

RELIANCE INLAND TRAVEL CARE INSURANCE POLICY

Preamble

WHEREAS the Insured designated in the Schedule to this Reliance Inland Travel Care Insurance Policy having by a proposal and declaration together with any statement, report or other document which shall be the basis of the contract and shall be deemed to be incorporated herein, has applied to **Reliance General Insurance Company Limited** (hereinafter called "the Company") for the insurance hereinafter set forth and paid appropriate premium for the period stated in the Schedule to this Policy.

NOW THIS POLICY WITNESSETH that subject to the definitions, terms, conditions and exclusions contained, endorsed or otherwise expressed herein, the Company shall compensate, indemnify, pay and/or reimburse the Insured / Insured Person or his/her nominee or legal heirs, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule to this Policy, in the manner and to the extent set forth in this Policy.

DEFINITIONS

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule to this Policy shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudden, unforeseen, and unexpected physical event beyond the control of the Insured / Insured Person caused by external, visible and violent means.

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

"Burglary" means an act involving the unauthorized or forcible entry to or exit from the Insured/ Insured Person 's original place of residence or any attempt thereat, with intent to commit crime.

"Checked-in Baggage" means baggage handed over by the Insured / Insured Person and accepted by a common carrier for transportation in the same carrier in which the Insured / Insured Person is or would be traveling within the Republic of India and for which the common carrier has issued a baggage receipt to the Insured / Insured Person.

"Company" means Reliance General Insurance Company Limited.

"Common Carrier" means any commercial airline or ship or vessel operating within the Republic of India under a license from the relevant authority for the transportation of passengers and cargo on hire.

"Deductible" means the amount of expenses to be incurred by the Insured / Insured Person before any benefit under this Policy shall become payable and shall not be reimbursed by the Company.

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

"Employee" means any person in the regular service of the Insured during the period of insurance whom the Insured compensates by salary and/or wages and whom the Insured has the right to govern in the performance of such service. Employee shall also include a principal officer and / or a director.

"Family" means the Insured, his/her lawful spouse below the age of 60 years and a maximum of two (2) dependent children (including stepchildren and adopted children) below the age of 21 years.

"Felony Assault" means an act of violence against the Insured / Insured Person requiring medical treatment in Hospital or a Nursing Home.

"Hijack" means any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of the common carrier in which the Insured / Insured Person is traveling.

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

"Illness" means diseases or sickness first diagnosed during the Policy period for which immediate medical treatment by a Physician is necessary.

"Inclement Weather" means any severe, catastrophic weather condition which delays the scheduled arrival or departure of a common carrier but not including normal, seasonal climatic/weather changes.

"Injury" means any accidental physical bodily harm, solely and directly, caused by external, violent and visible means but does not include any illness. The injury must be verified and certified by a Physician.

"Informant" means any person providing information solely in return for monetary payment made or promised by the Insured/Insured Person.

"Insured" means the individual / body corporate in whose name the Policy is issued.

"Insured Person" means the person named in the Schedule to this Policy, who has a permanent place of residence in India and for whom the insurance is proposed and the appropriate premium paid.

"Insurable Event" means an event, loss or damage for which the Insured/ Insured Person is entitled to benefit/s under this Policy.

"Loss" means loss or damage.

"Medical Advisors" are Medical Practitioners appointed by the Company.

"Medical Related Expenses Reasonably And Necessarily Incurred" mean expenses for medical care which shall be considered reasonable and necessary, in the opinion of the Company, to the extent that the expenses do not exceed the general level of charges being made by others of similar standing in the locality where the expenses are incurred when providing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease/illness/injury. In no event will the reasonable and necessary expenses exceed the charges prevalent in the relevant geographic area where the services are availed.

"Physician" means a person qualified to practice medicine or is a Surgeon or an Anesthetist and has a valid license issued by In appropriate authority for the same, provided that this person is not a member of the Insured/Insured Person's family.

"Policy Period" means the Period of Insurance as specified in the Schedule to this Policy.

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

"Reasonable Additional Expenses" means any expenses for meals and lodging necessarily incurred by the Insured / Insured Person as the result of a trip interruption or trip delay but does not include meals and lodging provided by the common carrier or by any other party free of charge.

"Return Destination" means the place to which the Insured / Insured Person is scheduled to return from his/her trip.

"Strike" means stoppage of work (a) announced, organized and sanctioned by a labour union and (b) which interferes with the normal departure and arrival of a common carrier inclusive of work slowdowns, lockouts and sickouts.

"Sum Insured" means the maximum amount of coverage, as specified in the Schedule to this Policy, that the Insured/ Insured Person is entitled to in respect of each benefit and as applicable under this Policy.

"Schedule" means the Schedule to this Policy.

"Terrorism/Terrorist Incident" means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

"Travel Agent" means the Travel Agent, tour operator, or other entity from which the Insured/Insured Person avails of his/her travel arrangements and/or obtains the Policy, and includes all officers, employees, and affiliates of the Travel Agent, tour operator or other entity.

"Trip" means a trip starting from the Insured/Insured Person's original place of residence in India and back. Single Trip shall mean one trip to any destination within the Republic of India during the

Policy period, as per details specified in the Schedule to this Policy. Multi Trip shall mean two or more trips to a destination within the Republic of India during the Policy period.

"Trip Duration" means the period of time commencing from the date when the Insured / Insured Person travels out of his/her original place of residence in India and ending on the date of his/her return to his/her original place of residence in India, both days inclusive, and calculated according to Indian Standard Time (IST).

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

PERIOD OF INSURANCE:

This Policy shall be valid as per its duration as specified in the Schedule to this Policy.

The cover shall begin on the day specified in the Schedule to this Policy. However, the trip shall commence within 14 days from the day specified in the Schedule to this Policy.

If any disease/ illness / injury during the period of travel necessitates curative treatment in a Hospital / Nursing Home as an in-patient beyond duration of this insurance, the Company's liability to pay benefits within the scope of this Policy shall extend for a further period of 30 days insofar as it can be proved that transportation to the original place of residence is not possible. The Company must be notified immediately as soon as it is known that Insured / Insured Person is unfit to return to the original place of residence. If any new disease / illness/injury is contracted beyond duration of this Policy, treatment for the same will not be covered.

Further, in case of transportation to the original place of residence on the advice of the Company in consultation with the attending Medical Practitioner, appropriate continued treatment in a Hospital/Nursing Home nearest to the original place of residence of the Insured/Insured Person on the advice of the Company for the same disease/ illness/ injury will be covered for a maximum of 30 days beyond this Policy period provided the disease / illness/injury is contracted within this Policy period.

Extension of the period of insurance is automatic for a period not exceeding 7 days and without extra charge, if necessitated by delay of public transport services beyond the control of the Insured / Insured Person.

SCOPE OF COVERAGE

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed, to compensate, indemnify, pay and/or reimburse in manner provided in this

Policy, benefits to the Insured/Insured Person for loss or damage described hereunder upto the limit of Sum Insured as specified in the Schedule to this Policy.

BENEFIT 1 - PERSONAL ACCIDENT

What it covers

The Company shall compensate the Insured / Insured Person or his/her nominee or legal heirs as the case may be, for accidental bodily injury (whilst on a trip covered by this Policy) solely and directly caused by accidental, violent, external and visible means resulting in permanent disablement or death within 12(twelve) calendar months of occurrence of such injury.

The Sum Insured as specified in the Schedule to this Policy shall be the limit per person per Policy period. Further in case of the death of the Insured/Insured Person, the same shall be payable to the nominee or the legal heirs of the Insured/Insured Person. The Sum Insured shall be the maximum liability of the Company under this benefit.

Subject to the above, the Company shall pay to the Insured / Insured Person the sum or sums as set forth in the Table of Benefits below:

Table of Benefits	Percentage of Sum Insured as per Schedule
1. Death	100%
2. Total and irrecoverable loss of	
i) 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 such loss of sight of one eye and such loss of the one entire hand or one entire foot.	100%
ii) Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot.	100%
3. Total and irrecoverable loss of	
i) the sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50 %
ii) use of a hand or a foot without physical separation	50 %
<i>For the purpose of items 2 and 3 above, this shall mean separation at or above wrist and/or of the foot at or above ankle, respectively.</i>	
4. Total and irrecoverable loss of various parts as given below:	
5. Loss or Inability to function of (with the respective % of CSI)	

a.	An arm at the shoulder joint	70%
b.	An arm to a point above the elbow joint	65%
c.	An arm below the elbow joint	60%
d.	A hand at the wrist	55%
e.	A thumb	20%
f.	An index finger	10%
g.	Any other finger	5%
h.	A leg above the center of the femur	70%
i.	A leg up to a joint below the femur	65%
j.	A leg to a point below the knee	50%
k.	A leg up to the center of the tibia	45%
l.	A foot at the ankle	40%
m.	A big toe	5%
n.	Some other toe	2%
o.	An eye	50%
p.	Hearing in one ear	30%
q.	Sense of smell	10%
r.	Sense of taste	5%
Any other permanent partial disablement- Percentage as assessed by a panel doctor		
6.	Permanent total and absolute disablement disabling the Insured / Insured Person from engaging in any employment or occupation of any description whatsoever.	100 %

- The disablement must occur within one year of the accident.
- The disablement must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the disablement.

Notwithstanding anything contained in this Policy, the Company shall not be liable for compensation under more than one of the clauses (1) to (6) in the Table of Benefits hereinabove, in the same period of disablement of the Insured / Insured Person.

What it does not cover

The Company shall not be liable to make any payment under this benefit in respect of the following:

1. Any pre-existing disability /accidental injury.
2. Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
3. Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.

4. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of death.
5. Any other claim after a claim for death has been admitted by the Company and becomes payable.
6. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured / Insured Person is flying as a passenger on a multi engine, commercial aircraft.
7. Payment of compensation in respect of death, injury or disablement of the Insured / Insured Person (i) from intentional self injury, suicide or attempted suicide, (ii) whilst under the influence of intoxication, liquor or drugs; (iii) directly or indirectly, caused by venereal diseases, AIDS or insanity, (iv) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world (v) arising or resulting from the Insured / Insured Person committing any breach of law with or without criminal intent.
8. Death or disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof, venereal disease or infirmity.
9. Payment of compensation in respect of death, injury or disablement of the Insured / Insured Person due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all Kings, Princes and people of whatsoever nation, condition or quality.
10. Payment of compensation in respect of, death of, or bodily injury or any disease or illness to the Insured / Insured Person directly or indirectly caused by or contributed to by or arising from -
 - i) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission;
 - ii) nuclear weapons material.
11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Special Conditions

1. In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the Table of Benefits will be considered for payment.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but the amount payable shall not exceed 100% of the Sum Insured specified in the Schedule to this Policy.
3. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in determining the benefit amount in such a case will be the degree to which the normal physical or mental capabilities are impaired, solely from a medical point of view, as ascertained by the Company..

