## Emergency Medical Expenses (IRDAN108RP0003V02200001/A0047V01201920)

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

What	is	Cov	ere	d:
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	We will pay emergency medical expenses incurred by You for treatment of bodily injury sustained by You / Driver / occupants of the vehicle in direct connection with the insured vehicle whilst mounting and dismounting from or driving or travelling in the insured vehicle or road rage and caused by violent, accidental external and visible means and required treatment is taken in a Hospital / Nursing Home.
	We will pay Ambulance Charges, up to the Sum Insured specified in the schedule, incurred by You towards transportation of You / driver / occupants to the Hospital post suffering bodily injury.
	We will also pay the cost of supporting items, such as crutches, wheelchair, artificial limbs, etc, which become necessary after an accident, up to a maximum amount of Rs. 5,000 or 5% of the Sum Insured opted by <i>You</i> , whichever is less.
	Our liability per person during the <i>period of insurance</i> shall be limited to sum insured as specified in the schedule for persons not exceeding the maximum licensed seating capacity of the vehicle.
What	is not Covered:
	Any expenses related to a sickness, disease or medical disorder not directly consequential to accident.
	Any expenses towards psychosomatic disorders of any kind, whether caused or accentuated by accident or otherwise.
	Any physiotherapy treatment.

 $\hfill \Box$  Expenses, if the treatment is started after 5 days from the date of Accident

the attending Medical Practitioner / Hospital / Nursing Home.

Not more than sum-insured per person as mentioned in the schedule during any one year of policy.

□ Any expense not supported by an original and valid bill / receipt and related prescription of

□ Any expense arising or resulting from or traceable to intentional self injury, suicide or attempted suicide, physical defect or infirmity.

□ Any expense arising or resulting from or traceable to an accident happening whilst *You /* Driver are under the influence of intoxicating liquor or drugs.

□ Any expenses in respect of a person who is not legally permitted to travel in the vehicle as per provisions of relevant applicable laws.

Subject otherwise to the terms exceptions condition & limitations of the policy.