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Know Your Policy Better

Policy Terms and Conditions

Preamble

The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured/Insured Persons (also referred as You) and Care Health insurance Ltd. (also referred as Company/We/Us). The references to the singular include references to the plural; references to the male include the references to the female; and references to any statutory enactment include subsequent changes to the same and vice versa. For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries.

In consideration of the premium paid by the Policy Holder, subject to the terms & conditions, exclusions and limitations contained herein, the Company agrees to pay/indemnify the Insured Person(s), the amount of such expenses that are reasonably and necessarily incurred in excess of any Deductible/Time Excess and up to the limits specified against respective Benefits in any Policy Year and in accordance with the Policy terms and conditions.

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct and the Claims if any arise under the Policy will be dealt with based on Proposal/Policy details

1. Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate.

- 1.1. **Accident/ Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2. **Actual departure time:** Actual departure time is the time the parking brakes of the Common Carrier are released and it departs from the parking gate/parking bay. Any delay in taxi or any other delay at Tarmac post for release of parking brakes will not be included for calculation of the Trip Delay cover
- 1.3. **Acute pain** shall mean unexpected and sudden pain that requires immediate treatment.
- 1.4. **Age** means the completed age (in years) of the Insured Person as on his last birthday.
- 1.5. **Ambulance** means a road vehicle operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- 1.6. **Annual Multi Trip Policy** means a Policy under which there can be more than one Period of Insurance during the Policy Period, subject to the maximum trip duration, per trip, as specified on the Policy Schedule.

- 1.7. **Any One Illness** means a continuous Period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital / nursing home where the treatment may have been taken.
- 1.8. **Assistance Service Provider** means the service provider specified in the Policy Schedule appointed by the Company from time to time.
- 1.9. **Cashless facility** means a facility extended by the Company to the Insured Person where the payments, of the costs of treatment undergone by the Insured Person in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Company to the extent pre-authorization approved.
- 1.10. **Checked-in Baggage** means the baggage offered by the Insured Person and accepted for custody by a Common Carrier for international transportation for which the Common Carrier has provided a baggage receipt/tag, and the contents of the baggage checked-in by the Insured Person so long as such contents do not violate any policy or rule restricting the nature of items that may be carried on board. This shall exclude all the items that are carried/transported under a contract of affreightment.
- 1.11. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of Benefits in respect of the Insured Person.
- 1.12. **Company** means Care Health Insurance Limited.
- 1.13. **Common Carrier** means any civilian land or water conveyance or scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket.
- 1.14. **Condition Precedent** shall mean a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
- 1.15. **Congenital Anomaly**
Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - (i) **Internal Congenital Anomaly** means Congenital Anomaly which is not in the visible and accessible parts of the body.
 - (ii) **External Congenital Anomaly** means Congenital Anomaly which is in the visible and accessible parts of the body.
- 1.16. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured
- 1.17. **Contribution** is essentially the right of the Company to call upon other insurers liable to the same Insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured.
- 1.18. **Country of Residence** means the country in which the Insured Person is currently residing and as specified in the Policy Schedule.

1.19. **Day Care Center**

A day care center means any institution established for day care treatment of illness

and/or injuries or a medical setup with a hospital and which has been registered with the

local authorities, wherever applicable, and is under supervision of a registered and

qualified medical practitioner AND must comply with all minimum criterion as under –

- i) has qualified nursing staff under its employment;
- ii) has qualified medical practitioner/s in charge;
- iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
- iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

1.20. **Day Care Treatment:**

Day care treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

1.21. **Deductible**

A Deductible is a cost-sharing requirement under this Policy that provides that the Company will not be liable for a specified rupee amount in case of indemnity policies or for the period of time stated in the Schedule before any benefits are payable by the Company. A Deductible does not reduce the Sum Insured.

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

1.23. **Dependent Child** means a child (natural or legally adopted), who is:

- (a) Financially dependent on the Policyholder;
- (b) Does not have his independent sources of income; and
- (c) Has not attained Age 25 years.

1.24. **Disclosure to Information Norm** means this Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

1.25. **Emergency** means a medical condition arising out of any Illness or Injury contracted by the Insured Person and declared and certified by the Medical Practitioner, attending to the Insured Person, that immediate treatment is required to save the life of the Insured Person.

1.26. **Emergency Care** means management for an illness or

injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured Person's health.

1.27. **Geographical Scope** means the countries or geographical boundaries in which the coverage under the Policy is valid as specified in the Policy Schedule.

1.28. **Hazardous Activities** (or Adventure sports) means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

1.29. **Hijack** means any unlawful seizure or exercise of control, by force or violence or threat of force or violence of the Common Carrier in which the Insured Person is travelling.

1.30. **Hospital** means any institution established for in-patient care and day care treatment of Injury and/or Illness and which has been registered as a Hospital or a clinic as per law rules and/or regulations applicable for the country where the contingency arises.

The term Hospital shall not include a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics or a hotel, health spa or massage center or the like.

1.31. **Hospitalization** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

1.32. **Identity Proof** means valid Passport, Aadhar Card, Driving license, PAN card, Voter Identity card or any other government recognized identification document.

1.33. **Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Period of Insurance and requires medical treatment.

(a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- (c) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
 - (d) It needs ongoing or long-term control or relief of symptoms;
 - (e) It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - (f) It continues indefinitely;
 - (g) It recurs or is likely to recur.
- 1.34. **Immediate Family Member** means an Insured Person's lawful spouse, children and parents only.
- 1.35. **Injury** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible means which is verified and certified by a Medical Practitioner.
- 1.36. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 1.37. **Insured Person (Insured)** means a person whose name specifically appears under Insured in the Policy Schedule and with respect to whom the premium has been received by the Company.
- 1.38. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 1.39. **ICU Charges: ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges
- 1.40. **Life Threatening Medical Condition** means a medical condition suffered by the Insured Person which has the following characteristics:
- (a) Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or
 - (b) Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or
 - (c) Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ failures and requires interpretation of multiple physiological parameters and application of advanced technology; or
 - (d) Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department; and certified by the attending Medical Practitioner as a Life Threatening Medical Condition.
- 1.41. **Maternity expenses:** shall include—
- (a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - (b) Expenses towards lawful medical termination of pregnancy during the policy period.
- 1.41. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
- 1.42. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually been incurred for medical treatment on account of Illness or Accident on the advice of the Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.43. **Medical Practitioner** means a person who holds a valid registration from the competent authority as per law rules and/or regulations applicable for the country where the contingency arises and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. This Person should not be the insured person him/herself or an Immediate Family Member of the Insured or the Insured Person's employer/business Partner.
- 1.44. **Medically Necessary** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which
- (a) Is required for the medical management of the Illness or Injury suffered by the Insured Person;
 - (b) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - (c) Must have been prescribed by a Medical Practitioner;
 - (d) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 1.45. **Minor Child** shall mean any child who undertook the trip and is below the age of 18 years at the starting of Period of Insurance.
- 1.46. **Network Provider** means the Hospitals or health care providers enlisted by the Company or by its Assistant Service Provider and the Company together to provide medical services to the Insured on payment by a Cashless Facility.
- 1.47. **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Policyholder is deceased.
- 1.48. **Notification of Claim (Intimation)** is the process of notifying a Claim to the Company or Assistant Service Provider through any of the recognized modes of communication

1.49. **OPD treatment** is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

1.50. **Period of Insurance** means a period within the Policy Period which commences when the Insured Person first boards the Common Carrier by which it is intended that he shall finally leave the Country of Residence and expires automatically on the earliest of:

- (a) the actual date on which the Insured returns to the Country of Residence; or
- (b) Policy Period End Date; or
- (c) the expiry of the "Total no. of Travel days" specified in the Policy Schedule from the commencement of the Period of Insurance if the Policy is a Single Trip Policy or the expiry of the "Maximum Trip Duration" specified in the Policy Schedule from the commencement of the Period of Insurance if the Policy is an Annual Multi Trip Policy

The Policy Schedule shall specify whether the Policy is a Single Trip Policy or an Annual Multi Trip Policy.

1.51. **Physical separation of a hand or foot** means actual severance of hand at or above the wrist, and of foot at or above the ankle.

1.52. **Place of Destination** means the destination place where the journey of the Insured Person, forming part of the Trip, is scheduled to be concluded through a Common Carrier.

1.53. **Place of Origin** means the starting point / place from where the Insured Person's Trip is scheduled to be undertaken through a Common Carrier by which he finally leaves the Country of Residence.

1.54. **Place of Residence** means the dwelling place that the Insured Person is normally and presently resident in as specified as the correspondence address of the Policyholder in the Policy Schedule.

1.55. **Policy** means these Policy Terms & Conditions, the Proposal Form, Policy Schedule and Annexures which form part of the policy contract and shall be read together.

1.56. **Policy Schedule** means the Schedule attached to and forming part of this Policy.

1.57. **Policyholder** means the person named in the Policy Schedule as the Policyholder.

1.58. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Schedule.

1.59. **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Schedule.

1.60. **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Schedule.

1.61. **Pre-existing Disease** means any condition, ailment or Injury or related condition(s) for which the Insured Person had signs or symptoms, and / or were diagnosed, and / or received Medical Advice / treatment within 48 months to prior to the first policy issued by the Company.

1.62. **Reasonable and Customary Charges** means the charges

for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

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

1.64. **Scheduled departure time:** Scheduled departure time of the Common Carrier is the departure time declared by the Common Carrier 6 hours before the actual departure time or as stated in the original ticket (whichever is later)

1.65. **Single Trip Policy** means a Policy under which there cannot be more than one Period of Insurance during the Policy Period.

1.66. **Sound Natural Teeth** means natural teeth that are either unaltered or are fully restored to their normal function and are disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

1.67. **Sum Insured** means the amount specified against each Insured Person in the Policy Schedule which represents the Company's maximum, total and cumulative liability for that Insured Person for any and all Claims incurred in respect of that Insured Person during the Policy Period.

1.68. **Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source

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

1.70. **Terrorism/Terrorist Incident** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

1.71. **Time Excess:** Time before/after (as the case may be) when our claim liability doesn't trigger. This refers to specified time period which needs to elapse/pass before or after (as the case may be) to make us liable for benefit payment under the policy.

1.72. **Travelling Companion:** means named person(s) who is/are booked from the start of the Trip or joins the Insured person during the Period of insurance

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

1.74. **Valuables** shall mean and include photographic, audio, video, painting, computer (excluding softwares) and any other electronic equipment, telecommunications, professional equipment and electrical equipment,

telescopes, binoculars, antiques, watches, Perfumes, jewelry and gems, furs and articles made of precious stones and metals.