4. If the Insured / Insured person dies for a reason unconnected with the accident within a year of the accident for whatever reason, and if a claim for disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have been expected to exist from the findings of the last medical examination made, as ascertained by the Company.
5. In the event of permanent disablement, the Insured / Insured Person will be under obligation:
 - a. To have himself/herself examined by the Panel Doctors appointed by the Company and the Company will pay the costs involved thereof.
 - b. To authorize doctors providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured / Insured Person.

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

BENEFIT 2 - EMERGENCY MEDICAL EXPENSES

a) Hospitalization (Accident and Illness)

The Company shall pay or reimburse to the Insured / Insured Person expenses incurred for availing immediate emergency medical assistance required on account of any disease/illness/injury sustained or contracted whilst on a trip but not exceeding the Sum Insured as specified in the Schedule to this Policy.

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

What it covers

In the event, the Insured/Insured Person contracts any disease/illness or sustains any accidental injury during the Policy period, the Company will pay or reimburse to the Insured/ Insured Person expenses for the following:

1. Out-patient treatment, provided, the same is critical and cannot be deferred till the Insured/Insured Person's return to the original place of residence.
2. In-patient treatment in a Hospital/Nursing Home at the place the Insured/Insured Person is staying at the time of occurrence of an insurable event.
3. Medical aid prescribed by a Physician as necessary part of the treatment for broken limbs or injuries (e.g. plaster casts, bandages and walking aids).
4. Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Physician.
5. X-Ray, diagnostic tests and all reasonable costs towards diagnostic methods and treatment of all disease/illness/injury provided these pertain to the diagnosed disease/illness/injury due to which hospitalization was deemed necessary.

6. Cost of transportation, including necessary medical care en-route, by recognized medical service providers for medical attention at the nearest Hospital or by the nearest Physician.
7. Cost of being transferred to a special clinic if this is medically necessary and prescribed by a Physician.
8. Life saving unforeseen emergency measures provided to the Insured/Insured Person by the Physician for disease /illness / injury arising out of a pre-existing condition. The treatment for these emergency measures would be paid till the Insured/Insured Person becomes medically stable. All further medical costs to maintain medically stable state would have borne by the Insured/ Insured Person.

b) Emergency Evacuation and Repatriation

The Company shall reimburse

- i) Reimbursement of the extra costs of medically necessary and prescribed transportation/medical evacuation of the Insured/Insured Person from the location of the incident to the original place of residence of Insured/Insured Person or the nearest Hospital up to the limit of Sum Insured as opted by the Insured/Insured Person in the event that it is not possible to guarantee adequate medical treatment within a reasonable distance of the Insured/Insured Person's current location and consequently his health would be in jeopardy as confirmed by the attending medical Practitioner.
- ii) the additional extra costs for an accompanying person, up to the limit of Sum Insured as opted by the Insured/Insured Person if it is medically necessary that the Insured/Insured Person be accompanied; this might be a physician, nurse, immediate family member (limited to father / mother / spouse / children) or colleague.
- iii) In the event of the death of the Insured/Insured Person due to an insurable event in terms of this Policy, the costs of transporting the mortal remains of the deceased Insured/Insured Person back to the original place of residence or, up to an equivalent amount, for a local burial or cremation at the location where the death occurred, subject to the maximum limit as specified in the Schedule to this Policy.
- iv) If the Insured/Insured Person is required to be transported from a medical point of view, it shall be the decision of the Company in consultation with the attending Medical Practitioner whether the Insured/Insured Person is to be repatriated to the original place of residence or not.

The extra costs under "transportation" above are:

- in the event of transportation to the original place of residence, the additional costs arising for the return trip home as a consequence of the insured event;
- in the event of death, the costs which exceed those that would normally arise if the Insured/Insured Person had died at his original place of residence.

BENEFIT 3 – FAMILY ASSISTANCE

What it Covers

The Company will pay as compensation to a maximum of two dependent children of the Insured/Insured Person, not exceeding 21 years of age, a sum as specified in the Schedule to this Policy in case of death due to accidental injury of the spouse of the Insured/Insured Person whilst he/she is on a trip

What it does not Cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/ Insured Person:

1. If the spouse of the Insured/Insured Person is travelling in an unlicensed aircraft;
2. If the spouse of the Insured/Insured Person is flying or engaging in any other aerial activity as part of the aircraft's crew
3. If the spouse of the Insured/Insured Person is participating in or training for any professional sport.
4. For any claim which results from any criminal or illegal criminal act of the spouse of the Insured/Insured Person
5. The spouse of the Insured/Insured Person is accompanying the Insured/Insured Person on a trip.
6. Any exclusion mentioned in the 'Personal Accident' section of this Policy.

BENEFIT 4 – COMPASSIONATE RETURN TRIP BY THE INSURED

In the event of the death of an immediate family member of the Insured / Insured Person limited to spouse and dependent children in India, the Company shall reimburse expenses for the emergency return trip of the Insured/Insured Person to be near the family member in the Hospital/Nursing Home in India or his/her original place of residence in India.

Provided however that the Company's liability for the expenses relating to this benefit shall in no case exceed the Sum Insured as specified in the Schedule to this Policy.

What it does not cover

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.

BENEFIT 5 – COMPASSIONATE VISIT BY THE FAMILY MEMBER

What it covers

In the event the Insured / Insured Person is hospitalized for a period exceeding the number of days (as specified in the Schedule to this Policy) consecutively, and his/her medical condition forbids repatriation back to his/her original place of residence and no adult member of his/her immediate family is present, the Company after obtaining confirmation of the need for a companion from the attending doctor, will provide

- a) a round trip economy class air ticket, or first class railway ticket, to allow one family member limited to spouse, children or parents, to be at his /her bedside for the duration of stay in the Hospital/Nursing Home;
- b) expenses towards stay of the family member during such compassionate visit.

Provided however that the Company's liability for round trip ticket and the expenses relating to this benefit shall in no case exceed the Sum Insured as specified in the Schedule to this Policy.

This benefit is payable up to the limit of the Sum Insured as specified in the Schedule to this Policy provided that a valid claim should have been admitted under the Emergency Medical Expenses Benefit of the Policy.

What it does not cover

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.

BENEFIT 6 – EMERGENCY DENTAL EXPENSES

What it covers

The Company shall pay or reimburse to the Insured / Insured Person expenses incurred on acute anesthetic treatment of a natural tooth or teeth during a trip but not exceeding the Sum Insured as specified in the Schedule to this Policy. The deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Schedule to this Policy. However, dental care rendered necessary as a result of an accident shall be subject to the limit of cover and deductible as specified in the Schedule to this Policy.

What it does not cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured / Insured Person for:

1. Medical treatment being sole reason or one of the reasons for travel and temporary stay in the current location.

2. Any pre-existing condition/disease/illness/injury unless the medical assistance provided involves unforeseen emergency measures to save the Insured/Insured Person's life.
3. Treatment which could reasonably be delayed until the Insured/ Insured Person's return to the place of residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Dentist and the Company..
4. Treatment of orthopaedic, degenerative or oncological diseases, unless the medical assistance provided involves unforeseen emergency measures to save the Insured/Insured Person's life.
5. Charges in excess of reasonable and necessary charges as determined by the Company.
6. Expenses incurred in connection with cancer treatment, unless the medical assistance provided involves unforeseen emergency measures to save the Insured/Insured Person's life
7. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner).
8. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 7 - DAILY ALLOWANCE IN CASE OF HOSPITALIZATION

What it covers

In the event of hospitalization of the Insured / Insured Person for more than specified number of days as mentioned in the Schedule to this Policy due to disease / illness or injury contracted or sustained within the period of insurance whilst on the trip, the Company will pay to the Insured / Insured Person a daily allowance.

This benefit is payable up to the limit of the Sum Insured as specified in the Schedule to this Policy provided that a valid claim should have been admitted under the Emergency Medical Expenses Benefit of the Policy.

BENEFIT 8 – LIABILITY ARISING DUE TO LOSS OF CREDIT CARD

The Policy will indemnify the Insured /Insured Persons against financial loss incurred due to any misuse /unauthorized transactions effected by reason of loss /theft of a Debit / Credit Card of the Insured during the trip.

The Company shall not be liable in respect of -

1. Loss in respect of debit/credit card for which no FIR has been registered for the loss/theft.
2. a. Loss or damage directly or indirectly, proximately or remotely occasioned by or which arises out of or in connection with terrorism.
- b. Loss or damage whether directly or indirectly, arising from war, warlike operations and of foreign enemy hostilities (whether war be declared or not), civil war, revolution, insurrection,

- civil commotion, military or usurped power, seizure, capture, confiscation, arrests, restraint and detainment by Order of any government or any other authority.
3. a. Loss of debit card directly or indirectly, caused by or contributed to by, or arising from ionizing radiation or contamination by radioactivity from any source whatsoever.
b. Loss of debit card directly or indirectly, caused by or contributed to by or arising from Nuclear weapons material.
 4. Loss or damage caused intentionally.
 5. Loss or damage arising out of contractual liability or agreement.
 6. Confiscation, nationalization, seizure or requisition by any public authority.
 7. Loss or damage due to willful act or willful negligence on the part of the Insured / Insured Person.
 8. Debit Card which has expired and not renewed by the Insured/Insured Person.
 9. Misuse of debit card which has never been reported in spite of more than two misuses.
 10. Theft of debit card from any car except car of fully enclosed saloon type having at the time all the doors, windows and other openings securely locked and properly fastened
 11. Any loss without any substantiation, mysterious disappearance or unexplained losses.
 12. Loss or damage occasioned by theft or dishonesty or any attempt thereat committed by or where such loss or damage has been expedited by or in any way sustained or brought about by:
 - a. any of the Insured Person's family members.
 - b. any servant or traveller or messenger in the exclusive employment of the Insured Person.
 - c. any customer or broker or their customer

BENEFIT 9 - LOSS OF DRIVING LICENSE/TRAIN AND AIR TICKETS

What it covers

In the event the driving license and/or travel tickets (Air / Rail) belonging to the Insured/ Insured Person is lost, the Company will reimburse the Insured/ Insured Person the actual expenses, necessarily and reasonably incurred in connection with obtaining a duplicate or fresh copies of these documents during a trip but not exceeding the Sum Insured as specified in the Schedule to this Policy.

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

What it does not cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured / Insured Person for:

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

BENEFIT 10 - TOTAL LOSS OF CHECKED IN BAGGAGE

What it covers

The Company shall compensate the Insured / Insured Person for the total loss of checked-in baggage on a trip. The cover is limited to the travel destinations specified in the Proposal Form. All halts and via destinations included in this main travel ticket will be covered under this benefit. The compensation will be limited to the Sum Insured as specified in the Schedule to this Policy.

