Hijacking, the incident should be confirmed by the police. The police report should be submitted along with the claim form should contain the details such as the name and passport number of the insured, period of hijacking and details of the hijacking.
- l. For Personal Liability, proof of judicial decision rendered by a court of law needs to be submitted.
- m. For Personal Accident, original bills/ vouchers/ reports/discharge summary that are submitted, must mention the name of the person treated, the cause of accident, details of the individual items of medical treatment provided and the dates of treatment. Post mortem report, if applicable, shall also be submitted.



- n. For claims under Trip Cancellation and Interruption the following documents need to be furnished;
- i. Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons.
 - ii. If due to employment reason, then termination letter from the company shall be submitted.
 - iii. If due to other insured events, police report confirming the incident shall be submitted.
 - iv. In case the cancellation or interruption is owing to the sickness, injury or death of a traveling companion, Your original tickets and those of the traveling companion indicating travel to the same destination for the same dates. It should contain the Passport number of the Insured and Period. All the bills / receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.

For claims under travel delay the following documents need to be furnished, Medical reports and doctors' statement, or police report confirming the incident causing the trip delay.

- o. In case the delay is owing to the sickness, injury or death of a travelling companion, Your Original tickets and the travelling companion indicating travel to the same destination for the same dates. It should contain the Passport number of the Insured and Period. All Bills / receipts of reasonable additional expenses incurred should also be attached
- p. For claims under Missed Connection the following documents need to be submitted i.e. confirmation from the airline, clearly mentioning the scheduled arrival time and the actual arrival time. The reason for delay in the flight also needs to be mentioned. All the bills / receipts of reasonable additional expenses incurred shall be submitted to Us.
- q. If We or the Overseas Assistance Provider request that bills/vouchers in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by You.
- r. Claim documents to be submitted in event of a claim under Burglary (Home contents) coverage.
- i. First Information Report
 - ii. Panchnama
 - iii. Investigation Report by the Police
 - iv. Estimate and final bills of repairs if any, required on damaged property
 - v. Invoices of owned articles, where called for by Us
 - vi. Legal opinion wherever required.
 - vii. And any other document as may be - applicable for the claims preferred under this Section of the Policy and called for by Us
- s. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control

7. Obligations:

- a. Claims for insurance benefits must be submitted to Our Assistant Service Provider not later than one month after the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains / burial.
- b. You shall provide Us or Our Assistant Service Provider on demand any information that is required to determine the occurrence of the insured event or establish Our liability to pay the benefits. In particular, at Our or request of Our Assistant Service



Provider request, proof shall be furnished of the actual commencement date of the trip abroad.

- c. If requested to do so by Us or Our Assistant Service Provider, You shall authorize Our Assistant Service Provider to obtain all the information considered necessary from third parties (physicians, dentists, alternative practitioners, medical institutions of any kind, insurance companies, health or pension offices) and release these parties from their obligation not to disclose information.
- d. If requested to do so by Us or Our Assistant Service Provider, You are obliged to undergo a medical examination by a **Medical Practitioner** designated by them
- e. We or Our Assistant Service Provider are authorised by You to take all measures that are suitable for loss prevention and claim minimization which includes Your transportation back home with simultaneous consideration of the insured person's interests.
- f. We shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached.

8. Transfer and Set-off of Claims:

- a) If You have claims for damages of a non-insurance nature against third parties, such claims shall be transferred in writing to Us up to the amount for which the reimbursement of costs is made by Us in accordance with the insurance contract. If You surrender such a claim or any right serving to secure such a claim without Our consent, then We are released from Our obligation to provide indemnification in so far the insured person could have attained a recovery from the claim or right.
- b) In so far as You receive compensation for costs You have incurred either from third parties liable for damages or as a result of other legal circumstances, We are entitled to set off this compensation against the insurance benefits payable.
- c) Claims to the insurance benefits can neither be pledged nor transferred by You.

9. Fraud: If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge, all benefit(s) under this Policy shall be forfeited.

10. Sum Insured enhancement: The Sum Insured under the Policy cannot be enhanced during its term. If you wish to enhance Your Sum Insured, You may cancel the current Policy held by You and purchase a new Policy with higher SI from Us.

11. Cancellation: Cancellation of the Policy may be done only in cases where a journey is not undertaken and only on production of Your passport and cancelled ticket as a proof of the same. Any request for Cancellation of Policy will be entertained not later than 14 days after the first day of insurance as indicated in the Policy Schedule. Such cancellation will be subject to retaining a minimum of 25% of the premium or Rs 200/- for Short Term (Single Trip) and Rs 500/- for Annual (Multi Trip) , whichever is higher.

We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person without refund of premium.