2. Benefits

General Conditions applicable to all Benefits:

- (a) Any Benefit shall be available only if the same is specifically mentioned in the Policy Schedule.
- (b) Admissibility of a Claim under In-Patient Care (Clause 2.1.1) is a pre-condition to the admission of a Claim under Benefit 2(Daily Allowance), Benefit 3(Compassionate Visit), Benefit 4(Return of Minor Child), Benefit 5(Up gradation to Business Class), .Optional(Life Threatening Condition for PED),Optional (Medical Expenses due to Accident only),Optional(Waiver of Deductible) Optional (Waiver of Sub-limit),Option of Co-Payment,Optional(Adventure Sports Cover) and the event giving rise to the Claim under In-Patient Care(Clause 2.1.1) shall be within the Period of Insurance for the Claim for such Benefit to be accepted.
- (c) The maximum liability of the Company for an Insured Person for any and all Claims incurring under this Policy during the Policy Period for an insured event or occurrence that occurs during the Period of Insurance in relation to that Insured Person shall not exceed the Sum Insured specifically mentioned against each & every Benefit individually in the Policy Schedule for that Insured Person. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.
- (d) The currency of the Sum Insured shall correspond to the currency mentioned for respective Benefits.
- (e) The Deductible/Time Excess and/or Co-payment amount specified in the Policy Schedule or as opted shall be borne by the Insured Person on each Claim .The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible/Time Excess and/or Co-payment (if applicable) on that Claim is exhausted.
- (f) Co-payment if opted will be applicable on each Claim for Hospitalization Expenses, Up-gradation to Business Class, Medical Evacuation, Life Threatening Condition for PED (if opted), Medical Expenses due to Accident only(if opted), Adventure Sports Cover(if Opted)
- (g) In case of Multi trip Policy is opted, then Optional Benefit 5: Refund of Visa fee cannot be opted.
- (h) Coverage offered under this Policy is same for Single trip and Multi trip plan

2.1. BENEFIT 1 : HOSPITALIZATION EXPENSES

2.1.1. In-patient Care

If the Insured Person is hospitalized for Emergency Care of

any Illness or Injury during the Period of Insurance, then the Company will indemnify the Medical Expenses incurred on Hospitalization up to the amount specified against this Benefit in the Policy Schedule provided that:

- (i) The Hospitalization is on the written advice of a Medical Practitioner; and
- (ii) The treatment for the Illness or Injury commences during the Period of Insurance and immediately after the diagnosis of the Illness or occurrence of the Injury
- (iii) Treatment is in line with the applicable treatment procedures at the treating country where the treatment is sought.
- (iv) For any Hospitalization less than 24 hours, any Claim under this Benefit will be treated as Day Care Treatment.

2.1.2. Extension to In-patient Care

Treatment at Country of Residence

- 1) If a Claim is admitted under Clause 2.1.1(In-patient Care), then the Company will indemnify the Medical Expenses incurred on In-patient Care (Clause 2.1.1) of the Insured Person in the Country of Residence if the Insured Person gets hospitalized within a maximum period of 30 consecutive days from the expiry of original Period of Insurance , provided that:
 - (i) The admission is required for the same Illness or Injury for which the Claim under Clause 2.1.1 was admitted; and
 - (ii) The Company's pre-authorization for hospitalization in the Country of Residence as specified under this Clause has been obtained or Company is intimated before the discharge in the Country of Residence.
 - 2) If a Claim is admitted under this Benefit, then the Company will indemnify the reasonable cost of economy airfare(less any cancellation or refund fees) for the Insured Person and one Travelling Companion to return to the Country of Residence from the place of occurrence of the Illness or Injury provided that:
 - (i) The Company shall pay only up to the most economical direct route airfare available on the date of the journey; and
 - (ii) The Company shall indemnify the costs of the Travelling Companion's airfare only if it is Medically Necessary and prescribed by the treating Medical Practitioner for a Travelling Companion to accompany the Insured Person;
- Note: In case any Claim has been admitted under Clause 2.1.2 (2) , then no Claim shall be admitted under Benefit 5(UPGRADATION OF BUSINESS CLASS)and Benefit 12(Trip Interruption).

All terms and conditions relating to claims related to In-patient Care only (Clause 2.1.1) applicable to the original policy period shall also apply in this Benefit

A. SUB-LIMITS

- (a) The Company's maximum liability under this Benefit for In-patient Care under an admissible Claim in respect of any

Insured Person shall be limited in accordance with the table below:

Medical Expense	Sub-limit
Room Rent including boarding and lodging	1.5% of the Sum Insured subject to a maximum of US \$ 2,000 per day / € 1,500 per day
ICU Charges	2% of the Sum Insured subject to a maximum of US \$ 3,000 per day / € 2,250 per day
Operation Theatre charges (including Surgeon Charges)	10% of the Sum Insured subject to a maximum of US \$ 20,000 per Claim / € 15,000 per Claim
Anesthesia	25% of the surgery cost payable
Ambulance Services	US \$ 500 per Claim / € 375 per Claim
Diagnostics and Radiology Services	US \$ 1,000 per Claim / € 750 per Claim
Medical Practitioners visit fees	US \$ 100 per visit / € 75 per visit subject to maximum of 10 visits per Claim
Miscellaneous Expenses	US \$ 1,000 per Claim / € 750 per Claim

(b) For the purpose of application of the above limits :

- (i) Surgery includes operation theatre charges, surgeon fees, implant charges and all other associated charges.
- (ii) Ambulance Services include cost of transportation of the Insured Person to the nearest Hospital and paramedic services.
- (iii) Miscellaneous Expenses includes but not limited to the cost of medicines, pharmacy or drugs supplies, nursing charges, external medical appliances as prescribed by a registered Medical Practitioner as necessary and essential as part of the treatment on actuals, blood storage and processing charges and any other services which are not specified above.

2.1.3. Out-Patient Treatment

If the Insured Person needs Out-Patient Treatment for Emergency Care of any Illness or Injury during the Period of Insurance and then the Company will reimburse the Medical Expenses and up to the amount specified against this Benefit in the Policy Schedule.

2.1.4. Additional Exclusions applicable to Benefit 1

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

- (i) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.
- (ii) Any type of pre-existing disease or illness or injury.
- (iii) Any treatment of orthopedic diseases or

conditions except for fractures, dislocations and / or Injuries suffered during the Period of Insurance.

- (iv) Degenerative or oncological (Cancer) diseases and Circumcision.
- (v) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or any institution which is not a Hospital or Day Care Center
- (vi) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient
- (vii) Treatment or surgery or any medical procedure (whether invasive or non-invasive) using a robotic surgical system.
- (viii) Expenses incurred will not be payable under following conditions:
 - Insured decides against the advice of Assistance Service Provider and his/her Medical Practitioner and not get admitted in the Hospital; or
 - Return to India after the date which was advised by our Assistance Service Provider and Insured's Medical Practitioner

2.2. BENEFIT 2 : DAILY ALLOWANCE

If the Insured Person is hospitalized as In-patient due to an Emergency for an Illness or Injury, the Company will reimburse the amount specified against this Benefit in the Policy Schedule for each continuous and completed period of 24 hours of hospitalization, post expiry of first 2 consecutive days of hospitalization, provided that:

- (i) Claim is admissible under In-Patient Care (Clause 2.1.1) ;and
- (ii) The Company will be liable to Pay for maximum 5 consecutive days of hospitalization.

2.3. BENEFIT 3 : COMPASSIONATE VISIT

The Company will reimburse, up to the amount specified against this Benefit in the Policy Schedule, the reasonable expenses incurred for the cost of a return economy class air ticket or equivalent by the most direct route from the Country of Residence of an Immediate Family Member (one adult) to the place of hospitalization of the Insured Person, provided that:

- (i) The claim is admissible under In-Patient Care (Clause 2.1.1) ;and
- (ii) The treating Medical Practitioner prescribes that the attendance of an Immediate Family Member is necessary Immediate Family Member (one adult) travel from the Country of Residence should commence within the period of hospitalization of the Insured for which period his/her presence is necessary; and
- (iii) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days; and
- (iv) The Immediate Family Member's return travel to the Country of Residence shall commence not later than the

date of the Insured Person's return to the Country of Residence; and

- (v) The claim under this Cover will be admissible provided that no adult member of Insured's Immediate Family is present at the place of Insured's hospitalization.

2.4. BENEFIT 4 : RETURN OF MINOR CHILD

The Company will reimburse the reasonable expenses up to the amount specified against this Benefit in the Policy Schedule, for the reasonable cost of an economy class air ticket or equivalent less any actual/possible refund of the scheduled return ticket of the Minor Child Incurred for sending the Minor Child back to the Country of Residence in the unfortunate event of death of the Insured whilst abroad during the Period of Insurance or the Insured being admitted as In-patient consequent upon any Injury sustained and / or Illness, contracted at any place being part of the trip hereunder provided that:

- (i) The claim is admissible under In-Patient Care (Clause 2.1.1); and
- (ii) The Insured Person's child is covered under this Policy as Insured Person or is covered under a different Policy of the same Product issued by the Company for the overlapping Period of Insurance; and
- (iii) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days; and
- (iv) The claim under this Cover will be admissible provided that no adult member of Insured's Immediate Family is present at the place of Insured's hospitalization; and
- (v) The Insured Person's child return travel to the Country of Residence shall commence within the Insured Person's hospitalization.

In case, the Insured does not opt for the above option and if an attendant is necessary to ensure the safety and welfare of Minor Child at the place of hospitalization. The Company will pay for the reasonable cost of transportation for the most direct and economical flight of the attendant from his/her origin or Country of Residence only if his travel commences within the 5 consecutive days of hospitalization of the Insured.

2.5. BENEFIT 5 : UP-GRADATION TO BUSINESS CLASS

The Company will reimburse, up to the amount specified against this Benefit in the Policy Schedule, the reasonable expenses incurred in respect of the Insured Person's up-gradation to a business class air ticket by the most direct route from the place of hospitalization of the Insured Person to the Country of Residence, provided that:

- (i) The claim is admissible under In-Patient Care (Clause 2.1.1) ;and
- (ii) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days; and
- (iii) The Insured Person's return air travel to the Country of Residence shall commence not later than 20 consecutive days from the discharge of Insured Person; and
- (iv) If the Insured Person's air ticket can be up-graded from economy class to business class, the Company's maximum

liability under this Benefit shall be limited to the difference in cost between the economy class air ticket and business class air ticket; and

- (v) If the Insured Person's economy class air ticket cannot be up-graded, then the Company's maximum liability under this Benefit shall be limited to the cost of cancellation and the difference between the reasonable cost of the new business class ticket and the refund amount received on the economy class ticket cancelled; and

- (vi) The Company shall not be liable to make any payment under this Benefit if the Insured Person was originally booked to return to the Country of Residence on a business class air ticket.

Note: In case any Claim is made under this Benefit, no Claim shall be accepted under Cost of economy airfare for returning to Country of Residence (Clause 2.1.2).

2.6. BENEFIT 6: DENTAL TREATMENT

The Company will indemnify, the Medical Expenses up to the amount specified against this Benefit in the Policy Schedule, incurred for "Dental Treatment" during the Period of Insurance in connection with any Injury to the Insured Person's Sound Natural Teeth or any Acute Pain to the Insured Person's Sound Natural Teeth during the Period of Insurance

Additional Exclusions applicable to this Benefit

- (i) Any type of pre-existing disease or illness or injury
- (ii) Cementing or fixation of tooth or teeth bridge/s, permanent or temporary crowns, artificial tooth or teeth.
- (iii) Beauty and/ or cosmetic treatment and/ or reconstructive plastic surgery in any form or manner
- (iv) Treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.

Note: Clause 5(g) under General Exclusions is superseded to the extent covered under this Benefit.