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

What it does not cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured / Insured Person for:

1. Valuables and money, all kinds of securities and tickets/passes or any other item not declared to, and agreed to by, the Company.
2. Loss of property unless a Property Irregularity Report or other report usually issued by common carriers in the event of loss of checked-in baggage has been procured and submitted to the Company.
3. Any partial loss of the items contained within the checked-in baggage.
4. Items contained within the checked-in baggage, which are valued in excess of Rs. 1,000 without appropriate proof of ownership.
5. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
6. Loss due to partial damage of the checked-in baggage.
7. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Special Conditions

1. The Company will compensate the Insured / Insured Person for the market value of checked-in baggage in the event of total and complete loss of such checked-in baggage caused by a common carrier up to the limits as specified in the Schedule to this Policy provided that:
 - a. Maximum amount payable per checked-in baggage, in case more than one bag has been checked-in, is 50 % of the applicable Sum Insured. In case of only one bag being checked-in, the amount payable is 100% of the applicable Sum Insured.
 - b. Insured has provided all reports, documents and other details concerning the loss to the Company.

For the purposes of this benefit, "market value" is the sum required to purchase new items of the same kind and quality less an amount representing wear and tear, usage, etc. at the time of loss.

2. In the event that the Company makes any payment under this benefit, it is a condition of such payment that any recovery from any common carrier by the Insured/ Insured Person, or on behalf of the Insured/ Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.
3. The amount payable in respect of any one article, pair or set is limited to the amount as specified in the Schedule to this Policy.
4. In the event of loss of baggage whilst in the custody of an airline, a Property Irregularity Report (PIR) must be obtained from the airline immediately upon discovery of the loss which must be submitted to the Company.
5. No partial loss or damage shall become payable. However, total loss or damage of individual unit(s) of baggage shall not be construed as falling within this Special Condition.

BENEFIT 11 – PERSONAL LIABILITY

What it covers

The Company will indemnify the Insured / Insured Person in the event the Insured/ Insured Person becomes legally liable to a third party under law for an incident which results in death, injury or damage to the health of such third party or damage to his/her properties, but not exceeding the Sum Insured as specified in the Schedule to this Policy and provided the incident occurs during the period of insurance and whilst on a trip.

What it does not cover

The Company shall not be liable to make any payment under this benefit in respect of the following:

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

Special Conditions

1. The Company shall be responsible for contesting unjustified claims against the Insured/ Insured Person and providing indemnity for damages, which the Insured/ Insured Person has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a Court of law.
2. If there is a legal action in process against the Insured/ Insured Person over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured / Insured Person at the Company's sole discretion.
3. The Company will have the right, but in no case the obligation, to take over and conduct in the name of the Insured / Insured Person the defense of any claim and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defense of any claim, the Company may relinquish the same.
4. In the event the Company, in its sole discretion, chooses to exercise its right in pursuance of this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, what the Company's liability or obligations under this

Policy would have otherwise been had it not exercised its rights under these Special Conditions.

BENEFIT 12 – FINANCIAL EMERGENCY ASSISTANCE

What it covers

The Company shall pay the Insured/ Insured Person in the event of a financial emergency arising due to theft, mugging, robbery, dacoity of the funds of the Insured/ Insured Person, an amount not exceeding the Sum Insured as specified in the Schedule to this Policy.

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

For the purpose of this benefit, financial emergency shall mean a situation wherein the Insured / Insured Person loses all or a substantial amount of his / her travel funds due to theft, robbery, mugging or dacoity, such that there is a detrimental effect on his / her travel plans. The Company shall have the sole discretion to determine whether a financial emergency has occurred in any instance.

What it does not cover

The Company shall not be liable to make any payment under this benefit in respect of the following:

1. A shortage or loss of funds due to currency fluctuation, errors, omissions, exchange loss or depreciation in value.
2. Any loss not reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
3. Any claim in respect of a loss of traveller's cheques not immediately reported to the local branches or agents of the issuing authority.
4. Loss of funds not kept in the personal custody of the Insured/Insured Person.
5. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 13 – HIJACK DISTRESS ALLOWANCE

What it covers

The Company shall make an allowance to the Insured/ Insured Person, in the event of hijack of a common carrier in which he/she is traveling on a trip, of the amount as specified in the Schedule to this Policy.

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

What it does not cover

The Company shall not be liable to make any payment under this benefit for:

- 1) Deductibles as specified in the Schedule to this Policy.
- 2) Any incident where the Insured /Insured Person is suspected to be either the principal or an accessory in the hijacking.
- 3) Any claim as a consequence of a change in the regular routes of travel / trip of the common carrier due to traffic, weather, fuel shortage, technical snag or security reasons.
- 4) Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 14 – TRIP DELAY

What it covers

The Company shall reimburse the Insured / Insured Person the reasonable additional expenses incurred by the Insured / Insured Person if his/her trip is delayed for more than the specified hours beyond the scheduled time, as mentioned in the Schedule to this Policy. Incurred additional expenses must be supported by receipts. This benefit is payable only once per trip for:

1. Unforeseen disease, illness, injury, or death of the Insured / Insured Person or Family Member of the Insured. Disease, illness or injury must be so disabling as to reasonably cause a travel delay.
2. Termination of employment or layoff affecting the Insured / Insured Person, provided that the Insured / Insured Person, as the case may be, has been employed with the employer for at least five continuous years.
3. Inclement weather conditions causing delay. This must be authenticated by a letter from the common carrier.
4. The place intended to be occupied by the Insured/ Insured Person for purposes of stay during the trip or the destination being made uninhabitable by fire, flood, vandalism, burglary, or natural disaster.
5. The Insured/ Insured Person being abducted or quarantined.
6. The Insured / Insured Person being the victim of a felonious assault within 10 days prior to the departure date, except where the Insured/ Insured Person or any Family Member of the Insured has been a principal or accessory in the commission of the felonious assault.

7. A terrorist incident in a City/destination listed on the Insured/Insured Person's itinerary within 30 days of the Insured/Insured Person's scheduled arrival. "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.
8. Delay by the common carrier.
9. Lost or stolen travel documents.

The reimbursement under this benefit will be limited to the Sum Insured as specified in the Schedule to this Policy. The deductible in respect of this benefit shall be as specified in the Schedule to this Policy.

BENEFIT 15 – TRIP CANCELLATION AND INTERRUPTION

What it covers

The Company shall compensate the Insured / Insured Person as hereunder if a trip is canceled or interrupted due to any of the following reasons:

1. Unforeseen disease, illness, injury, or death of the Insured/ Insured Person's family member. Disease, injury or illness must be so disabling as to reasonably cause a trip to be canceled or interrupted;
2. Termination of employment or layoff affecting the Insured/Insured Person, provided that the Insured Person, as the case may be, have been employed with the Insured for at least three continuous years;
3. Inclement weather conditions causing cancellation of the trip;
4. The place intended to be occupied by the Insured/Insured Person for purposes of his/her stay during the trip or the destination being made uninhabitable by fire or flood
5. The Insured/Insured Person being abducted;
6. The Insured / Insured Person being the victim of a felonious assault within 10 days prior to the departure date, provided that the Insured / Insured Person (including any member of their family) is/are not principal or accessory in such felonious assault.
7. A terrorist incident in a City/destination listed on the Insured/Insured Person's itinerary within 30 days of the Insured/Insured Person's scheduled arrival. "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.

Trip Cancellation Benefits: The Company will pay this benefit up to Sum Insured as specified in the Schedule to this Policy for trips that are canceled before the scheduled departure date due to any of the reasons mentioned above. The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured/Insured Person's departure date.

Trip Interruption Benefits: The Company will pay this benefit up to Sum Insured as specified in the Schedule to this Policy for trips that have been interrupted, due to any of the reasons mentioned above. The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured/Insured Person's departure date and additional transportation expenses incurred by the Insured/Insured Person.

1. From the place that the Insured/Insured Person left the trip to the place that the Insured / Insured Person may rejoin the trip;
2. Additional transportation expenses incurred by the Insured/ Insured Person to reach the original trip destination if the Insured / Insured Person is delayed, and leaves after the trip departure date.

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

What it does not cover?

1. Common carrier-caused delays, including an announced, organized sanctioned union labour 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 labour union members vote to approve a strike.
2. Travel arrangements cancelled or changed by an airline, cruise line, or tour operator, unless the cancellation is the result of bad weather.
3. Changes in plans by the Insured/Insured Person or an immediate Family Member for any reason.
4. Adverse change in financial circumstances of the Insured/ Insured Person or any Family Member
5. Any business or contractual obligations of the Insured/Insured Person or any Family Member, except for termination or layoff of employment.
6. Default by the person, agency, or tour operator from whom the Insured / Insured Person obtained this Policy and/or made travel arrangements.
7. Any government regulation or prohibition.
8. An event or circumstance, which occurs prior to the commencement of the period of insurance.
9. On account of a felonious assault, where the Insured/Insured Person or any Family Member of the Insured/Insured Person has been a principal or accessory in the assault committed.
10. Any claim for a flight which is not booked in India;
11. Any claim resulting from the financial failure of:
12. (i) Any scheduled airline at the time the Insured/Insured Person obtained this Policy or booked the ticket;

- (ii) Any scheduled airline that holds another bond or insurance (even if that bond or insurance is not enough to pay the claim in full); or
 - (iii) Any travel agent, tour operator, booking agent or flight consolidator arranging the booking
13. Any claim that the Insured/Insured Person knew, at the time of purchasing this insurance, about any reason that could cause a claim under this section.
14. Any claim arising or resulting from a charter flight.

BENEFIT 16 – MISSED CONNECTION

What it covers

The Company shall pay to the Insured/Insured Person the sum specified in the Schedule to this Policy, in the event of missing a connecting flight or delay in the arrival of the aircraft on which the Insured/ Insured Person is or would be traveling for a period exceeding the number of hours, as specified in the Schedule to this Policy.

Such payment will cover:

Additional transportation costs to join the trip (must be same class of original tickets purchased).

1. Reasonable accommodations and meals.
2. Non-refundable, unused portion of the prepaid expenses as long as the expense is supported by a proof of purchase and is not reimbursable by another source.

The common carrier must certify the delay of the regular scheduled airline flight.

BENEFIT 17 – BAIL BOND

What it covers

If the Insured/ Insured Person is arrested or detained by the Police/judicial authorities at the place of stay whilst on a trip and if the offence for which he/she is arrested or detained is bailable, then the amount upto the Sum Insured as specified in the Schedule to the Policy, will be provided to the appropriate authority/Court as the bail amount towards the arrest or detention, subject to the Special Conditions below.

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

Special Conditions

The Company will pay or arrange to pay the Judicial Authority / Court directly on behalf of the Insured/Insured Person, the bail amount. The Insured / Insured Person shall appear in the Court on the date specified by the Court for trial and judgment. If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured / Insured Person or otherwise for breach of the terms of such bail bond, then the amount of the bail bond will require to be repaid by the Insured / Insured Person to the Company within 1 month after the bail bond is forfeited and if the Company so deems necessary (whether on expiry of such 1 month or otherwise), the Insured / Insured Person will be liable to repay the bail amount together with interest thereon at 10% p.a. from the date of payment by the Company to the Court until receipt thereof from the Insured, and all costs reasonably incurred by the Company in such behalf.