12. We will not be bound to take notice or be affected by any notice of any trust, charge, license, assignment or other dealings with or relating to this Policy. Your receipt shall in all cases be an effective discharge for Us.

13. Arbitration If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability) being otherwise admitted) such difference shall independently of all



other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and the 3rd arbitrator to be appointed by 2 such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the company has disputed or not accepted liability under or in respect of this Policy. It is understood, however, that the Insured shall have the right at all times during currency of the Policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance. Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.

14. Policy Holder's Right: On receipt of the survey report or the additional survey report, as the case may be, an insurer shall within a period of 30 days offer a settlement of the claim to the insured. If the insurer, for any reasons to be recorded in writing and communicated to the insured, decides to reject a claim under the Policy, it shall do so within a period of 30 days from the receipt of the survey report or the additional survey report, as the case may be. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay 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.

15. Contribution: If at any time of the happening of any loss/ damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same contingency whether effected by You or not, We shall not be liable to pay or contribute more than the rateable portion of loss / damage. This Condition does not apply to Personal Accident (Section 7) claims.

16. Multiple Policy: If two or more policies are taken by *You* during the period for which *You* are covered under this *Policy* from one or more insurers, the contribution clause shall not be applicable where the cover/benefit offered:

- is fixed in nature i.e. Personal Accident Benefit, if available under the *Policy*,
- does not have any relation to the treatment costs;

i. *We* also agree that even if, *You* are covered under multiple policies providing Personal Accident cover, *We* shall make the claim payments independent of payments received under other similar polices in respect of the covered event.

ii. *We* agree that even if two or more policies are taken by *You* during the time for which *You* are covered under this *Policy* from one or more insurers for indemnification of *Your* Hospitalisation treatment costs, *We* shall not apply the *Contribution* clause and *You* shall have the following rights

- *You* may choose to get the settlement of claim from *Us* as long as the claim is within the limits of and according to terms and conditions of the *Policy*
- If the amount to be claimed exceeds the *Sum Insured* under a single *Policy* after consideration of the deductible and co-pay, *You* shall have the right to choose any



insurers including *Us* by whom *You* wish *Your* claim to be settled. In such cases, *We* shall settle the claim with contribution clause

- Except for Personal Accident cover, in case if *You* have taken policies from *Us* and one or more insurers to cover the same hospitalisation risk on indemnity basis, *You* shall only be indemnified the hospitalisation costs in accordance with the terms and condition of the *Policy*.

17. Geographical Scope: The insurance cover applies in the foreign countries stated in the Policy Schedule, except for those countries the citizenships of which *You* possess or where *You* have a permanent place of residence.

18. In the event of *Your* death, *We* or *Our* representatives shall have the right to get - a post mortem carried out at *Our* expense.

19. Any claim which has not been conclusively proven or the amount thereof clearly substantiated, shall not be payable.

20. No Insured Person shall admit liability or make any offer or promise of payment without *Our* written consent.

21. This insurance does not operate beyond a period of 125 days of continuous absence of the insured person from the Republic of India unless specifically agreed to by *Us*.

22. Renewal Conditions:

This Policy will terminate at the expiration of the period for which premium has been paid or on the expiry date shown in the Proposal and Declaration Form and Schedule, whichever is earlier.

- a. The Single Trip Insurance and Daily Rated Plan is non-renewable, non-cancellable and non-refundable while effective. Single Trip / Multi Trip - Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge by *Us*.
- b. The Student Plan and Annual Multi Trip Insurance may be renewed on payment in advance of the total premium specified by *Us*, which premium shall be at *Our* premium rate in force at the time of renewal. *We*, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy shall terminate at the expiry of the period for which premium has been paid.

23. Nominee

You can at the inception or at any time before the expiry of the Policy, make a nomination for the purpose of payment of claims under the Policy in the event of *Your* death.

Any change of nomination shall be communicated to *Us* in writing and such change shall be effective only when an endorsement on the Policy is made by *Us*.

In case of any Insured Person other than *You* under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be *You*.

24. Grievance

In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.



For details of grievance officer, kindly refer the link www.universalsompo.com

Or can write to us on:

Universal Sompo General Insurance Co. Ltd.

Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape,
Navi Mumbai-400710

Toll Free Numbers: 1800-200-5142

Landline Numbers: (022)-39635200 (Chargeable)

E-mail Address: contactus@universalsompo.com

IRDAI Integrated Grievance Management System – <https://igms.irda.gov.in/>

Insurance Ombudsman –If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road,JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab , Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in



Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam – a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in
Kerala , UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam-682015. Tel.: 0484 - 2358759/2359338 Fax: 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi,	Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in



Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand.	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in