2.7. BENEFIT 7 : PERSONAL ACCIDENT

The Company will pay up to the limits shown in the Policy Schedule if the Insured person Suffers an accidental bodily injury during the Period of Insurance which requires urgent and immediate medical attention that leads solely, directly and independently to the Insured's

- i. Accidental Death(AD)
- ii. Permanent Total Disability(PTD)

The Company will pay the Sum Insured in accordance with the table below :

Sr. No.	Event	% of the Sum Insured of this Benefit payable
1	Accidental Death	100%
2	Permanent Total Disablement (PTD) means A.The total and irrecoverable loss of sight of both eyes, or actual loss by Physical Separation of two entire hands or two entire feet, or one entire hand and one	100%

	entire foot, or loss of sight of one eye and actual loss by Physical Separation of one hand B. Loss of sight of one eye, or actual loss by Physical Separation of hand or foot;	50%
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Provided that:

- (i) The death or disability must happen within one year from the date of the accident; and
- (ii) If an Insured person dies as a result of bodily injury, any amount already claimed and paid under permanent total disability will be deducted from the payment under accidental death; and
- (iii) For PTD, the benefit will be paid to the Insured Person or legal representative of the Insured Person. On Insured Person's death the benefit will be paid to the nominee appointed by the Insured Person or his legal heir.

2.8. BENEFIT 8 : COMMON CARRIER ACCIDENTAL DEATH AND DISABILITY

The Company will pay up to the limits shown on the Policy Schedule due to any Injury sustained solely and directly due to an Accident during the Period of Insurance whilst mounting into or dismounting from or travelling in a Common Carrier on a valid ticket, which requires urgent and immediate medical attention that leads solely, directly and independently to the Insured's

- i. Accidental Death (AD)
- ii. Permanent Total Disability (PTD)

The Company will pay the Sum Insured in accordance with the table below :

Sr. No.	Event	% of the Sum Insured of this Benefit payable
1	Accidental Death	100%
2	Permanent Total Disablement (PTD) means A. The total and irrecoverable loss of sight of both eyes, or actual loss by Physical Separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye and actual loss by Physical Separation of one hand or one foot; B. Loss of sight of one eye, or actual loss by Physical Separation of hand or foot;	100%
		50%

Provided that:

- (i) The death or disability must happen within one year from the date of the accident; and
- (ii) If an insured person dies as a result of bodily injury, any amount already claimed and paid under permanent total disability will be deducted from the payment under accidental death; and
- (iii) The benefit will be paid to the Insured Person or legal

representative of the Insured Person. On Insured Person's death the benefit will be paid to the nominee appointed by the Insured Person or his legal heir.

2.9. BENEFIT 9 : REPATRIATION OF MORTAL REMAINS

If the Insured Person dies during the Period of Insurance, the Company will indemnify, up to the amount specified against this Benefit in the Policy Schedule, the costs of repatriation of the mortal remains of the Insured Person back to the Country of Residence/Place of Residence or, up to an equivalent amount, for a local burial or cremation at the place where death has occurred

2.10. BENEFIT 10: TRIP CANCELLATION

If the Insured Person's outward journey as a fare paying passenger from the Country of Residence to an international Place of Destination on a Common Carrier is cancelled before the commencement of the Period of Insurance due to any of the reasons specified herein below, then the Company will indemnify on a reimbursement basis, up to the amount specified against this Benefit in the Policy Schedule, for those travel and accommodation expenses that the Insured incurred and cannot recover and for which no value can be derived without knowledge of the likelihood of cancellation:

- (i) The Insured Person, his/her Immediate Family Member or any one of his/her travelling companion dies or is hospitalized in an Emergency due to an Illness or Injury for at least 2 consecutive days provided that such Illness or Injury shall not first occur earlier than 10 consecutive days from the scheduled commencement of the Period of Insurance; or
- (ii) Terrorism, Natural Calamity (Earthquake, storm, flood, inundation, cyclone or tempest) at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey; or
- (iii) Strikes and Riots provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey; or
- (iv) Loss of Passport of the Insured Person not earlier than 10 consecutive days from the scheduled commencement of the Period of Insurance; or
- (v) Advisory issued by government of any country not to travel, Compulsory quarantine or prevention of travel by government of any country; or
- (vi) Presence of the Insured Person is required by judicial authority or law enforcement agency in the course of its proceedings during the Period of Insurance; or

Provided that:

- (i) Any amount refunded to the Insured Person by the Common Carrier or Accommodation Provider in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Benefit; and
- (ii) All Claims must be supported by documentary evidence that the Insured Person has been unable to obtain a full refund from the Common

Carrier or the accommodation provider even if refund amount is nil; and

- (iii) Company shall pay maximum of only one claim per insured under this cover for Single trip and maximum of three claims for Multi trip cover.

Exclusions applicable to this Benefit

- (i) Any Cancellation due to hospitalization resulting from pre-existing disease, Childbirth, Pregnancy or related medical complications to Insured, Insured's immediate family or traveling companion.
- (ii) Cancellation of the journey either wholly or in partly at the instance of the Common Carrier or by the travel agent, Air transport Authority or any Government body (apart from the reasons listed above in the Coverage Section)
- (iii) Natural Calamity not declared by appropriate Government authority.

2.11. BENEFIT 11 : TRIP INTERRUPTION:

If the Insured Person's overseas Trip is unavoidably curtailed (cutting short by early return to India) after the commencement of the Period of Insurance then the Company will indemnify on reimbursement basis up to the limits shown in the Policy Schedule for

- Additional travel costs for returning to the Country of Residence (in the same class as original booking) (if Insured Person cannot use his/her return ticket);
- Additional Accommodation costs (of a similar standard, that the Insured Person had booked for his/her trip)

If any of the following happen after the onset of the trip:

- (i) The Insured Person, his/her Immediate Family Member or his/her travelling companion dies or is hospitalized in an Emergency due to an unforeseen Illness or Injury for at least 2 consecutive days; or
- (ii) The Insured Person is unable to continue his/her Trip due to Terrorism, Natural Calamity (Earthquake, storm, flood, cyclone or tempest) at the place of visit; or
- (iii) Strikes and Riots at the place of visit (other than Insured's hometown); or
- (iv) Loss of Passport of the Insured Person; or
- (v) Advisory issued by government India or visiting country not to travel; or
- (vi) Presence of the Insured Person is required by judicial authority or law enforcement agency in the course of its proceedings during the Period of Insurance;

Provided that :

- (i) Company shall pay maximum of only one claim per insured under this cover for Single trip and maximum of three claims for Multi trip cover.
- (ii) For ease of return back to the Country of Residence, Insured should inform Assistance Service Provider prior to travel to the Country of Residence
- (iii) Any amount refunded to the Insured Person by the Common Carrier or the original place of accommodation in relation to the interruption shall be deducted from the amount payable to the Insured Person under this Benefit.

Exclusions applicable to this Benefit

- (i) Any Hospitalization due to Childbirth, Pregnancy or related medical complications to Insured, Insured's immediate family or traveling companion.
- (ii) Trip Interruption due to a Natural Calamity not declared by the appropriate government authority
- (iii) Claim for Interruption of Trip following a Missed Connection (Benefit 18)
- (iv) Any Claim for Trip Interruption where there is no valid Claim for Emergency Treatment under Benefit 1 (In-Patient Care) for the Insured Person and his/her travelling companion if covered with us in the same policy
- (v) Interruption of the journey either wholly or in partly at the instance of the Common Carrier or by the travel agent, Air transport Authority or any Government body (apart from the reasons listed above in the Coverage Section)

2.12. BENEFIT 12 : TRIP DELAY

The Company will pay a fixed amount for each block of 4 hours delay up to the limits as specified in the Policy Schedule, if the Actual departure time of a Common Carrier in which the Insured Person is scheduled to travel on a valid ticket during the Period of Insurance is delayed for more than 4 hours from the Scheduled departure time and directly due to any one of the following:

- (i) Delay of a Common Carrier directly caused by severe weather conditions (not limited to floods, rains, storm, cyclone or tempest)
- (ii) Delay of Common Carrier due to an Earthquake
- (iii) Delay of Common Carrier due to any act of terror
- (iv) Delay due to a sudden strike or any other action by employees of the Common Carrier
- (v) Delay caused by equipment failure of the Common Carrier
- (vi) Delay caused by operational problem at the Common Carrier end crew/staff scheduling issues

Or, anything which is not in control of the Insured Person
Provided that:

- (i) Insured Person must have complied with the boarding and security check-in guidelines of the Common Carrier.
- (ii) written notice of the delay immediately and in any event within 30 days of the commencement of the delay has been conveyed to the Assistance Service Provider or the Company

Exclusions applicable to this Benefit

- (i) Any delay, which was made public or known to the Insured Person at least 6 hours prior to the scheduled departure of the Common Carrier.
- (ii) Any delay caused due to change in laws, regulations or orders issued by the respective Government or the regulating authority which was publicly announced.
- (iii) Strikes or labor disputes which existed or of which advance warning had been given in Public prior to the date on which the insured trip was scheduled.

2.13. BENEFIT 13: LOSS OF CHECKED-IN BAGGAGE

The Company will indemnify on reimbursement basis up to the Sum Insured as specified in the Policy Schedule, if the entire Checked-In Baggage is lost at the final

destination of the journey or en-route involving multi destination within the airport premises whilst in the custody of the Common Carrier in which the Insured Person was a ticketed passenger provided that:

- (i) The company's liability to make payment shall not arise until liability is admitted and paid by the Common Carrier in the form of compensation, supported by documentary proof issued by the Common Carrier; and
- (ii) Coverage under this Benefit shall commence only after the Checked-in Baggage is entrusted to the Common Carrier and a receipt obtained; and
- (iii) If more than one (1) piece of Checked-In Baggage has been checked-in under the same ticket of the Insured Person, the Company's liability shall be restricted to the Proportionate Sum Insured if all the pieces of Checked-In Baggage are not lost; and
- (iv) If any Claim for any item lost in respect of which the claim exceeds INR 5000/- or other currency equivalent must be supported by documentation evidencing the insured's ownership and cost of the same, such documentation to be submitted to the Insurance Company/ Claims Administrator in the event of a claim. In the absence of this, the maximum liability shall be restricted to 50% of the cost of this item, subject to maximum INR 5000/- considering same as one item for multiple numbers or quantity; and
- (v) For a single checked-in Baggage only, if documentary proof of ownership and cost any item which is above INR 5000 cannot be provided then the maximum liability of the Company will be up to 75% of the Sum Insured under this Benefit; and
- (vi) If the lost / undelivered Checked-In Baggage or portion of it is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Benefit in full irrespective of whether delivery of the Baggage is taken or not; and
- (vii) Upon discovering the loss of Checked-in Baggage, Insured shall obtain a relevant property irregularity report from the concerned authority and submit the same to the Insurance Company in the event of a Claim; and
- (viii) Any Claim amount paid already under the "Delay of Checked in Baggage" cover will be deducted from the Claim amount payable under this cover; and
- (ix) Any remuneration which the Common Carrier is liable to pay will be deducted from the Claim amount payable under this cover; and

Exclusions applicable to this Benefit

- (i) Any partial loss or damage of any items contained in the Checked-In Baggage.
- (ii) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
- (iii) Any loss due to damage to the Checked-In Baggage or items.
- (iv) Any Claim for loss of Valuables
- (v) Any loss of Checked-In Baggage sent in advance or shipped separately.

2.14. BENEFIT 14 : DELAY OF CHECKED-IN BAGGAGE

The Company will reimburse a fixed amount as specified

in the Policy Schedule if the delivery of the Insured Person's Checked-In Baggage which has been entrusted to the Common Carrier is delayed beyond 12 consecutive hours from the Common Carrier's actual landing time at the Place of Destination during the Period of Insurance provided that:

- (I) For a Claim to be Payable under this Benefit, it is a condition precedent that upon discovering the delay in arrival of the Checked-in Baggage the Insured shall obtain a non-delivery confirmation from the Common Carrier along with the period of delay which must be submitted to the company/Assistance Service Provider in the event of a Claim.