In case of death of the Insured / Insured Person, at the first instance, the immediate family member, and in case, where there is no immediate family member, the employer, will be liable to produce the death certificate or the necessary documents, as per the local law, in the Court within 1 month (of such death) for the release of the bail amount to the Company. In case they fail to do so, it is hereby agreed that the Company would have full right and authority to recover the bail amount from the estate of the Insured /Insured Person.

The amount will be refunded to the Company by the Court with which it was deposited as soon as the Court releases the bail amount with which the deposit was made. In no case the amount will be paid out to the Insured / Insured Person.

The judgment shall have no bearing on the refund of the deposit to the Company. If the Court imposes any penalty or fine on the Insured/ Insured Person at the time of interim order or final judgment, then in that case the Insured / Insured Person will not be at the liberty to get the fine deducted or adjusted from the bail amount which was deposited by the Company.

BENEFIT 18 – LEGAL EXPENSES

What it covers

The Company will pay to Insured/ Insured Person the sum as specified in the Schedule to this Policy for legal costs and expenses incurred towards claims for compensation arising on the death of the Insured/Insured Person or on the Insured/Insured Person contracting illness or injury during the trip.

What it does not cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/ Insured Person for:

1. Any claim where the legal advisors of the Company believe that an action is not likely to be successful or that the costs of taking action will be greater than any award.

2. Any costs or expenses which are based directly or indirectly on the amount of any award. The costs of following up a claim for bodily injury, loss or damage caused by or in connection with the Insured/Insured Person's trade, profession or business, under contract or arising out of the Insured/Insured Person possessing, using or living on any land or in any buildings.
3. Any claims arising out of the Insured/Insured Person owning, possessing, or using mechanically-propelled vehicles, water craft or aircraft of any description, animals, firearms or weapons.
4. Any claims arising out of the criminal, malicious or deliberate acts of the Insured/Insured Person
5. Any claims reported more than 180 days after the incident giving rise to the claim took place.

Special conditions

1. The Company will have complete control over any legal representatives appointed and any proceedings.
2. The Insured/Insured Person or the legal representative of the Insured/Insured Person in the event of the Insured/Insured Person's death shall follow the advice of the Company or that of the agents of the Company in handling any claim.

BENEFIT 19 – EMERGENCY ACCOMODATION EXPENSES

What it covers

The Company will compensate the Insured/Insured Person towards additional expenses incurred, up to the limits specified in the Schedule to this Policy towards emergency accommodation in the event

- a) The trip of the Insured/Insured Person is delayed, cancelled or rescheduled due to airline problems or on account of natural disasters
- b) Medical problems of the Insured/Insured Person
- c) Personal employment problems of the Insured/Insured Person

BENEFIT 20 – HOME BURGLARY INSURANCE

What it covers

The Company shall pay to the Insured / Insured Person compensation for any loss or damage to the contents of his/her original place of residence in India, due to burglary and/or attempted burglary during his/her trip, up to the limit of the Sum Insured mentioned in the Schedule to this Policy. The total liability of the Company shall not exceed the Sum Insured as specified in the Schedule to this Policy in any one year irrespective of the number of such incidents or occurrences.

Jewellery will be covered under this benefit as part of contents up to 20% of the Sum Insured as specified in the Schedule to this Policy or actuals whichever is less.

What it does not cover

The Company shall not be liable to make any payment under this Policy for:

1. Loss or damage caused by the Insured/Insured Person's and/or Insured/Insured Person's employee(s) or agents and / or Insured/Insured Person's family member's direct or indirect involvement in the actual or attempted burglary;
2. Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, 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, the Company in writing);
3. Loss of money and/or other property abstracted from safe following the use of the key to the said safe or any duplicate thereof belonging to the Insured/Insured Person, unless such key has been obtained by assault or violence or any threat thereof.
4. Loss of or damage to any property insured under this Policy due to any misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured/Insured Person.
5. This Policy shall cease to attach
 - a) if the Insured / Insured Person shall cause or suffer any material alteration to be made to his/her home or anything to be done whereby the risk is increased;
 - b) if the interest of the Insured/Insured Person in his/her original place of residence shall pass from him/her otherwise than by will or operation of law;unless, in every case, the consent of the Company to the continuance of the insurance thereon is obtained and signified on the Policy
6. Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever.
7. Loss or damage due to war and allied perils, nuclear weapon materials or terrorism.
8. Mysterious disappearance or unexplained losses.
9. Loss or damage on account of any exclusions mentioned in the General Exclusions section of this Policy.

BENEFIT 21 – PET CARE

What it covers

The Company will pay as reimbursement to the Insured/Insured Person a sum as specified in the Schedule to this Policy towards the expenses for the fees of the Veterinary doctor in the event of the Insured/Insured Person's pet, limited to cat or dog, needing veterinary treatment as a result of an injury which occurred whilst the cat or dog was being cared for by a friend, relative or professional carer in India whilst the Insured/Insured Person was on a trip.

What it does not cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/ Insured Person:

1. If the Insured/Insured Person does not have written confirmation from the Veterinary doctor giving details of the injury or accident and the number of days that the cat or dog belonging to the Insured/Insured Person had received treatment.
2. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 22 – CATASTROPHE EXPENSES

What it covers

The Company will pay as compensation to Insured/ Insured Person the sum as specified in the Schedule to this Policy towards the cost of travel expenses and providing other similar accommodation in the event of the accommodation booked for the Insured/Insured Person not being in living condition because of a fire, flood, earthquake, storm, lightning, explosion, hurricane or major outbreak of infectious disease.

What it does not cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/ Insured Person for:

1. The applicable excess as stated in the Schedule to this Policy.
2. Any claim already made in any other Section of this Policy towards this benefit.
3. Any expenses that the Insured/Insured Person can get back from any tour operator, airline, hotel or other provider of services.
4. Any expenses that the Insured/Insured Person would normally have to pay during the period shown on Validation Certificate of the Insured/Insured Person
5. Any claim resulting from the Insured/Insured Person travelling against the advice of the appropriate national or local authority.
6. Claims arising out of an event which is already existing and known to the Insured / Insured Person.

Special conditions

1. The Insured/Insured Person must give the Company a written statement from an appropriate public authority confirming the reason, nature and duration of the disaster.
2. The Insured/Insured Person must submit to the Company all evidence of all the extra costs that he/she had to pay.

BENEFIT 23 – BUSINESS EQUIPMENT COVER

What it covers

The Company will pay up to the amount specified in the Schedule to this Policy for:

1. Loss, theft or damage to the Insured/Insured Person's computer equipment, communication devices and other business related equipment which is necessarily carried by the Insured/Insured Person in the course of his/her business, subject to the single article limit for any one item, set or pair, computer equipment limit and samples limit as specified in the Schedule to this Policy.
2. Buying essential items if the Insured/Insured Person's business equipment is delayed or lost in transit during the outward trip for more than specified period of time, as mentioned in the Schedule to this Policy. The Insured/Insured Person must get written confirmation of the length of the delay and receipts for any items that the Insured/Insured Person has bought. The Company will recover any payment that it makes from the amount of any claim if the Insured/Insured person's business equipment is permanently lost.
3. Emergency courier expenses incurred to replace business package essential to the Insured/Insured Person's intended business itinerary due to loss or damage of the business package
4. Expenses for each 24-hour period for hiring the Insured/Insured Person's business equipment, if they are delayed in transit during the outward trip for more than 24 hours. The Insured/Insured Person must get written confirmation of the length of the delay
5. Expenses for each 24-hour period for hiring the Insured/Insured Person's business equipment , if they are lost or damaged during the trip.

What it does not cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/ Insured Person for:

1. The applicable excess as stated in the Schedule to this Policy.
2. Any loss or theft of business equipment or business money which is not reported to the Police within 24 hours of discovering it and which does not have a written Police report for.
3. Any loss, theft or damage to business equipment during a trip unless it is reported to the carrier and a property irregularity report is gotten for, at the time of the loss.
4. Business equipment the Insured/Insured Person have left unattended in a public place.
5. Any loss or theft from unattended motor vehicles unless the business equipment was in a locked boot or locked and covered luggage compartment of the vehicle and there is evidence of forcible and violent entry to the vehicle.
6. Any loss, theft or damage to business equipment carried on a vehicle roof rack.
7. Any item, set or pair where the Insured/Insured Person is unable to provide reasonable proof of ownership or value
8. Any loss, theft or damage to business equipment shipped as freight or under a Bill of Lading.
9. If the business equipment of the Insured/Insured Person is delayed or held by customs or other officials legally taking the business equipment of the Insured/Insured Person.
10. Mysterious disappearance or unexplained losses.
11. Damage due to gradually developing flaws, defects, cracks or partial fractures in any part not necessitating immediate stoppage although at some future time repair or replacement of the parts affected may be necessary
12. Deterioration of or wearing away or wear-out of any item caused by or naturally resulting from normal use of exposure
13. Faults existing at the time of commencement of this insurance and known to the Insured, regardless of whether such faults or defects were known to the Company or not
14. Any fault or defect for which the manufacturer or supplier of the damaged item is responsible

Special conditions

1. The Insured/Insured Person must keep all receipts for hire costs; and
2. The Company can take any payment made for Coverage under clause 4 and 5 of this section from any claim under Coverage under clause 1, 2 or 3 of this Section if the business equipment is permanently lost.

BENEFIT 24 – ALTERNATIVE EMPLOYEE OR RESUMPTION OF ASSIGNMENT EXPENSES(LIMITED TO CORPORATES)

What it covers

The Company will pay as reimbursement to the Insured/Insured Person a sum as specified in the Schedule to this Policy for the expenses towards arranging the transportation of an alternative

employee limited to economy class return air ticket, or first class railway ticket in the event of the unexpected death of Insured/Insured Person during the trip, or disease/illness of the Insured/Insured Person during the trip requiring the Insured/Insured Person to return to his/her original place of departure within India.

This can also be extended to cover the death of an immediate family member, restricted to the spouse and dependent children due to accident whilst the Insured/Insured Person is on a trip within the Republic of India, requiring him/her to return to his/her original place of residence.

What it does not cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/ Insured Person in the event that the original trip is undertaken by the Insured/Insured Person against the advice of a Physician, or when the Insured Person/Insured Person is unfit to undertake the trip.

GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY)

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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.
2. Any claim relating to expenses incurred for the treatment of pre-existing diseases/condition/illness/injury.
3. Treatment if that be the sole reason or one of the reasons for the Insured /Insured Person's travel and temporary stay in his/her current location.
4. Any claim if the Insured/Insured Person -
 - a. is traveling against the advice of a physician;
 - b. is receiving, or is on a waiting list to receive, specified medical treatment declared in the physician's report or certificate;
 - c. has received terminal prognosis for a medical condition;
 - d. is taking part in a naval, military or air force operation.
5. Deductibles as specified in the Schedule to this Policy.
6. Any claim arising out of diseases, illnesses or accidents that the Insured/Insured Person
 - a. has caused intentionally or by committing a crime or as a result of drunkenness or
 - b. addiction (drugs, alcohol).
7. Any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss, directly or indirectly, attributable to HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and/or any mutant derivative or variations thereof howsoever caused.

8. Diseases, illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
10. 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.
11. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, unless declared beforehand and necessary additional premium paid.

GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY)

1. Minimum age of the Insured /Insured Person shall be 3 months and maximum age shall be 80 years.
2. The maximum number of travel days under a single trip that may be insured, with all the extensions and Policy period put together, under the Policy, shall be 365 days.
3. The Policy start date shall be on or before the trip start date.
4. Extension of the Policy during the duration of the trip can be done only at the sole discretion of the Company. The Insured / Insured Person shall submit a declaration letter clearly mentioning the claims filed during the original Policy duration and also that he/she is unaware of any existing health condition which could result in a claim during the extension period. In case a claim has been filed in the original Policy duration, then the Policy may be extended only if the claim filed relates to the following benefits,
 - a. Emergency Dental treatment
 - b. Total loss of checked baggage
 - c. Delay of checked baggage
 - d. Financial Emergency Assistance
 - e. Hijack Distress Allowance

- f. Trip delay
- g. Trip cancellation & interruption
- i. Missed Connection and all other travel related covers other the medical covers

The extension of any Policy is at the sole discretion of the Company, and the Company is not liable to offer any reason to the Insured/Insured Person if the Policy is not extended.

6. A Policy may not be extended if a claim is already filed by the Insured / Insured Person. If the Insured /Insured Person does not declare the claims filed or the claims that are to be filed under the original Policy, then any extension of the Policy if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Policy.
7. Termination of the Policy at a date earlier than the end date can be done only if the Insured / Insured Person returns back to his/her original place of residence earlier than the end date of the Policy. Refund of premium for the days between the arrival date and the end date of the Policy will be given after adjusting cancellation charges, if any. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the arrival date as the new end date.
8. The premium payable for the extension of the Policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.
9. The Insured / Insured Person shall take all reasonable precautions to prevent disease, illness and injury in order to minimize claims. Failure to do so will prejudice the Insured/Insured Person's claim under this Policy.
10. The Insured / Insured Person shall provide the Company with the details of the trip and other information as may be required by the Company from time to time.
11. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.
14. Claim Procedure - ***What is to be done in case of a claim?***
 - a. The Insured / Insured Person shall immediately contact the Help Line of the Company stating necessary details. The details of phone numbers and Help Line are given in the Schedule attached to this Policy.
 - b. The Insured /Insured Person needs to contact the Help Line number as soon as possible and inform in case the Insured/ Insured Person is/will be filing any claim, even if assistance is not required. The Company will not be liable to pay any claim that has not been informed by the Insured /Insured Person to the Help Line of the Company.
 - c. The Help Line of the Company will verify the identity of the caller by asking appropriate information.
 - d. In the event of a disease/illness / injury where it is not possible to contact the Help Line before consulting a Physician or going to the Hospital, the Insured / Insured Person

- shall contact the Help Line as soon as possible. In either case, when being admitted as a patient, the Insured/Insured Person shall show the concerned Physician or personnel this Policy.
- e. In case financial emergency assistance is required, the Insured / Insured Person shall immediately contact the Help Line of the Company stating the details of his/her Policy along with the Police report and a written statement narrating the incident of loss i.e. causes, circumstances and the place. Failure to do so may prejudice the Insured/Insured Person's claim.
 - f. In case of Emergency Medical Expenses, Emergency Dental Treatment, Repatriation of Mortal Remains and Financial Emergency Assistance, the Company's liability will only attach if these are incurred with the approval of the Company.
 - g. In case of Hijacking, the fact of the incident having occurred should be confirmed by Police authorities. The Police report should contain details such as the period of hijack, etc. In rare cases, the Company may consider 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.
 - h. In case of all other claims, there shall be necessary prior intimation to the Helpline of the Company, stating the incident/loss.
15. Claims Settlement - **How to get the claim paid?**
- a. If the procedure stated above is complied with, the Company will guarantee to the Hospital/other providers the costs of hospitalisation, transportation for emergency services, transportation home of the Insured/ Insured Person including accompanying person, if any, and provide financial emergency assistance to the Insured/Insured Person. All costs will be directly settled by the Company on the Company's behalf and the same shall constitute due discharge of the Company's obligations hereunder.
 - b. If the Hospital / other providers do not accept the guarantee of payment from the Company, the Company cannot be held liable for the same. The cost will then have to be borne by the Insured / Insured Person and the same will then be reimbursed by the Company on submission of required documents.
 - c. In case of claims under home burglary insurance, the loss shall be intimated to the Company and the Company shall appoint an independent surveyor to assess the loss.
16. Claim Documentation - **What documents need to be submitted?**
- a. The original ticket / boarding pass indicating the travel dates must be submitted with every claim, along with the completed claim form.
 - b. Original bills / vouchers / reports and discharge summary must be submitted along with all medical 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 name of the Insured/Insured Person, the diagnosis and the medicines prescribed. The pharmacy bills must clearly show the price and bear 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 forms should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply to each claim separately.
- d. For reimbursement of the costs of transporting the mortal remains of the Insured /Insured Person to his/her original place of residence or of costs of burial at his current location, an official death certificate and a physician's statement giving the cause of death needs to be submitted. Medical statements from spouses/ relatives will not be accepted. Original bills / receipts of expenses incurred also 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 transportation of Insured /Insured Person to his/her original place of residence, a medical statement from a registered Physician indicating the cause of illness and the necessity of transportation needs to be submitted. Medical statements from spouses/ relatives will not be accepted. Original bills / receipts of the expenses incurred need to be submitted also. These would be paid as per the usual and customary charges incurred for the same.
 - f. In case of total loss of checked-in baggage, a Property Irregularity Report or other report usually issued by the common carriers in the event of loss of checked-in baggage will need to be submitted with the claim form. A letter from the airline will also need to be submitted stating the compensation, if any 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 Rs 1,000/- 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 such other report from the airline stating the date and time of arrival of delayed baggage needs to be submitted in case of delay of checked-in baggage claims.
 - i. For personal accident, original bills/ vouchers/ reports/ discharge summary are to be submitted, mentioning the name of the person treated, the cause of accident, details of the individual items of medical treatment provided and the dates of treatment. In case of death a Post mortem report, Police Report and Death certificate shall also be submitted.
 - j. For personal liability, proof of judicial decision rendered by a Court needs to be submitted
 - k. For claims under financial emergency assistance benefit, the Police report filed within 24 hours of becoming aware of the robbery needs to be submitted.
 - l. For claims under trip delay the following documents need to be furnished. Medical reports and doctors' statement or Police report confirming the incident causing the trip delay. All original bills / receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted
 - m. For claims under trip cancellation and interruption the following documents need to be submitted. Medical reports and doctors statement if trip is cancelled or interrupted due

- to medical reasons. If due to employment, termination letter from the company. If due to other events, Police report confirming the incident shall be submitted. All original bills / receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.
- n. For claims under missed connection the following documents need to be submitted i.e. confirmation from the airline, mentioning the scheduled arrival time and the actual arrival time. The reason for delay in the flight also needs to be mentioned. All original bills / receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.
 - o. Any other document(s) that the Company may require from the Insured /Insured Person to process a claim may be asked for
 - p. Claim documents to be submitted in event of a claim benefit under home burglary insurance are
 - First Information Report from the Police
 - Panchnama
 - Investigation Report by the Police
 - Estimate and final bills of repairers
 - Invoices of owned articles, if required by the Company
 - And any other document as may be appropriately applicable for the claims preferred under this benefit.
17. Obligations of the Insured /Insured Person:
- a. Claims for benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.
 - b. The Insured / Insured Person shall provide to the Company on demand any information that is required to determine the occurrence of the insurable event or the Company's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the trip.
 - c. If requested to do so by the Company, the Insured / Insured Person is obliged to undergo a medical examination by a physician designated by the Company.
 - d. The Company is authorized by the Insured / Insured Person to take all measures that are suitable for loss prevention and claim minimization which includes the Insured / Insured Person's transportation back to his/her original place of residence.
 - e. The Company shall be released from any obligation to pay benefits under this Policy, if any, of the aforementioned obligations are breached by the Insured /Insured Person.
18. Transfer and Set-off of Claims:
- a. If the Insured / Insured Person has any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.

- b. In so far as an Insured / Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable, if any.
 - c. Claims to the insurance benefits may be neither pledged nor transferred by the Insured / Insured Person.
19. No sum payable under this Policy shall carry any interest /penalty.
 20. In the event of the Insured/Insured Person's death, the Company shall have the right to demand the submission of a post mortem/autopsy report.

STANDARD TERMS AND CONDITIONS (APPLICABLE TO THIS POLICY)

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

held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

7. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person or his/her nominee or legal heirs of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

8. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

9. Electronic Transactions

The Insured /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, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of this Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Insured /Insured Person agrees that the Company may exchange, share or part with any information to or with other group companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use application.

10. Duties of the Insured/ Insured Person on occurrence of loss

On the occurrence of any loss, within the scope of this Policy the Insured /Insured Person shall:

- a) Forthwith file/submit a Claim Form in accordance with 'Claim Procedure'.
- b) Allow the Surveyor or any agent of the Company to inspect the lost/damaged properties, premises /goods.
- c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.
- d) Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor.

If the Insured /Insured Person does not comply with this provision of this Clause, all benefits under this Policy shall be forfeited, at the option of the Company.

11. Right to inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured/Insured Person be permitted at all reasonable times to

examine into the circumstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under this Policy.

12. Position after a claim

The Insured /Insured Person shall not be entitled to abandon any insured property whether the Company has taken possession of the same or not. As from the day of receipt of the claim amount by the Insured / Insured Person, the Sum Insured for the remainder of the period of insurance shall stand reduced by the amount of the compensation.

13. Indemnity

The Company may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing. The Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. In no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage and in any event not more than the sum Insured Person thereon.

If in any case the Company shall be unable to reinstate or repair the insured property/item, because of any law or other regulations in force affecting insured property or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite under this Policy.

14. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured /Insured Person's rights or recovery thereof against any person or organisation, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured /Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

15. Contribution

Save for the cover under the Personal Accident Section of this Policy, if at the time of the happening of any loss or damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured /Insured Person or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

16. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured/Insured

RELIANCE General Insurance

Anil Dhirubhai Ambani Group

A Reliance Capital Company

Person or anyone acting on his/her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no Court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

17. Cancellation/termination

The Company may at any time, cancel this Policy, by giving 7 days notice in writing by Registered Post Acknowledgment Due to the Insured/Insured Person at his last known address in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured /Insured Person may also give 7 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales.