Exclusions applicable to this Benefit

- (i) Any loss for which a Claim has already been made under Benefit 13: Loss of Check-in Baggage
- (ii) Any delay in delivery of the Checked-In Baggage arising out of or resulting from detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies.
- (iii) Any delay attributable to damage to the Checked-In Baggage warranting an examined delivery by the Common Carrier.
- (iv) Delay of Checked-in Baggage when the intended destination is in India
- (v) Self-carried or cabin baggage(s)

2.15. BENEFIT 15 : LOSS OF PASSPORT AND/OR INTERNATIONAL DRIVING LICENSE

If the Insured Person loses his/her original passport and/or original International Driving License (IDL) while on a foreign land on a valid trip during the Period of Insurance, the Company will pay a fixed amount on an aggregate basis as specified in the Policy Schedule for obtaining a duplicate or new Passport and/or a duplicate or new IDL provided that :

- (i) Claim is Payable during the Policy Period for each person covered under this Benefit which may be either for loss of Passport or loss of IDL or for Loss of both the items.
- (ii) Maximum amount payable under this benefit is 300\$/200 Euro with a sub-limit of 100\$/75 Euro for loss of IDL

Exclusions applicable to this Benefit

- (i) Where the loss is not reported to the appropriate police authority in the foreign land within 24 hours of the discovery of the loss, and in respect of which a police report has not been obtained.
- (ii) Where the Insured himself has failed to take reasonable steps to guard against the loss of passport or IDL
- (iii) Loss or damage to the Insured's passport or IDL as a result of the confiscation or detention by customs, police or any other authority

2.16. BENEFIT 16 : PERSONAL LIABILITY

The Company shall indemnify the Policyholder / the Insured Person, up to the amount as specified against this Benefit in the Policy Schedule, against actual legal liability arising on account of Insured Person's negligence occurring during the Period of Insurance for which civil Claim is made or suit brought against the Insured Person by

the third parties and insured intimated to the Company not later than 60 days from the date of event or first intimation to the insured of the event/suit, whichever is earlier for the following causes:

- (i) Accidental Injury to third parties
- (ii) Property damage to third parties

The Company shall also indemnify the Insured Person towards the cost of legal defense incurred, upon the prior written consent of the Company.

Provided that:

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

Exclusions applicable to this Benefit

- (i) Liability of the Insured Person in relation to any professional services/ business activities or in course of such activities
- (ii) Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract.
- (iii) Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances.
- (iv) Fines, penalties, punitive or exemplary damages of any kind.
- (v) Any personal liability of the Insured Person towards his family, relatives or traveling companions, whether personal or official or commercial.
- (vi) Liability resulting from transmission of an illness or disease by the Insured Person.
- (vii) Any Liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting therefrom.
- (viii) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.

- (ix) Liability arising from the possession or trade of animals, birds, reptiles or insects and their byproducts such as skin, hair, feathers, horns, fur, ivory, bones or eggs;
- (x) Liability arising from the use of or ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or the use of firearms.
- (xi) Liability arising from insanity, abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- (xii) Liability arising from any supply of goods or services on the part of the Insured Person.
- (xiii) Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- (xiv) Any liability arising from a contingency occurring anywhere in the Country of Residence of the Insured Person.
- (xv) Liability arising from carrying any item of any third party from/to the Country of Residence.
- (xvi) Liability arising out of any breach of law or rules or any criminal liability.

2.17. BENEFIT 17:HIJACK-DISTRESS ALLOWANCE

The Company shall pay a fixed allowance to the Policyholder/Insured Person for each 24 consecutive hours, maximum up to the limits specified in the Policy Schedule in case the Common Carrier in which the Insured is traveling as a passenger during the Period of Insurance shall be subject of Hijack and that the Common Carrier is held captive by the hijackers, provided that:

- (i) The cover shall only attach in case of travel by Common Carrier as the main mode of travel being part of the trip from one country to the other and shall not attach for any incidental travels by any other mode of transportation; and
- (ii) Should the Insured be released in advance of the total release of the Common Carrier and all the passengers therein, the Company's liability shall not extend beyond the date and time of release of the Insured by the hijacker; and
- (iii) Should death of the Insured occur during the period for which the Common Carrier is held captive by the hijackers, such death of the Insured shall be considered as a valid claim under Benefit 7 - Personal Accident Such compensation for death shall be independent of the Insured's eligibility for claim under this Benefit.

Exclusions applicable to this Benefit

- (i) Any incident where the Insured/Insured Person is suspected to be either the Principal or an accessory in the hijacking

2.18. BENEFIT 18:MISSED FLIGHT CONNECTION

Company will reimburse the Insured Person for reasonable extra accommodation and travel costs (less refunds if any) up to the amount specified in the Policy Schedule to reach the next destination shown on the ticket/itinerary, if the Insured Person missed a pre-booked Common Carrier as a result of the scheduled Common Carrier (on which the Insured had booked to travel) not running on its published time table due to any of the reasons mentioned below:

- (i) Delay of a Common Carrier directly caused by severe weather conditions(not limited to floods, rains, storm, cyclone or tempest)
- (ii) Delay of Common Carrier due to an Earthquake
- (iii) Delay of Common Carrier due to any act of terror
- (iv) Delay due to a sudden strike or any other action by employees of the Common Carrier
- (v) Delay caused by equipment failure of the Common Carrier
- (vi) Delay caused by operational problem at the Common Carrier end crew/staff scheduling issues Or, anything which is not in control of the Insured Person

Provided that:

- (i) In case the Insured Person misses or is about to miss a travel connection, Travel Assistant Service Provider helpline must be contacted immediately so that the carrier can be contacted for the insured (to enquire if a late arrival is possible);and
- (ii) Written confirmation from the Common Carrier or their handling agents of the reason for the service not running to its published timetable; and
- (iii) Maximum of one Claim per insured payable for Single Trip Policy and maximum of three Claims per insured for Multi-trip Policy is payable; and
- (iv) Any Compensation which the Common Carrier is liable to pay will be deducted from the Claim amount payable under this cover; and
- (v) Extra accommodation and travel arrangements must be booked in the same class and/or type and by the same/shorter/direct route (as originally planned);and
- (vi) Insured should act reasonably in his own capacity and should have complied with all the terms and conditions of the Common Carrier in which he is travelling or booked to travel

Exclusions applicable to this Benefit

- (i) Any missed connection where time gap between scheduled arrival of incoming common carrier and scheduled departure of connecting common carrier was less than 6 hours.
- (ii) Expenses that the Insured would have incurred during the normal course of the trip.
- (iii) Missed Connection which was known to the Insured or was made public in advance
- (iv) Claims not supported by a written report from the appropriate authorities of the Carrier

2.19. BENEFIT 19:AUTOMATIC TRIP EXTENSION

Company will extend the Period of Insurance once for a period of up to 7 consecutive days due to the following reasons which directly results in the extension of the Trip duration

- 1. If a Claim is admitted under Clause 2.1.1 (In-patient Care), and the Insured Person is still hospitalized overseas after the expiry of the Period of Insurance and not fit to travel as per the treating Medical Practitioner; or
- 2. Death of the Travelling Companion during the trip ;or
- 3. Travelling Companion is hospitalized as In-patient Care in

Emergency Care due to illness or injury ;or

- 4. Any natural calamity which prevents the accessibility of the place of destination which forces the Insured to extend the trip; or
 - 5. Cancellation or Re-scheduling of the Common Carrier due to unexpected strike, riot or Civil commotion at the port where the Trip got extended
- Provided that:
- (i) Any actual/possible refundable amount pertaining to the original scheduled return ticket will be deducted from the admissible Claim amount

Exclusions applicable to this Benefit

- (i) Trip is cancelled due to natural calamity not declared by the appropriate government authority
- (ii) Any extension due to Childbirth, Pregnancy or related medical complications occurring to you or your immediate family member or traveling companion.

3. Optional Benefits and Packages

A. Optional Benefits

3.1 Optional BENEFIT 1: LIFE THREATENING CONDITION DUE TO PED

By opting this Benefit, coverage for Pre-existing diseases for Life Threatening Conditions will be included for Hospitalization Expenses (Benefit 1) up to the limits mentioned in the Policy Schedule.

The scope of the cover is extended to the following benefits (all or any of the following) where Insured Person is Hospitalized due to Emergency Care of any illness

- Daily Allowance
- Compassionate Visit
- Return of Minor Child
- Up-gradation to Business Class
- Trip Interruption
- Automatic Trip Extension
- Home to Home
- Waiver of Deductible Option
- Waiver of Sub-limit Option
- Option of Co-Payment
- Adventure Sports Cover

Provided that:

- (i) Such extension will not result into any increase in Sum Insured of the respective Coverage; and
- (ii) All the terms and Conditions and Limits of the applicable Benefits will remain the same; and
- (iii) Any Claim under this Clause shall be admissible only till the Insured Person becomes medically stable ; and
- (iv) All further Medical Expenses including but not limited to those expenses related to maintaining the medically stable state or to prevent the onset of Acute pain or any further

treatment would not be covered by the Company; and

- (v) Above Coverage is only available in case of Life threatening Condition due to Pre-existing Disease and may be subject to sub-limit (if any), Deductible (if any) and Co-pay (if any) as shown in Policy Schedule

Exclusions applicable to this Benefit

- (i) Any treatment or part of the treatment which is not Life threatening in nature, and can safely be postponed till the Insured Person's return back to Country of Residence.
- (ii) Any routine follow-up or treatments pertaining to pre-existing illness/disease

3.2 Optional BENEFIT 2: MEDICAL EXPENSES DUE TO ACCIDENT ONLY

By opting this Benefit, Coverage for Hospitalization Expenses (Benefit 1) during the Period of Insurance for the Insured Person will be restricted to Emergency Care of any Injury due to an Accident only and up to the Sum Insured as mentioned in the Policy Schedule.

The scope of the cover is extended to the following benefits (all or any of the following) where Insured Person is Hospitalized due to Emergency Care for any Accident

- Daily Allowance
- Compassionate Visit
- Return of Minor Child
- Up-gradation to Business Class
- Dental Expenses
- Trip Interruption
- Automatic Trip Extension
- Home to Home
- Waiver of Deductible,
- Waiver of Sub-limit
- Option of Co-Payment
- Adventure Sports Cover

Provided that:

- (i) In case this Benefit is opted by the Insured Person, the illness cover in Benefit 1 will not be applicable; and
- (ii) All the terms and Conditions and Limits of the applicable Benefits will remain the same but the event will be restricted to Emergency Care of any Injury only; and
- (iii) Above Coverage is only available in case of Benefit 1 due to Accidents and may be subject to sub-limit (if any), Deductible (if any) and Co-pay (if any) as shown in Policy Schedule.