18. Cause of Action

No claim shall be payable under this Policy where the cause of action arises outside India.

19. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy.

20. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

21. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to -

In case of the Insured/Insured Person, at the address specified in the Schedule to this Policy.

In case of the Company, to the Policy issuing office of the Company.

22. Customer Service

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Annexure I

A Reliance Capital Company

If at any time the Insured /Insured Person requires any clarification or assistance, the Insured/Insured Person may contact the Policy issuing office of the Company at its address during normal office hours.

23. Grievances

In case the Insured / Insured Person is aggrieved in any way, the Insured /Insured Person may contact the Company at the specified addresses, during normal business hours.



RGICL/HL-DTC/Form 2

**Reliance Domestic Travel Care Insurance Policy
Proposal form for individuals/Families**

The Policy does not commence until the proposal is accepted by the Company and full premium is paid.

Proposer Details

Name of the Proposer														
Communication Address														
Date of Birth					Occupation									
Residence Number					Mobile Number									
Email id														

Family Details

Name of the Insured Member	Date of Birth	Relationship with proposer	Nominee Name	Relationship of Nominee with insured	Is the Insured a Professional / Semi – Professional Sportsperson?

Medical History Details

Please fill the following details if any of the insured person(s) are suffering from pre-existing illness

Are any of the Insured Person(s) suffering from any pre-existing condition/disease/illness/injury				Yes/No
Name of the Insured Member	Name of Pre-existing illness / condition/ injury	Suffering since (Duration)	Under Medication (Yes / No)	

Home Details

Address of the home to be covered under Home Burglary Insurance														
D O O R N O					B U I L D I N G N A M E									
					S T R E E T N A M E									

RELIANCE General Insurance

Anil Hirachand Ambani Group

A Reliance Capital Company

Regd Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai – 400 038

RGICL/HL-DTC/Form II

Reliance Domestic Travel Care Insurance Policy Proposal Form – Corporate Short Term Plan

The Policy does not commence until the proposal is accepted by the Company and full premium is paid.

Proposer Details

Name of the Proposer	
Address of the Proposer	
City	Pin code
Tel Number (Office)	Fax Number
Website	
Contact Person	Designation
Email id	
Description of Business	

Policy Details

Period of Insurance	From:												To:							
Number of days of travel																				

(Individual employees shall fill in their travel details in a separate proposal form)

Plan Details

Please specify the plan opted : Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Plan D <input type="checkbox"/>			
Please specify the Sum Insured opted for the Plan:			
Plan A : <input type="checkbox"/> Rs. 50,000 <input type="checkbox"/> Rs.1 Lakh	Plan B <input type="checkbox"/> Rs. 1 Lakh <input type="checkbox"/> Rs. 2 Lakhs		
Plan C : <input type="checkbox"/> Rs. 2 Lakhs <input type="checkbox"/> Rs.3 Lakhs	Plan D : <input type="checkbox"/> Rs. 3 Lakhs <input type="checkbox"/> Rs.4 Lakhs <input type="checkbox"/> Rs.5 Lakhs		

Payment Details

Payment Mode	<input type="checkbox"/> Cheque/DD <input type="checkbox"/> Cash	Cheque Number							
Cheque Amount		Cheque Date							
Name & Branch of the Bank									

Declaration

<p>It is hereby declared that the employee(s)</p> <ol style="list-style-type: none"> Will not be travelling against the advice of a physician Are not on the waiting list for any medical treatment Are not travelling for the purpose of obtaining medical treatment Have not received a terminal prognosis for a medical condition before the journey

I/We declare and warrant that the above statements, answers and particulars are true and complete.
I/We consent to the Company seeking medical information from any doctor who has at any time attended on me/us concerning anything which affects my/our physical or mental health and I/we authorise the giving of all such information to the Company / Emergency Assistance Service Provider and / or their medical advisors.

It is hereby agreed and understood that the above statements, answers and particulars are the basis on which this insurance is being granted and that if, after insurance is effected, it is found that the above statements, answers or particulars or any part thereof is are incorrect or untrue in any respect, the Company shall have no liability under the Policy.

I/We are willing to accept the Policy, subject to terms, exceptions and conditions prescribed therein.

Place :

Date:

SIGNATURE OF THE PROPOSER

Prohibition of rebates - Section 41 of The Insurance Act 1938

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebates as may be allowed in accordance with the prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend up to Rs 500/-.



RELIANCE General Insurance
Anil Dhirubhai Ambani Group

A Reliance Capital Company

Regd Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai – 400 038

RGICL/HL-ITC/Form 2

**Reliance Domestic Travel Care Insurance Policy
Intimation Form for Individual employee – Short Term Plan**

The Policy does not commence until the proposal is accepted by the Company and full premium is paid.

Proposer Details

Name of the Proposer												
Date of Birth					Employee Number							
Designation												
Office Number					Mobile Number							
Email Id												

Medical History Details

Does the Proposer suffer from any pre-existing illness/condition/injury?		Yes/No
If yes, please mention the details of the pre-existing illness/condition/injury	Suffering Since (Duration)	Under Medication (Yes/No)
Name, address and contact details of the family/Company physician		
Address of the home to be covered under Home Burglary Insurance		
City		Pin Code

Policy Details

Journey Start Date					Return Date				
--------------------	--	--	--	--	-------------	--	--	--	--

Place :

Date:

Signature of the Proposer

An assignment form is to be submitted by each and every employee who is to be covered in the format given hereunder.

ASSIGNMENT

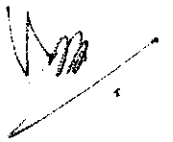
I do hereby assign the moneys payable by Reliance General Insurance Company Limited in the event of my death to Mr/Ms/M/s..... (relation to the Insured) and I further declare that his / her receipt shall be a full and effective discharge to the Company.

Dated this day of 200 at

Witness :

Name and address :

Signature



City	Pin code
------	----------

Policy/Plan Details

Date of Departure	Date of Return
Plan Opted	Plan A/Plan B/Plan C/Plan D

Place :
Date:

Signature of the Proposer

Declaration

It is hereby declared that the employee(s)

- Will not be travelling against the advice of a physician
- Are not on the waiting list for any medical treatment
- Are not travelling for the purpose of obtaining medical treatment
- Have not received a terminal prognosis for a medical condition before the journey

I/We declare and warrant that the above statements, answers and particulars are true and complete. I/We consent to the Company seeking medical information from any doctor who has at any time attended on me/us concerning anything which affects my/our physical or mental health and I/we authorise the giving of all such information to the Company / Emergency Assistance Service Provider and / or their medical advisors.

It is hereby agreed and understood that the above statements, answers and particulars are the basis on which this insurance is being granted and that if, after insurance is effected, it is found that the above statements, answers or particulars or any part thereof is are incorrect or untrue in any respect, the Company shall have no liability under the Policy.

I/We are willing to accept the Policy, subject to terms, exceptions and conditions prescribed therein.

Place :
Date:

SIGNATURE OF THE PROPOSER

Prohibition of rebates - Section 41 of The Insurance Act 1938

- No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebates as may be allowed in accordance with the prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs 500/- .

Registered Office: Reliance Center, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

RGICL/HL-ITC/Form IV

Reliance Inland Travel Care Insurance Policy – Premium Schedule

Rail Travel Plan

(Amount in Rs.)

Duration Slabs	50,000	1 Lakh	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
1-7 Days	11	17	30	50	83	99
8-14 Days	21	33	58	93	156	194
15-21 Days	35	49	89	145	247	292
22-30 days	48	66	121	206	358	419

Plans for Individuals/Families

Plan A

(Amount in Rs.)

Trip Duration	50,000	1 Lakh	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
1-7 days	60	73	85	94	111	146
8-14 days	71	83	95	104	119	152
15-21 days	78	90	103	112	127	161
22-28 days	89	102	109	119	138	169
29-35 days	93	107	116	128	142	174
36-42 days	101	115	122	135	151	187
43-49 days	106	122	127	143	154	193
50-56 days	112	128	136	149	168	207
57-63 days	120	132	145	154	173	222
64-70 days	126	138	150	160	179	229
71-77 days	132	146	156	165	188	234
78-84 days	140	151	163	174	201	245
85-91 days	147	157	168	181	212	258

RELIANCE General Insurance

Anil Dhirubhai Ambani Group

Annexure IV

A Reliance Capital Company

Plan B

(Amount in Rs.)

Trip Duration	1 Lakh	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
1-7 days	82	93	103	124	158
8-14 days	92	105	112	132	166
15-21 days	102	114	121	141	177
22-28 days	112	121	129	150	187
29-35 days	122	131	136	159	198
36-42 days	130	137	143	168	211
43-49 days	135	143	150	177	222
50-56 days	140	148	156	184	231
57-63 days	144	154	166	195	244
64-70 days	150	160	175	204	255
71-77 days	156	165	184	213	264
78-84 days	160	171	193	222	274
85-91 days	168	176	201	231	286

Plan C

(Amount in Rs.)

Trip Duration	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
1-7 days	101	115	134	170
8-14 days	115	126	144	180
15-21 days	123	135	154	188
22-28 days	131	146	165	204
29-35 days	142	153	172	213
36-42 days	155	160	182	228
43-49 days	163	168	193	237
50-56 days	166	178	202	248
57-63 days	175	188	214	261
64-70 days	179	199	225	271
71-77 days	187	206	232	285
78-84 days	194	214	240	299
85-91 days	200	222	250	312

Plan D

(Amount in Rs.)

Trip Duration	3 Lakhs	4 Lakhs	5 Lakhs
1-7 days	130	147	186
8-14 days	141	155	197
15-21 days	149	164	207
22-28 days	161	177	217
29-35 days	174	189	230
36-42 days	186	199	250
43-49 days	196	209	258
50-56 days	203	218	268
57-63 days	210	228	286
64-70 days	216	238	303
71-77 days	223	251	315
78-84 days	229	262	324
85-91 days	237	269	331

Premium Calculation for Family Plan

Additional Premium will be collected depending on the family members (limited to self, spouse and two dependent children under the age of 21 years) to be covered under the Plan. The premium based on the Sum Insured opted and the duration of travel as per the above chart will be loaded by:

40% - in case of coverage for spouse

25% - in case of coverage of a child below 21 years of age

The additional premium so calculated will be added to the premium as per the chart above and this will be the collective premium for the family

Plans for Corporates

Plan E

(Amount in Rs.)

Trip Duration	50,000	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh
1-7	89	105	118	138	156	200
8-14	102	121	134	152	166	214
15-21	110	134	144	159	174	224
22-28	115	148	152	174	191	237
29-35	124	158	165	188	205	248

RELIANCE General Insurance

Anil Dhirubhai Ambani Group

A Reliance Capital Company

36-42	137	164	175	204	217	272
43-49	144	175	186	210	225	274
50-56	149	183	198	221	239	290
57-63	157	185	201	227	247	312
64-70	162	199	216	234	258	322
71-77	169	200	221	241	273	339
78-84	184	209	235	244	280	345
85-91	193	217	246	254	290	357

Premium Rates for Annual Multi-trip Plan for Emergency Medical Expenses Benefit

(Rate per mille)

Age	30 days	45 days	60 days	90 days
0-40	79.56	99.45	118.57	138.46
41-60	105.57	131.58	156.82	182.83
61-70	155.29	192.01	229.5	266.98
71-80	235.62	292.23	348.84	405.45

Plans for Jet Airways Customers

Plan F

Elite Plan : Policy is valid for round trip on Jet airways only. The validity stands for actual round trip journey time upto 30 days.

Premium- Rs.100.00 (Inclusive of Service Tax)

Standard Plan : Policy is valid for round trip on Jet airways only. The validity stands for actual round trip journey time upto 30 days

Premium- Rs.75.00 (Inclusive of Service Tax)

Flexi Plan

Per-day Premium Rates for Emergency Medical Expenses Benefit

(Rate per Mille per Day)

Age	Premium Rate (In Rs.)
0-40	0.008
41-60	0.012
61-70	0.018

RELIANCE General Insurance

Anil Dhirubhai Ambani Group

A Reliance Capital Company

71 - 80	0.0275
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Premium Loading Percentages for Additional Benefits

Benefits	Premium Loading (%)
Family Assistance Consequent to PA	2%
Compassionate Return Trip by the Insured	2%
Emergency Medical Expenses	10%
Emergency Dental Expenses	2.50%
Hospital Daily Cash	2%
Loss of Driving Licence/Train & Air Tickets	2%
Total Loss of checked baggage	1.00%
Personal Liability	5%
Home burglary Insurance	1%
Liability arising from Loss of Credit Card	2.5%
Emergency Accommodation Expenses	1%
Trip Delay	1%
Trip cancellation & Interruption	1 %
Missed Connection	1%
Pet Care	2%

RELIANCE General Insurance

Anil Dhirubhai Ambani Group

Annexure IV

A Reliance Capital Company

Financial Emergency Assistance	2%
Bail Bond	2%
Legal Expenses	3%
Hijack Distress Allowance	4%
Catastrophe	2%
Loss or Damage to Business Equipment	2%
Alternative Employee or Resumption of Assignment expenses	2%

The Product is filed as Class Rated product and individually rated product.

Product for Individuals and families (upto 91 days) will be class rated product

Product for Individuals and families (beyond 91 days) will be individually rated product

Product for Corporates will be individually rated product

Annual Multi trip Product will be individually rated product



For Rail Travel

Benefits	Sum Insured (In Rs.)					
Personal Accident	50,000	100,000	200,000	300,000	400,000	500,000
Emergency Medical expenses, Emergency Evacuation and Repatriation	25,000	50,000	50,000	75000	75000	1,00,000
Home Burglary	50,000	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
Hospital Cash	125 per day/5 days	250 per day/5 days	250 per day/5 days	500 per day/5 days	500 per day/5 days	500 per day/5 days

Plan A - For Individuals/Families

Benefits	Sum Insured (In Rs.)					
	50,000	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
Personal Accident	50,000	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
Family Assistance consequent to PA	5000	10000	20000	30000	40000	50000
Compassionate return trip by the Insured	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Medical expenses, Emergency Evacuation and Repatriation	50,000	1,00,000	1,00,000	1,50,000	2,00,000	2,50,000
Compassionate visit by a Family Member	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Dental	2,500	5,000	10,000	15,000	20,000	25,000
Hospital Daily Cash	Rs.500 per day/7 days	Rs. 750 per day/7 days	Rs. 750 per day/7 days	Rs. 750 per day/7 days	Rs 1000 per day/7 days	Rs 1000 per day/7 days
Loss of Driving Licence / Train & Air Tickets	10,000	10,000	12,500	12,500	15,000	15,000
Total Loss of checked baggage	2500	5000	5000	7500	7500	10000
Personal Liability	50,000	1,00,000	1,00,000	1,50,000	200,000	2,50,000
Home Burglary	50,000	1,00,000	1,00,000	1,50,000	1,50,000	2,00,000
Liability arising from Loss of Credit Card	2,500	5,000	10,000	15,000	20,000	25,000
Emergency Accommodation Expenses (Rail/Flight)	1000 per day/ 3 days	1500 per day/3 days	1500 per day/3 days	1750 per day/3 days	1750 per day/3 days	2000 per day/ 3days

Plan B - For Individuals/Families

Benefits	Sum Insured (In Rs.)				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
Personal Accident	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
Family Assistance consequent to PA	10000	20000	30000	40000	50000
Compassionate return trip by the Insured	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Medical expenses, Emergency Evacuation and Repatriation	1,00,000	1,00,000	1,50,000	2,00,000	2,50,000
Compassionate visit by a Family Member	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Dental	5,000	10,000	15,000	20,000	25,000
Hospital Daily Cash	Rs. 750 per day/7 days	Rs. 750 per day/7 days	Rs. 750 per day/7 days	Rs 1000 per day/7 days	Rs 1000 per day/7 days
Loss of Driving Licence / Train & Air Tickets	10,000	12,500	12,500	15,000	15,000
Total Loss of checked baggage	5000	5000	7500	7500	10000
Personal Liability	1,00,000	1,00,000	1,50,000	200,000	2,50,000
Home Burglary	1,00,000	1,00,000	1,50,000	1,50,000	2,00,000
Liability arising from Loss of Credit Card	5,000	10,000	15,000	20,000	25,000
Emergency Accomodation Expenses (Rail/Flight)	1500 per day/3 days	1500 per day/3 days	1750 per day/3 days	1750 per day/3 days	2000 per day/3days
Trip Delay	2500	5000	7500	10000	12500
Trip Cancellation & Interruption	2500	5000	7500	10000	12500
Missed Connection	2500	5000	7500	10000	12500

Plan C - For Individuals/Families

Benefits	Sum Insured (In Rs.)			
	2,00,000	3,00,000	4,00,000	5,00,000
Personal Accident	2,00,000	3,00,000	4,00,000	5,00,000
Family Assistance consequent to PA	20000	30000	40000	50000
Compassionate return trip by the Insured	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Medical expenses, Emergency Evacuation and Repatriation	1,00,000	1,50,000	2,00,000	2,50,000
Compassionate visit by a Family Member	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Dental	10,000	15,000	20,000	25,000
Hospital Daily Cash	Rs. 750 per day/7 days	Rs. 750 per day/7 days	Rs 1000 per day/7 days	Rs 1000 per day/7 days
Loss of Driving Licence / Train & Air Tickets	12,500	12,500	15,000	15,000
Total Loss of checked baggage	5000	7500	7500	10000
Personal Liability	1,00,000	1,50,000	200,000	2,50,000
Home Burglary	1,00,000	1,50,000	1,50,000	2,00,000
Liability arising from Loss of Credit Card	10,000	15,000	20,000	25,000
Emergency Accommodation Expenses (Rail/Flight)	1500 per day/3 days	1750 per day/3 days	1750 per day/3 days	2000 per day/ 3days
Trip Delay	5000	7500	10000	12500
Trip Cancellation & Interruption	5000	7500	10000	12500
Missed Connection	5000	7500	10000	12500
Pet Care at Home	1500	1500	2000	2500
Financial Emergency Assistance	5000	7500	10000	12500
Bail Bond	15000	25000	25000	50000
Legal Expenses	15000	15000	20000	25000

Plan D - For Individuals/Families

Benefits	Sum Insured (In Rs.)		
Personal Accident	3,00,000	4,00,000	5,00,000
Family Assistance consequent to PA	30000	40000	50000
Compassionate return trip by the Insured	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Medical expenses, Emergency Evacuation and Repatriation	1,50,000	2,00,000	2,50,000
Compassionate visit by a Family Member	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Dental	15,000	20,000	25,000
Hospital Daily Cash	Rs. 750 per day/7 days	Rs 1000 per day/7 days	Rs 1000 per day/7 days
Loss of Driving Licence / Train & Air Tickets	12,500	15,000	15,000
Total Loss of checked baggage	7500	7500	10000
Personal Liability	1,50,000	200,000	2,50,000
Home Burglary	1,50,000	1,50,000	2,00,000
Liability arising from Loss of Credit Card	15,000	20,000	25,000
Emergency Accomodation Expenses (Rail/Flight)	1750 per day/3 days	1750 per day/3 days	2000 per day/ 3days
Trip Delay	7500	10000	12500
Trip Cancellation & Interruption	7500	10000	12500
Missed Connection	7500	10000	12500
Pet Care at Home	1500	2000	2500
Financial Emergency Assistance	7500	10000	12500
Bail Bond	25000	25000	50000
Legal Expenses	15000	20000	25000
Hijack Distress Allowance	25000	25000	50000
Catastrophe	15000	20000	25000

Plan E - For Corporates

Benefits	Sum Insured (In Rs.)					
	50,000	100,000	200,000	300,000	400,000	500,000
Personal Accident	50,000	100,000	200,000	300,000	400,000	500,000
Family Assistance consequent to PA	5000	10000	20000	30000	40000	50000
Compassionate return trip by the Insured	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Medical expenses	50,000	1,00,000	1,00,000	1,50,000	2,00,000	2,50,000
Compassionate visit by a Family Member	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 10,000	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 12,500	Return trip expenses for the Insured limited to 15,000	Return trip expenses for the Insured limited to 15,000
Emergency Dental	2,500	5,000	10,000	15,000	20,000	25,000
Hospital Daily Cash	Rs.500 per day/7 days	Rs. 750 per day/7 days	Rs. 750 per day/7 days	Rs. 750 per day/7 days	Rs 1000 per day/7 days	Rs 1000 per day/7 days
Loss of Driving Licence / Train & Air Tickets	10,000	10,000	12,500	12,500	15,000	15,000
Total Loss of checked baggage	2500	5000	5000	7500	7500	10000
Personal Liability	50,000	1,00,000	1,00,000	1,50,000	200,000	2,50,000
Home Burglary	50,000	1,00,000	1,00,000	1,50,000	1,50,000	2,00,000
Liability arising from Loss of Credit Card	2,500	5,000	10,000	15,000	20,000	25,000
Emergency Accommodation Expenses (Rail/Flight)	1000 per day/ 3 days	1500 per day/3 days	1500 per day/3 days	1750 per day/3 days	1750 per day/3 days	2000 per day/ 3days
Trip Delay	1250	2500	5000	7500	10000	12500
Trip Cancellation & Interruption	1250	2500	5000	7500	10000	12500
Missed Connection	1250	2500	5000	7500	10000	12500
Pet Care at Home	750	1000	1500	1500	2000	2500
Financial Emergency Assistance	1250	2500	5000	7500	10000	12500
Bail Bond	10000	10000	15000	25000	25000	50000
Legal Expenses	5000	10000	15000	15000	20000	25000
Hijack Distress Allowance	7500	10000	15000	25000	25000	50000
Catastrophe	2500	5000	10000	15000	20000	25000
Loss or damage to business equipment	10000	15000	25000	25000	50000	75000
Alternative Employee or Resumption of Assignment expenses	5000	7500	10000	10000	15000	15000