Exclusions applicable to this Benefit

- (i) Costs incurred following the Insured person's decision not to move to Hospital or return to India after the date when it was deemed safe for the Insured to do so by the Assistance Service Provider and the Medical Practitioner
- (ii) Any claim for:
 - a. The cost of any non-emergency treatment or surgery including exploratory tests which are not directly related to the injury that the Insured originally went to

hospital for;

- b. Any form of treatment that the Insured's Medical Practitioner think can reasonably wait until the Insured Person returns home;

3.3 Optional BENEFIT 3: OPTION OF WAIVER OF DEDUCTIBLE

By opting this Benefit, Deductible applicable on the component Hospitalization Expenses-Benefit 1 (In-Patient and Out-patient only), Optional Benefit 1 (Life Threatening Condition due to PED) and Optional Benefit 2 (Medical Expenses due to Accident only) will be waived off

3.4 Optional BENEFIT 4: ADVENTURE SPORTS COVER

The coverage under this Optional Benefit will be limited to Benefit 1 (In-Patient Care) and Benefit 7 (Personal Accident) for the illness or injury or death occurring due to participation of Insured Person in Hazardous Activities. Company will reimburse up to the Sum Insured as specified in the Policy Schedule, provided that:

- (i) Insured participates in a non-professional capacity and under the supervision of a trained professional; and
- (ii) Insured shall follow/adhere to all safety measures and guidelines laid down by the instructors/trainers/coaches /the organization conducting the adventure sports while engaged in the adventure sports.

3.5 Optional BENEFIT 5: REFUND OF VISA FEE (IF VISAREJECTED)

Company will pay for re-impbursement of Visa fee if the Insured's Visa got rejected for no fault or negligence of the Insured Person Provided that:

- (i) Insured must have submitted all the valid documents in order as directed by the Embassy of the respective Country for which the Visa is being applied.
- (ii) Visa application should be filed with the respective Embassy well in advance and as per the prescribed processing time, if any.

3.6 Optional BENEFIT 6: OPTION OF WAIVER OF SUB-LIMIT

By opting this Benefit, sub-limits applicable for In-patient Care as specified under (clause 2.1.2 (A)) will be waived off.

3.7 Optional Benefit 7: OPTION OF CO-PAYMENT

By opting this Benefit Co-payment of 20% will be applicable for the Benefits as mentioned under Clause 2(f).

B. Optional Package

Benefits under Optional Packages have to be opted on all or none basis only.

1. LOSS OF LAPTOP / TABLET / HAND BAGGAGE/ PERSONAL BELONGINGS

Company will indemnify the depreciated amount to the Insured Person as specified in the Policy Schedule, due to declaration of loss of Laptop /Tablet/Hand Baggage/Personal belongings (while the Insured Person was carrying them) within the Period of Insurance due to Theft, robbery or being stolen

Re-imburement will be maximum up to the limits shown in the Policy Schedule and will be on depreciated value of the lost item/s at the time of loss. Depreciated Value will be calculated after taking into account depreciation on the lost item as per the below table (for below example: assumed purchase value during the time of purchase is Rs 100 with depreciation of 50% each year). Year after purchase of item will be rounded of nearest integer year in case of partial year as per date of loss and date of purchase of the item

Provided that; Claim must be supported by documentary evidence for purchase value

Years after purchase of the item	1	2	3	4	5	6
Depreciated Value (INR)	50.0	25.0	12.5	6.3	3.1	0

Exclusions applicable to this Benefit

- (i) Any loss of money, coins or curios, sculptures, manuscripts, securities for money or any other negotiable instrument, stamp, rare books, medals, molds, designs or any other collectibles, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, unset precious stones, Jewellery, ATM or credit or Charge cards or mobile phones.
- (ii) Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- (iii) Property of the Insured Person which has been entrusted to a third party.
- (iv) Electrical and mechanical breakdown of the Laptop/Tablet.
- (v) Loss of damage to software or data or any other material including pictures or anything stored in the Laptops/Tablet
- (vi) Any consequential loss or damage
- (vii) Loss arising out of mysterious disappearance of the personal belongings.

2. BOUNCED BOOKING-HOTEL/COMMON CARRIER

Company will reimburse the Policy Holder/ Insured Person up to the amount mentioned in the Policy schedule in the unexpected event of the accommodation provider or the Common carrier unable to honor the Insured Person’s confirmed bookings(pre-paid or contracted to pay) due to overbooking for the following:

- (a) For hotel overbooking: The difference in cost between the original booking amount and the reasonable new booking amount, less any refund/compensation given by the hotel, for the number of nights that are overbooked. The new booking must be for up to the number of nights overbooked at a nearest available similar hotel where the cost of stay is no more than 10% greater per night than the initial booking.
- (b) For Common Carrier overbooking: Difference between the original airfare amount and the reasonable new airfare amount, less any refund/compensation given by the Common Carrier. The new booking must be in a same class of service with fare no more than 10% greater than the original overbooked flight. The original overbooked flight

must have been cancelled by the Insured before the new booking.

Provided that:

- (i) Web-check in should be done prior to the arrival at the Airport; and
- (ii) The overbooking for the Common Carrier must happen at check-in/ at the check-in counter;
- (iii) Insured must always check-in on time as prescribed for the reservation or fulfill any other obligation required; and
- (iv) Documentary evidence from the accommodation provider or common carrier regarding bounced booking must be provided; and
- (v) The overbooked portion of the hotel stay must include the first night stay;

Exclusions applicable to this Benefit

- (i) Any tickets /Hotel bookings made within 7 days of departure/hotel arrival.
- (ii) Any Common Carrier tickets / hotel bookings which are allotted to Common Carrier staff /hotel staff or under any special travel industry employee scheme.
- (iii) For airline overbooking, an option of free replacement flight must not be available to the Insured within 6 hours from the departure of the original overbooked flight.
- (iv) Any booking for which Insured is unable to furnish proof of booking/payment, and bounced booking
- (v) Any contractual breach by the Insured including but not limited to non-adherence to the terms and conditions of the booking service provider.
- (vi) If Insured had any waitlisted booking irrespective of whether such bookings have been promised to be confirmed later.
- (vii) Where the alternative arrangements for either the travel or the accommodation is provided by the Common Carrier or the accommodation provider as the case may be within reasonable time period from the time of departure of the travel covered by the bounced booking or the time of commencement of stay covered by the earlier confirmed accommodation booking.

3. HOME TO HOME COVER

Coverage for the Insured Person is extended before /beyond the Period of Insurance for In -Patient Care (Clause 2.1.1), Out-Patient (Clause 2.1.3) and Benefit 7(Personal Accident) up to the Sum Insured of the respective Benefits for the following:

- 1. Starting of the Journey from Home (or any intermediate place) at the Country of Residence to the Airport for duration of 6 hours before the Scheduled departure time of the Common Carrier; and
- 2. Return journey from the Airport to Home (or any intermediate place) after de-boarding the Common Carrier at the Country of Residence for duration of 6 hours after the Actual arrival time of the Insured Person.

Provided that:

- (i) Company/Assistant Service Provider should be immediately notified if the Insured Person suffers an illness or injury and which occurs within the duration specified in this Benefit; and

Exclusions applicable to this Benefit

- (i) Pregnancy and resulting childbirth, miscarriage or disease of the female organs of reproduction.
- (ii) Any type of Dental Treatment/Expenses.
- (iii) Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered
- (iv) Rehabilitation and / or physiotherapy expenses or the cost of prostheses / prosthetics (artificial limbs) or any services provided by chiropractor.
- (v) Treatment or surgery or any medical procedure (whether invasive or non-invasive) using a robotic surgical system.

4. Assistance Services

Assistance Service Provider will provide the following services as described below.

1. Pre-trip Information Services

Assistance Service Provider will provide information concerning visas and inoculation requirements for foreign countries worldwide.

2. Embassy Referral

Assistance Service Provider India will provide the user with the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.

3. Lost Luggage Assistance

Assistance Service Provider will assist the User if he has lost his/her luggage while traveling outside his/her home country or usual country of residence by providing directions for recovery.

4. Lost Passport Assistance

Assistance Service Provider will assist the User who has lost a passport while traveling outside his/her home country or usual country of residence by providing directions for recovery.

5. Weather and Exchange Rate Information Assistance

Assistance Service Provider will assist the User by providing referral information services including weather and exchange rate information.

6. Emergency Message Transmission Assistance

In the event of a medical emergency, Assistance Service Provider will assist the User to transmit urgent messages to family Users, friends or business associates upon the User's request.

7. Interpreter Referral

Assistance Service Provider will assist the User by providing the address, telephone number and hours of operating of interpreters worldwide.

8. Arrangement of Hotel Accommodation

Assistance Service Provider will arrange for hotel accommodation for the User's companion who is visiting the User while he/she is hospitalized outside his/her home country or usual country of residence.

9. Legal Assistance

If Insured Person is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to the Insured Person, Assistance Service Provider will, if required, provide the Insured Person with the name of an attorney who can represent You in any necessary legal matters.

10. Political Risk and Catastrophe Evacuation

When, in the opinion of the Assistance Service Provider, it is Judged that for the Insured Person's safety it is recommended to return to the Country of Residence / City of Residence or the nearest place of safety, the Assistance Service Provider will make arrangements or provide for a cost of a direct route economy class air fare for the same (one way) or hotel accommodation for the below mentioned conditions

- (i) Officials of embassy of the Country of Residence of the Insured in writing recommend, or a notification is issued by the Government of the city where Insured is visiting, that people, which include the Insured should leave the city, or
- (ii) A catastrophe (fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic due to contagious disease) has occurred in the City the Insured is in, necessitating his immediate evacuation in order to avoid risk of personal Injury or Illness to himself/herself.

The above services are purely on referral or arrangement basis, Assistance Service Provider shall not be responsible for any third-party expenses incurred, which shall be the responsibility of the User.

MEDICAL ASSISTANCE SERVICES:

11. Telephone Medical Advice

Assistance Service Provider will arrange for the provision of medical advice to the Users over the telephone.

12. Medical Service Provider Referral

Assistance Service Provider shall provide the name, address, telephone number and, if requested by the User and if available, office hours for physicians, hospitals, clinics, dentists and dental clinics (collectively, "Medical Service Provider"). Assistance Service Provider shall not be responsible for determining the appropriate medical specialist for handling the User's particular problem nor for providing medical diagnosis or treatment. Assistance Service Provider shall not be liable in respect of any consequences arising out of or howsoever caused by the services provided by the Medical Service Providers referred by Assistance Service Provider. The final selection of the Medical Service Provider shall be the responsibility of the User.

13. Arrangements of Appointments with Local Doctors for Treatment

Assistance Service Provider will assist the User by arranging for appointments with local doctors for

treatment.

14. Arrangement of Hospital Admission

If the medical condition of the User is of such gravity as to require hospitalization, Assistance Service Provider will assist the User with hospital admission.

15. Guarantee of Medical Expenses Incurred During Hospitalization

In the event the User calls Assistance Service Provider to arrange for hospital admission and requests for guarantee of hospitalization expenses, Assistance Service Provider shall, when authorized by the Subscriber, will place guarantee of medical expenses incurred during his/her hospitalization in an In-Network hospital.

Assistance Service Provider shall, when authorized by the Subscriber guaranteed his/her hospitalization expenses on best effort basis outside of Assistance Service Provider's provider network.

Assistance Service Provider shall monitor the User's medical condition with the hospital's attending physician; subject to any and all obligations in respect of confidentiality and relevant authorization. Assistance Service Provider shall ensure that the hospitalization expenses incurred by the User are reasonable and customary and consistent both with reasonable standards for the User's condition and location.

16. Arrangement of Emergency Medical Evacuation

Assistance Service Provider will arrange for the air and/or surface transportation and communication for moving to the nearest hospital where appropriate medical care is available. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

17. Arrangement of Emergency Medical Repatriation

Assistance Service Provider will arrange for the return of the User to his/her home country or usual country of residence following an emergency medical evacuation for subsequent in-hospital treatment in a place outside his/her home country or usual country of residence. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

18. Arrangement of Repatriation of Mortal Remains

Assistance Service Provider will arrange for transporting the User's mortal remains from the place of death to his/her home country or usual country of residence or arrange for local burial at the place of death as requested by the User's family. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

19. 24/7 Psychological Hotline

The psychological hotline is available for all types of enquiries, e.g. everyday problems such as stress-related issues and illness, acute personal crisis or traumatic incidents. The services will be offered in English.

20. Private Nurse Service

Dispatch a nurse to assist and support a hospitalized patient and his/her family at the destination. The nurse can act as a link between the patient/family and the hospital and help explain medical issues and procedures as well as

assist with caring activities.

Travel Assistance Services

21. Arrangement of Compassionate Visit

Assistance Service Provider will arrange for a return airfare for a relative or friend of the User wishing to visit the User who is hospitalized outside his/her home country or usual country of residence. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

22. Arrangement of Return of Minor Children

Assistance Service Provider will arrange for one-way airfares for the return of minor to their home country or usual country of residence if they are left unattended as a result of the accompanying User's illness, accident or Emergency Medical Evacuation. Assistance Service Provider will also arrange for an escort, whenever necessary. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

23. Arrangement of Bail Bond

Assistance Service Provider shall arrange the bail bond, up to a limit of USD 2500, for User's conditional release when traveling outside the Home country or usual country of residence. The User shall be responsible for any other related expense. The provision of Bail bond is subject to Assistance Service Provider first securing payment from the User through his/her credit card or funds from the User's family. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

24. Emergency Cash Advance

Assistance Service Provider shall arrange to provide Emergency Cash advance, up to the limit authorized by the Subscriber or the limit prescribed in the Policy, to the insured. Assistance Service Provider shall have the sole discretion to determine whether a financial emergency has occurred. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

25. Claims Payment & Management

Assistance Service Provider shall provide the User all the relevant information regarding the claims procedure & where required send a copy of the claim form together with process guidelines on necessary documentation to file for reimbursement directly with Assistance Service Provider claims team in the local Emergency Response Centre. Assistance Service Provider would directly settle such claims once the Subscriber has made available the necessary funds to disburse the payments. Assistance Service Provider would not deploy their internal cash resources for the purpose of settlement of such claims. Outpatient Claims maybe authorized for cashless settlement on a case-by-case basis as agreed mutually between Assistance Service Provider and the Subscriber.

For interventions handled by Assistance Service Provider where the Subscriber is responsible for the payment of all/any third-party expenses incurred, Assistance Service Provider shall provide the financial guarantees subject to the Subscriber giving a confirmation in writing to guarantee coverage of expenses.

26. **International SIM Card**

Assistance Service Provider will arrange for an International SIM Card for the Country that the Insured Person is visiting during the Period of Insurance if the need arises by the Insured Person. The SIM Card service provider along with the Data Plan (if any) will be at the sole discretion of the Assistance Service Provider and can change depending on the Country the Insured Person is travelling during the Period of insurance

5. **General Exclusions**

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

- (a) Any events occurring outside the Period of Insurance except for a Claim for Treatment at Country of Residence and Refund of Visa Fee (if opted) Trip Cancellation, Trip Delay, Home to Home Cover (if opted), Automatic Trip Extension
- (b) The Insured Person is:
 - (i) Traveling against the advice of a Medical Practitioner; or
 - (ii) Receiving, or is supposed to receive, medical treatment; or
 - (iii) Having received terminal prognosis for a medical condition; or
 - (iv) Travelling for the purpose of obtaining medical treatment; or
 - (v) Taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
- (c) An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to the consumption, use, misuse or abuse of tobacco, areca nut/betel nut, intoxicating drugs or alcohol.
- (d) Any Illness or Injury directly or indirectly resulting or arising from or occurring during the commission of any breach of any law by the Insured Person with any criminal intent.
- (e) Any condition directly or indirectly caused by or associated with any sexually transmitted disease except arising out of HIV.
- (f) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (g) Any dental treatment or surgery unless necessitated due to an Injury or any Acute Pain
- (h) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- (i) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (j) Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and or devices whether for diagnosis or treatment.
- (k) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result of a consequence of undergoing such experimental or unproven treatment. Any diagnosis or treatment of an Illness / Injury which does not require Hospitalization.
- (l) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker, belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer or thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- (m) Weight management services and treatment, services and supplies including treatment of obesity (including morbid obesity).
- (n) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- (o) Treatment of all Congenital Anomalies or Illness or defects or anomalies or treatment relating to birth defects.
- (p) Treatment of mental retardation, arrested or incomplete development of mind of a person, sub normal intelligence or mental intellectual disability
- (q) Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description,

including any complication arising from these treatments, other than as may be necessitated due to an accident injury or burns.

- (r) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.
- (s) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (t) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins & tonics.
- (u) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- (v) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- (w) Non-allopathic treatment.
- (x) Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care or a day care procedure is required.
- (y) War (whether declared or not) or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detention of all kinds.
- (z) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
- (aa) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - (i) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - (ii) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - (iii) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded.

- (bb) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- (cc) Any 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 agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.
- (dd) Any claim relating to Hazardous Activities unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.
- (ee) The Insured Person engaged in any air travel unless he is flying as a passenger on an airline.
- (ff) Travel by any Insured Person against whom general or special travel restrictions have been imposed.
- (gg) Any consequential losses.
- (hh) Any Hospitalization primarily for investigation and / or diagnosis purpose.
- (ii) Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.
- (jj) Any specific time-bound or lifetime exclusions specified in the Policy Schedule.
- (kk) Any Policy which is bought after the Insured Person has left the Country of Residence .
- (ll) Any item or condition or treatment specified in List of Non-Medical Items(Annexure-I to Policy Terms and Conditions))

6. Claims Intimation, Assessment and Management

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

6.1 Intimation

- (a) Notification to Company either at the Company's call center or the Assistance Service Provider's call center or in writing immediately and in any event within 7 days from the Date of Loss under which the Claim is made.
- (b) It is agreed and understood that the following details are to be provided to the Company at the time of intimation of Claim:
 - (i) Policy Number;
 - (ii) Name of the Policyholder;
 - (iii) Name of the Insured Person in respect of whom the Claim is made;
 - (iv) Nature of the event;
 - (v) Name and address of the attending Medical Practitioner and Hospital, if applicable;
 - (vi) Date of admission to Hospital or date of loss, as applicable;

- (vii) Any other information, documents or details requested by the Company or the Assistant Service Provider.

6.2 Claim settlement - Facilities

I. Cashless Facility :

Cashless Facility is available only at Network Providers for In-patient Care under Benefit 1(refer clause 2.1.1)The Insured Person can avail of this Cashless Facility at the time of admission into a Network Provider, by completing the following procedure:

- a) Pre-authorization : The Policyholder or Insured Person must call the Company's / Assistance Service Provider's call center as specified in the Policy Schedule and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least within 24 hours of admission to Hospital, if the Hospitalization is required.
- b) The Company will process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which Cashless Facility is sought to be availed. The Company or the Assistance Service Provider will confirm in writing authorization or rejection of authorization to avail Cashless Facility for the Insured Person's Hospitalization.
- c) If the request for availing Cashless Facility is authorized by the Company or the Assistance Service Provider, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing Cashless Facility. Payment in respect of all Deductible or Co-Payment and amount exceeding the sub-limits as applicable shall be made directly by the Policyholder or Insured Person to the Network Provider.
- d) If the Company or the Assistance Service Provider does not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to the Company or the Assistance Service Provider to determine the admissibility of the Claim or if the treatment is not taken at a Network Provider, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company which will be considered

by the Company subject to the terms, conditions and exclusions under the Policy.

- e) It is agreed and understood that in all cases where availing of Cashless Facility has been authorized in writing by the Company or the Assistance Service Provider, all the information and documents as specified for the Benefit shall be submitted to the Company or the Assistance Service Provider immediately and in any event before the Insured

Person's discharge from Network Provider.

It is agreed and understood that the Company may, in its sole discretion, modify or add to the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. Before availing the Cashless Facility, Policyholder or the Insured Person is required to check the applicable list of Network Providers for the area where he intends to avail the Cashless Facility through the ASP's call center number as provided in the Policy Schedule or by visiting the ASP's website or Company's website.

II. Re-impbursement Facility

- a) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or the Company specifically states that a particular Benefit is payable only under Reimbursement Facility or where the payout is on a fixed basis, all the information and documentation specified in Clause 6.3 shall be submitted to the Company at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital.
- b) The Company shall give an acknowledgement of collected documents. However, in case of any delayed submission, the Company may examine and relax the time limits mentioned upon the merits of the case.
- c) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- d) For Claim settlement under reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Certificate) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

6.3 Claims Documents

- (a) The Policyholder or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his own expense) provide the following documents as specified below and any additional information as necessary under which the Claim is being made with the Company or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the event.

Sr .no	Benefit	Documents
1	Hospitalization expenses, Daily Allowance, Option of Waiver of Deductible(if opted)Waiver of Sub-limits	- Claim Form(filled and signed by the Insured) - Release of Medical Information Form(filled and signed by the Insured) - Original pathological and diagnostic reports, discharge summary, indoor case papers (if

	(if opted), Option of Co-payment (if opted) Adventure Sports Cover (if opted) and Home to Home Cover (if Opted)	<p>any) and prescriptions issued by the treating Medical Practitioner or Network Provider</p> <ul style="list-style-type: none"> - Passport and Visa copy with Entry Stamp of Country of Visit and exit Stamp from India. - Original bills and receipts for <ul style="list-style-type: none"> - Charges paid towards Hospital accommodation, nursing facilities, and other medical services rendered - Fees paid to the Medical Practitioner and for special nursing charges - Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. - Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Network Provider duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person - Any other document as required by the Company to assess the Claim.
2	Compassionate Visit	<ul style="list-style-type: none"> - A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by an additional member during the entire period of hospitalization. The certificate shall also specify the minimum period in which person is admitted in the hospital. - Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. - Stamped boarding pass with invoice used for the travel by the Immediate Family Member. - Copy of passport of Immediate Family Member with entry and exit stamp.
3	Compassionate Visit	<ul style="list-style-type: none"> - A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. - Discharge summary of the Hospital furnishing details including the date of admission

		<p>and date of discharge.</p> <ul style="list-style-type: none"> - Stamped Boarding pass used for the return travel of the child to the Country of Residence. - Stamped Boarding pass of the attendant from the Country of Residence to the Place of hospitalization (if attendant is necessary) - Copy of passport of the child with entry and exit stamp.
4	Up-Gradation To Business Class	<ul style="list-style-type: none"> - A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. - Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. - Copy of the economy class air ticket issued by the Common Carrier indicating the cost of the ticket and receipt for the refund of the fare of the Common Carrier and the cancellation charges retained. - Boarding pass and copy of business class ticket confirming the return journey and the cost of ticket.
5	Dental Expenses	<ul style="list-style-type: none"> - Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital; - Original Bills and receipts for: <ul style="list-style-type: none"> - Fees paid to the Medical Practitioner and special nursing charges; and - Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. - Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person; - Any other information or documents related to the treatment taken.