Plan F - For Jet Airways Customers

Benefits	Sum Insured (In Rs.)	
	Elite Plan (Jet Airways Privilege Members)	Standard Plan (All Jet Airways Customers)
Personal Accident	20,00,000	10,00,000
Emergency Medical Expenses	2,00,000	1,00,000
Trip Cancellation	Upto original cost of flight	Upto original cost of flight
Trip Delay	Rs 1,500 per 6-hr delay period, up to Rs 10,500	Rs 1,500 per 6-hr delay period, up to Rs 10,500
Missed Connection	Rs 1,500 per 6-hr delay period, up to Rs 10,500	Rs 1,500 per 6-hr delay period, up to Rs 10,500
Trip Interruption	Upto original cost of flight	Upto original cost of flight
Emergency Evacuation and Repatriation of Remains	5,00,000	5,00,000
Total Loss of Checked Baggage	15,000	7,500

Flexi Plan - For Corporates

Benefits	Sum Insured
Personal Accident	As Opted by the Corporate
Family Assistance consequent to PA	
Compassionate return trip by the Insured	
Emergency Medical expenses	
Compassionate visit by a Family Member	
Emergency Dental	
Hospital Daily Cash	
Loss of Driving Licence / Train & Air Tickets	
Total Loss of checked baggage	
Personal Liability	
Home Burglary	
Liability arising from Loss of Credit Card	
Emergency Accommodation Expenses (Rail/Flight)	
Trip Delay	
Trip Cancellation & Interruption	
Missed Connection	
Pet Care at Home	
Financial Emergency Assistance	
Bail Bond	
Legal Expenses	
Hijack Distress Allowance	
Catastrophe	
Loss or damage to business equipment	
Alternative Employee or Resumption of Assignment expenses	

**Reliance Inland Travel Care Insurance Policy
Claim Form**

Certificate/ Policy No: _____ Period: From _____ to: _____

Details of the Insured

Name : _____

Communication Address: _____

Email Id : _____

Telephone No: _____ Mobile No: _____

Details of the Insured Person

Name : _____

Communication Address: _____

Email Id : _____

Telephone No: _____ Mobile No: _____

Name of the common carrier: _____

Flight No. / Train No. _____

From: _____ To: _____

Please fill in the necessary details against the benefit(s) you are claiming against:

Medical Emergency, Personal Accident and Dental Treatment Benefit

If accident, details of accident i.e. how, when, where it took place: _____

Date: _____ Place: _____

If sickness, state nature and diagnosis, and advise when & where symptoms first occur _____

Cause of the accident/illness: _____

Date: _____ Place: _____

Name & Address of consulting physician: _____

Have you ever been treated for this illness before: Yes/No _____

If yes, provide name & address of consulted physician: _____

Period of Hospitalization: From: ___/___/___ To: ___/___/___

Name & address of your family physician: _____

Please provide name of any prescription medicine you are presently taking: _____

Please indicate other health insurance coverages, including name, address, policy number & certificate number of insurer: _____

Details of Expenses	In/ Out Patient		Charges	Rupees
	From	To		
			Paid	
			Outstanding	
			Total Due	

Has the Emergency Assistance Service Provider been contacted: Yes/No

If no, give reasons: _____

Repatriation of Remains/Emergency Evacuation

Has the Emergency Assistance Service Provider been notified ? Yes/No

If no, please specify the reason for the same: _____

Date of Departure: ___/___/___ Flight No: _____ From: _____ To: _____

Date of Arrival: ___/___/___ Flight No: _____ From: _____ To: _____

In case of a claim for repatriation of remains:

Cause of Death: _____

Date of Death: ___/___/___ Loss Location: _____

In case of a claim for emergency evacuation:

Cause of disease/illness/injury leading to evacuation: _____

Date of injury /Commencement of disease/illness: __/__/__

Loss Location: _____

Details of Expenses Incurred	Date	Place	Amount
Total			

Accidental Death & Dismemberment

When did the accident happen? |_|_|_|_|_|_|_|_| _____ A.M./P.M.

Date & time of death |_|_|_|_|_|_|_|_| _____ A.M/P.M

Location _____

Full description of the accident how, where it took place: _____

Nature and extent of loss: _____

Amount claimed: _____

Name and Address of Witness 1 : _____

Name and Address of Witness 2 : _____

Name of the Hospital/Nursing Home where the Insured/Insured Person was treated after the accident: _____

Address: _____

Email: _____

Fax: _____ Telephone: _____

Name of the Physician/ Surgeon who attended on the Insured/Insured Person after the accident: _____

Email: _____

Fax: _____ Telephone: _____

Have the Police Authorities been informed of this accident?

ATTENDING PHYSICIAN'S STATEMENT
(To be filled up the attending doctor)

Name of the Patient : _____ Age: _____

Address : _____

Email Id: _____ Phone No: _____

Date contacted: _____ Time: _____

Diagnosis and Treatment given for disease/illness/injury: _____

Details of investigation done: _____

For accidental injury

Does the cause of accident as stated by the Insured/Insured Person tally with the injuries noticed by you? _____

Describe any other disease or infirmity affecting present condition: _____

Was the injured person suffering from any disease/injury which may have contributed to the accident or likely to aggravate his/her condition: _____

Was the patient under the influence of alcohol or intoxicants or drugs at the time of accident? _____

Has this accident been reported to the Police Authorities? Yes/No

If yes, Case No: _____ Police Station _____

For Disease/Illness

When did the patient's symptoms first appear _____

Cause of the disease/illness _____

Describe any other disease or infirmity affecting present condition: _____

Was the disease/illness caused and/or aggravated due to any pre-existing condition? If yes, please give the necessary details: _____

Is the condition due to pregnancy? Yes/No

If Hospitalized, please provide the following details:

Name of Hospital/ Clinic where treatment was given: _____

Address: _____

Period of Hospitalization: From ___/___/___ to ___/___/___

Email Id: _____ Telephone No _____

Name of the attending doctor: _____

Address _____

Email Id: _____ Telephone/Mobile No _____

Doctor's Signature

Date:

Regn No:

Compassionate Visit

(By Family Member)

Name, address and telephone number of Hospital /Nursing Home where treatment is being given:

Name of the treating doctor: _____

Telephone Number of the treating doctor _____

Details of disease/illness: _____

Date of onset of disease/illness: ___/___/___ Date of Hospitalization: ___/___/___

Was the disease/illness caused due to / aggravated by reason of a pre-existing condition:

Opinion of the treating doctor on how many days more the patient would require hospitalization: _____

Opinion of the treating doctor on the why the patient cannot be sent back to his place of residence for hospitalization

Name of the common carrier: _____

Flight / Train No. _____

From: _____ To: _____

Total Loss Checked Baggage

Date: ___/___/___ Time: ___:___ hrs Location: _____

Was the common carrier notified at the time of loss? Yes No

Reference Number of Notification - _____

(Please submit the expense details in the Expenses Table given provided hereunder)

Details of Expenses Incurred	Date	Place	Amount
Total			

Loss of Driving License & Train & Air Tickets

Date: ___/___/___ Time: ___:___ hrs Location: _____

Please specify which of the items have been lost:

Driving License Train / Air Tickets

Please provide details of the incident; _____

In case of loss of driving license, please specify the following

Driving License Number: _____

In case of loss of Train/Air Tickets, please specify the following

Train Details / Flight Details: _____

Details of Police Report (please attach copy): No: _____

Date: ___/___/___ Location: _____

(Please submit the expense details in the Expenses Table given provided hereunder)

Details of Expenses Incurred	Date	Place	Amount
Total			

**Trip Delay/Cancellation/Interruption/Missed Connection/Emergency
Accommodation**

Scheduled date/time of Arrival: __/__/____ __:____ Hrs

Actual date/time of Arrival: __/__/____ __:____ Hrs

Number of Hours delayed: _____

Reason for Trip delay/Cancellation/Interruption/Missed connection :

Whether accomodation & boarding provided by carrier ? : Yes No

Expenses Table

Details of Expenses	Date	Place	Cost
		Total	
Less Compensation received from airline			
Net amount			

* In case of Delay, please provide details of purchases made

* In case of Loss, please provide details of items lost

Hijacking

Date and time of Hijack: _____ Date & time of Release: _____

Port of Hijack: _____ Port of Release: _____

Please provide details of incident: _____

Personal Liability

Please provide details of injury/ property damaged: _____

Details of amount claimed: _____

Any other information you would like us to have: _____

Financial Emergency

Date of Loss: ___/___/___ Time: ___:___ Hrs

Reason for Loss: _____

Burglary & Housebreaking

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

State address of the premises at which the loss occurred: _____

How was the said premises occupied? _____

Date and time of loss : _____

When discovered and by whom? _____

How was entry to/ exit from the premises effected? _____

Which portion of the premises was affected by the entry or exit? _____

Please give brief details of how exactly the loss occurred. (Please specify overleaf the articles stolen and property, if any, damaged.) _____

Has a complaint been lodged with the police? Yes/No

If so, by whom and when and at which Police Station? _____

Please attach a copy of the Police Complaint.

Note: If this is not yet done, this may be done immediately and a copy thereof furnished to the Company.

Please state the total value of property upon the premises at the time of loss: _____

Please state the amount of fire insurance upon such property and name(s) of the Insurer (s).

Is there any other insurance against the present loss under any other Policy? Yes/No

If so, please give full particulars _____

Declaration

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Details of Articles Stolen, Property Damaged
--

In case of insufficient space, please attach a separate sheet.

Bail Bond

Name and contact details of the detaining Authority: _____

The offence for which the Insured/Insured Person was in custody: _____

Is the offence bailable as per the law of the country Yes.No

Legal Expenses

Date of loss: ___/___/___

Nature of loss --- Death, Illness Injury.

Cause of loss --- _____

Total expenses incurred : _____

Pet Care

Date of injury: ___/___/___

Cause of injury-

Total expenses incurred : _____

Catastrophe

Date of loss: ___/___/___

Nature of loss - _____

Total expenses incurred : _____ (Travel, Hotels accommodation).

Alternative Employee or Resumption of Assignment expenses

Date of loss: ___/___/___

Nature of loss _____

Cause of loss _____

a) Traveling expense towards deployed person _____

b) Return Travel expenditure towards Insured/Insured Person _____

Business Equipment Cover