6	Personal Accident and Adventure Sports Cover(if opted)	<ul style="list-style-type: none"> - Medical reports giving the details of the Accident, nature of the Injury, the extent of disability (if applicable) and the details of treatment provided. - Death certificate (if applicable) - Postmortem report, if conducted - Police report. - Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury
7	Common Carrier Accidental Death And Disability	<p>Additionally ,apart from one's mentioned under Personal Accident</p> <ul style="list-style-type: none"> - Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier at the time of the Accident.
8	Repatriation Of Mortal Remains	<ul style="list-style-type: none"> - Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death - Copy of the postmortem certificate, if conducted - Documentary proof for expenses incurred towards disposal of the mortal remains - In case of transportation of the body of the deceased to the Country of Residence or Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.
9	Trip Cancellation	<ul style="list-style-type: none"> - If the reason for Cancellation/Interruption is Medical, Insured needs to produce a Medical Certificate and a discharge summary from the Medical Practitioner attending the patient. This must confirm the reason and need of Cancellation/Interruption. - Death Certificate(if applicable) - Copy of cancellation proof of the booked tickets indicating the cost of ticket and receipt for the refund of the fare of the Common Carrier towards the

		<ul style="list-style-type: none"> cancelled portion of the journey indicating cancellation charges retained by the Common Carrier - Copy of booking as well as cancellation confirmation form the hotel/original scheduled accommodation - In case of cancellation due to loss of passport, FIR copies for loss of passport - Judicial or Law enforcement agency order (if applicable) - Documentary proof of Cancellation of Visa with reason for Cancellation(only for Trip Cancellation due to Cancellation of Visa) - A declaration from the Insured Person furnishing the circumstances that compelled him to cancel the journey
10	Trip Interruption	<p>Additionally ,apart from one's mentioned under Trip Cancellation</p> <ul style="list-style-type: none"> - A declaration from the Insured Person furnishing the circumstances that compelled him to interrupt the journey - Details of new bookings for travel with tickets, invoices and receipts
11	Trip Delay	<ul style="list-style-type: none"> - Security-stamped boarding pass for the flight which got delayed - Letter from the Common carrier stating reason and duration of Delay - Passport Copy with Entry and Exit Stamp
12	Loss of Checked-in Baggage	<ul style="list-style-type: none"> - Property irregularity report issued by the appropriate authority. - Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage. - Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage. - Proof of ownership and cost for any item which is above INR 5000/- - Final communication from the common carrier/airlines confirming the checked-in baggage to be lost or untraceable.

13	Delay of Checked-in Baggage	<ul style="list-style-type: none"> - Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage. - Voucher of the Common Carrier for the compensation paid for the delay in delivery of the Checked-In Baggage. - Copies of correspondence exchanged, if any, with the Common Carrier in connection with the delay in delivery of the Checked-In Baggage. - Acknowledgement receipt from the Airline mentioning date and time of the delivery of the Baggage.
14	Loss Of Passport And/ Or International Driving License	<ul style="list-style-type: none"> - Copy of the police report - Details of the attempts made to trace the lost item
15	Personal Liability	<ul style="list-style-type: none"> - Statement of Claim furnishing particulars of the event leading to the liability such as the court order; - Photocopy of the police report (wherever reported).
16	Hijack-Distress Allowance	<ul style="list-style-type: none"> - Security stamped boarding pass for the flight which got hijacked - Any Government notification confirming the hijack of the said Common Carrier.
17	Loss of Checked-in Baggage	<ul style="list-style-type: none"> - Written confirmation from the carrier of the number of hours of delay, and any compensation received towards the delay. - Details of Alternate travel arrangements offered by the carrier, however not accepted with reason of not acceptance.
18	Automatic Trip Extension	<ul style="list-style-type: none"> - Medical certificate with details of the date of admission and date of discharge together with the details of the injury or illness and treatment rendered - Death certificate (if applicable) - A declaration from the Insured Person furnishing the circumstances that compelled him to extend the Trip.

Optional Benefits

1	Life Threatening Condition For PED	- Same as per Benefit-1 and any other documents incidental to the Benefits to which this will be applicable
2	Medical Expenses Due To Accident Only	<ul style="list-style-type: none"> - All medical reports and records given by the treating facility. - Receipts for any expenses incurred that are covered in the Policy - FIR report with the Police (if applicable) - Any other documents incidental to the Benefits to which this will be applicable
3	Refund Of Visa Fee (If Visa is Rejected)	<ul style="list-style-type: none"> - Written copy of the rejection reason from the embassy - Passport copy of the Insured - Copy of confirmed ticket

Optional Package

1	Loss Of Laptop/Tablet/ Hand Baggage/Personal Belongings	<ul style="list-style-type: none"> - FIR copy of the lost item/(s) - Original bill or bill copy (if original bill not available)for Laptop/Tablet or Proof of purchase of the lost item/(s) - Passport and Visa copy with entry and exit stamp - Letter defining incidence of theft
2	Bounced Booking-Hotel/Common Carrier	<ul style="list-style-type: none"> - Written confirmation from the Common Carrier/accommodation provider/ticket provider stating the reason and date for the service cancellation. - Any Receipts of refunds or travel vouchers provided in lieu of the original booking being dishonored. - Bills and payment receipts for alternate tickets/accommodation bookings

- (b) Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company or to a reimbursement provider the Company will accept properly verified photocopies of such documents attested by such other insurance company/reimbursement provider along with an original certificate of the extent of payment received from such insurance company/reimbursement provider.
- (c) The Company shall condone delay on merit for delayed Claims where delay is proved to be for reasons beyond the control of the Policyholder or the Insured Person.
- (d) The Company will condone the delay in making a Claim

by the Policyholder or Insured Person on merit, where delay is proved to be for reasons beyond the control of the Policyholder or the Insured Person.

6.4 Policyholder's or Insured Person's duty at the time of Claim

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

- (a) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (b) The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and the Company shall not be obliged to make the payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
- (c) Intimation of the Claim, notification of the Claim and submission or provision of all information and documents shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6.3 of the Policy and the specific procedures and timeframes specified under the respective Benefits under which the Claim is being made.
- (d) The Insured Person will, at the request of the Company, submit himself for a medical examination by the Company's/Assistance Service Provider's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
- (e) The Company's/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and hospitalization records and to investigate the facts and examine the Insured Person.
- (f) The Company shall be provided with complete documents and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

6.5 Claim Assessment

- (a) All admissible Claims under this Policy shall be assessed by the Company in the following progressive order:
 - (I) If any sub-limits on Medical Expenses are applicable in accordance with Clause 2.1.2. A, the Company's liability to make payment shall be limited to such extent as applicable.
 - (ii) If any Deductible is present under any Benefit, then it shall then be applied
 - (iii) If any Co-pay is Opted under any Benefit, then it will be applied

6.6 Payment Terms

- (i) The Company may in its sole and absolute discretion change the Assistance Service Provider or utilize the service of any other Assistance Service Provider by giving written notification to the Policyholder.
- (ii) All payments under this Policy shall be made in Indian

Rupees and within India. For all admissible reimbursement Claims, the exchange rate on the date of Loss, shall be applied.

- (iii) 'Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-hospitalization related Benefits.
- (iv) If the Assistance Service Provider or the Company requests that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by the Policyholder / the Insured Person.
- (v) The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Policy Terms and Conditions under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Policy Period.
- (vi) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured or the Coverage for that Insured Person under that Benefit is exhausted.
- (vii) If the Policyholder or Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (viii) The Company's maximum, total and cumulative liability under Benefit 1 towards the treatment of Any One Illness in respect of any Insured Person shall not exceed the sub-limits as specified in the Policy Schedule.
- (ix) For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (x) For Reimbursement Claims, the Company will pay to the Policyholder. In the event of death of the Policyholder, the Company will pay to the nominee (as named in the Policy Schedule) and in case of no nominee to the legal heirs or representatives of the Policyholder.
- (xi) The Company shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder / Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person the Company shall make payment within 7 days from the date of receipt of such acceptance. However, if a claim warrants an investigation in the opinion of the Company, then the Company shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines from the date of receipt of last necessary document to the date of payment of claim, the Company shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve

Bank of India at the beginning of financial year., unless the extent regulation requires payment based on some other prescribed interest rate.

7. General Terms and Conditions

7.1 Disclosure to Information Norm

The Policy shall be void and all premium paid there on shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Policy holder, Insured or any person acting on his/her behalf

7.2 Observance of Terms and Conditions

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

7.3 Reasonable Care

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

7.4 Material Change

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

7.5 No constructive Notice

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

7.6 Complete discharge

Payment made by the Company to the Policyholder or the Nominee or the legal heir of the Policyholder, as the case may be, of any amount under the Policy shall in all cases be treated as full and final and construed as an effectual discharge in favor of the Company.

7.7 Multiple Policies

- (a) In case any Insured is covered under more than one similar indemnity insurance policies, with the Company or with other insurers, the Policyholder shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.
- (b) In case the Claim amount under a single policy exceeds the Sum Insured, then Policyholder/Insured Person shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder/Insured Person shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be

indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.

- (c) This clause shall not apply to any Benefit offered on a fixed benefit basis.

7.8 Free Look Period

- (i) This Clause shall be applicable only for the policies which are issued for a period of at least 365 days.
- (ii) The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons, if the terms and conditions are not acceptable to the Policyholder.
- (iii) If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period.

7.9 Policy Disputes

- (a) Wherever there is a decision to be taken by the Insurer, which happens to be at variance with the Customers proposal, declarations and other such conduct an opportunity of natural justice shall be provided to him before a decision is taken on the merit and circumstances of the question.
- (b) Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

7.10 Extension of the Policy Period

- (a) Extension of the Policy Period for a Single Trip Policy
On the Policyholder's written request, the Company may at its sole discretion after the underwriter's review extend the Policy Period provided that the total Policy Period shall not exceed 365 days. If any Claim has been made under the Policy in respect of the original Policy Period:

I. The Insured shall be entitled to all benefits payable on fixed basis for which any claim has not been made with the company earlier under the same policy. For other benefits where the payment is on indemnity basis, balance sum insured shall be available during the extended policy period.

II. Only the balance amount of the Sum Insured will be available for the Benefits which are payable on an indemnity basis.

- (b) Extension of the Geographical Scope of the Policy

- (i) On the Policyholder's written request, the Company may at its sole discretion after the underwriter's review extend Geographical Scope of the Policy specified in the Policy Schedule provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope of the Policy or made any medical related Claim under the Policy.

(c) All requests for extensions must be made at least 1 day before the expiry of the original Policy Period and accompanied by all the following information and documents:

- (i) Duly completed application for extension;
- (ii) Details of complete particulars of all Claims;
- (iii) A good health declaration.

(d) However, if the request to extend the Policy is received within 3 days of the Policy Period End Date then coverage shall be reinstated, at Company's sole discretion subject to underwriting, with effect from Policy Period End Date on the date of receipt of premium by the Company. In such case Company shall not be liable for any Claim arising during the Policy Period End Date and date of receipt of premium.

(e) This product may be withdrawn by the Company after due approval from the IRDA. In case this product is withdrawn by the Company, this Policy can be extended under the then prevailing product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder regarding withdrawal of this product and the options available to the Policyholder at the time of extension of this policy.

(f) The Policy shall not be renewable upon expiry of the Policy Period.

7.11 Cancellation /Termination

(a) Cancellation of Policy, at a date earlier than the Policy Period End Date can be done only upon :-

- (i) Denial of visa OR
- (ii) Cancellation of trip OR
- (iii) Early return of the individual to India

For cancellations due to above reasons, adequate documentary proof including but not limited to written request from customer & copy of passport / Visa denial letter would need to be provided

(b) The policyholder may request for cancellation of the policy prior to Policy period start date. In such cases, the company shall cancel the policy and premium will be refunded post deducting 10% of total Premium maximum up to Rs. 300 towards cancellation charges before refunding any amount

(c) In the event of cancellation of policy prior to policy period end date for any reason, the Premium will be refunded as per below table:

Risk Period utilized	Premium retained
Above 50% of Policy Period	100% of Premium
Above 40% to 50% of Policy Period	80% of Premium
Above 30% to 40% of Policy Period	75% of Premium
Above 20% to 30% of Policy Period	60% of Premium
Policy inception to 20% of Policy Period	50% of Premium

(d) In annual multi-trip policy, premium will be refunded on short scale basis as under :

Period from Policy Period Start Date	Total Number of Trip days utilized	Premium Retained
Up to 1 month	Less than or equal to 7 days	25% annual rate
	Greater than 7 days & upto 21 days	50% annual rate
	Greater than 21 days	75% annual rate
From 2nd month Up to 3 months	Less than or upto 21 days	50% annual rate
	Greater than 21 days and upto 35 days	75% annual rate
	Greater than 35 days	Full annual rate
From 4th month Up to 6 months	Less than or upto 35 days	75% annual rate
	Greater than 35 days	Full annual rate
Exceeding 6 months	Any Trip duration	Full annual rate

(e) The company may also initiate cancellation of the policy in case any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder or the Insured Person or any one acting on his / their behalf.

(f) No refund of premium shall be eligible in case of cancellation of this Policy where a Claim has been incurred under the Policy except for a Claim being admissible under Optional Benefit 5:Refund of Visa Fee(if Visa rejected) wherein the company will refund the Premium for the policy excluding the Premium for the component of Optional Benefit 5 .The company will also charge cancellation charges of 10% of total Premium maximum up to Rs. 300 before any refund is made

7.12 Limitation of Liability

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

7.13 Communication

(a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule.

(b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Company's behalf.

- (c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

7.14 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company.

7.15 Cause of Action

No Claims shall be payable under this Policy unless the event or occurrence giving rise to the Claim occurs in the Geographical Scope specified in the Policy Schedule.

7.16 Electronic Transactions

The Policyholder and /or Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or

through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms 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. Any terms and conditions related to electronic transactions shall be within the approved Policy Terms and Conditions

7.17 Grievances

In case of any grievance the insured person may contact the company through

Website/link: <https://www.careinsurance.com/contact-us.html>

Mobile App: Care Health - Customer App

Tollfree (WhatsApp Number): 8860402452

Courier: Any of Company's Branch Office or Corporate Office

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or Corporate Office. For updated details of grievance officer,

Kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may

also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management

System - <https://bimabharosa.irdai.gov.in/>

The contact details of Ombudsman offices are on the next page:

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel. : 0141-2740363 Email : Bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel. : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.emakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R. Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel.: 0522 - 2231330 / 2231331, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, BENGALURU - 560 078. Tel.: 080-22222049 / 22222048 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 003. Tel.: 0755-2769201 / 9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674 - 2596461 / 2596455, Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172 - 2706196 / 2706468, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 / 24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@cioins.co.in	Delhi, Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040 - 67504123 / 23312122 E-mail : bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.careinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'

Secretary General/Secretary,
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai - 400 054.
Tel : 022-26106889/671/980
Fax : 022-26106949
Email - inscoun@cioins.co.in

Annexure - 1 List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

List I – Optional Items

- 1 BABYFOOD
- 2 BABY UTILITIES CHARGES
- 3 BEAUTY SERVICES
- 4 BELTS/BRACES
- 5 BUDS
- 6 COLD PACK/HOT PACK
- 7 CARRY BAGS
- 8 EMAIL/INTERNET CHARGES
- 9 FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
- 10 LEGGINGS
- 11 LAUNDRY CHARGES
- 12 MINERAL WATER
- 13 SANITARY PAD
- 14 TELEPHONE CHARGES
- 15 GUEST SERVICES
- 16 CREPE BANDAGE
- 17 DIAPER OF ANY TYPE
- 18 EYELET COLLAR
- 19 SLINGS
- 20 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
- 21 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
- 22 Television Charges
- 23 SURCHARGES
- 24 ATTENDANT CHARGES
- 25 EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
- 26 BIRTH CERTIFICATE
- 27 CERTIFICATE CHARGES
- 28 COURIER CHARGES
- 29 CONVEYANCE CHARGES
- 30 MEDICAL CERTIFICATE
- 31 MEDICAL RECORDS
- 32 PHOTOCOPIES CHARGES
- 33 MORTUARY CHARGES
- 34 WALKING AIDS CHARGES
- 35 OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
- 36 SPACER
- 37 SPIROMETRE
- 38 NEBULIZER KIT
- 39 STEAM INHALER
- 40 ARMSLING

- 41 THERMOMETER
- 42 CERVICAL COLLAR
- 43 SPLINT
- 44 DIABETIC FOOTWEAR
- 45 KNEE BRACES (LONG/SHORT/HINGED)
- 46 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
- 47 LUMBO SACRAL BELT
- 48 NIMBUS BED OR WATER OR AIR BED CHARGES
- 49 AMBULANCE COLLAR
- 50 AMBULANCE EQUIPMENT
- 51 ABDOMINAL BINDER
- 52 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
- 53 SUGAR FREE TABLETS
- 54 CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
- 55 ECG ELECTRODES
- 56 GLOVES
- 57 NEBULISATION KIT
- 58 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
- 59 KIDNEY TRAY
- 60 MASK
- 61 OUNCE GLASS
- 62 OXYGEN MASK
- 63 PELVIC TRACTION BELT
- 64 PAN CAN
- 65 TROLLEY COVER
- 66 UROMETER, URINE JUG
- 67 AMBULANCE
- 68 VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

- 1 BABY CHARGES (UNLESS SPECIFIED/INDICATED)
- 2 HAND WASH
- 3 SHOE COVER
- 4 CAPS
- 5 CRADLE CHARGES
- 6 COMB
- 7 EAU-DE-COLOGNE/ROOM FRESHNERS
- 8 FOOT COVER
- 9 GOWN
- 10 SLIPPERS
- 11 TISSUE PAPER

- 12 TOOTH PASTE
- 13 TOOTH BRUSH
- 14 BED PAN
- 15 FACE MASK
- 16 FLEXI MASK
- 17 HAND HOLDER
- 18 SPUTUM CUP
- 19 DISINFECTANT LOTIONS
- 20 LUXURY TAX
- 21 HVAC
- 22 HOUSE KEEPING CHARGES
- 23 AIR CONDITIONER CHARGES
- 24 IM IV INJECTION CHARGES
- 25 CLEAN SHEET
- 26 BLANKET/WARMER BLANKET
- 27 ADMISSION KIT
- 28 DIABETIC CHART CHARGES
- 29 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
- 30 DISCHARGE PROCEDURE CHARGES
- 31 DAILY CHART CHARGES
- 32 ENTRANCE PASS / VISITORS PASS CHARGES
- 33 EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
- 34 FILE OPENING CHARGES
- 35 INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
- 36 PATIENT IDENTIFICATION BAND / NAME TAG
- 37 PULSE OXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

- 1 HAIR REMOVAL CREAM
- 2 DISPOSABLES RAZORS CHARGES (for site preparations)
- 3 EYE PAD
- 4 EYE SHEILD
- 5 CAMERACOVER
- 6 DVD, CD CHARGES
- 7 GAUSE SOFT
- 8 GAUZE
- 9 WARD AND THEATRE BOOKING CHARGES
- 10 ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
- 11 MICROSCOPE COVER
- 12 SURGICAL BLADES, HARMONIC SCALPEL, SHAVER

- 13 SURGICAL DRILL
- 14 EYE KIT
- 15 EYE DRAPE
- 16 X-RAY FILM
- 17 BOYLES APPARATUS CHARGES
- 18 COTTON
- 19 COTTON BANDAGE
- 20 SURGICAL TAPE
- 21 APRON
- 22 TORNIQUET
- 23 ORTHO BUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

- 1 ADMISSION/REGISTRATION CHARGES
- 2 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
- 3 URINE CONTAINER
- 4 BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
- 5 BIPAP MACHINE
- 6 CPAP/CAPDEQUIPMENTS
- 7 INFUSION PUMP– COST
- 8 HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
- 9 NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
- 10 HIV KIT
- 11 ANTISEPTIC MOUTHWASH
- 12 LOZENGES
- 13 MOUTH PAINT
- 14 VACCINATION CHARGES
- 15 ALCOHOL SWABES
- 16 SCRUB SOLUTION/STERILLIUM
- 17 Glucometer & Strips
- 18 URINE BAG

List V – Additional Non Payable Items

- 1 BRUSH
- 2 COSY TOWEL
- 3 MOISTURISER PASTE BRUSH
- 4 POWDER
- 5 BARBER CHARGES
- 6 OIL CHARGES
- 7 BED UNDER PAD CHARGES
- 8 COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,

- 9 DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
- 10 HOME VISIT CHARGES
- 11 DONOR SCREENING CHARGES
- 12 BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
- 13 BLADE
- 14 MAINTAINANCE CHARGES
- 15 PREPARATION CHARGES
- 16 WASHING CHARGES
- 17 MEDICINE BOX
- 18 COMMODE
- 19 Digestion gels
- 20 NOVARAPID
- 21 VOLINI GEL/ ANALGESIC GEL
- 22 ZYTEE GEL
- 23 AHD
- 24 VISCO BELT CHARGES
- 25 EXAMINATION GLOVES
- 26 OUTSTATION CONSULTANT'S/ SURGEON'S FEES
- 27 PAPER GLOVES
- 28 REFERRAL DOCTOR'S FEES
- 29 SOFNET
- 30 SOFTOVAC
- 31 STOCKINGS

Annexure II : Basis of Settlement for different Benefits

Sr. #	Benefit	Benefit / Indemnity
1.	Hospitalization Expenses	Indemnity
2.	Daily Allowance	Benefit
3.	Compassionate Visit	Indemnity
4.	Return of Minor Child	Indemnity
5.	Up-gradation to Business Class	Indemnity
6.	Dental Treatment	Indemnity
7.	Personal Accident	Benefit
8.	Common Carrier Accidental Death & Disability	Benefit
9.	Repatriation of Mortal Remains	Indemnity
10.	Trip Cancellation	Indemnity
11.	Trip Interruption	Indemnity
12.	Trip Delay	Benefit
13.	Loss of Checked-in Baggage	Indemnity
14.	Delay of Checked-in Baggage	Benefit
15.	Loss of Passport and/or International DL	Benefit
16.	Personal Liability	Indemnity
17.	Hijack Distress Allowance	Benefit
18.	Missed Flight Connection	Indemnity
19.	Automatic Trip Extension	Both
	Optional Benefits	
1.	Life Threatening Condition for PED	Indemnity
2.	Medical Expenses due to Accident only	Indemnity
3.	Waiver of Deductible Option	Indemnity
4.	Adventure Sports Cover	Both
5.	Refund of Visa Fee (if Visa rejected)	Indemnity
6.	Option of Waiver of Sub-limit	Indemnity
7.	Option of Co-Payment	Indemnity
	Optional Package	
1.	Loss of Laptop, Hand Baggage, and Personal Belongings	Indemnity
2.	Bounced Booking-Hotel/Airline	Indemnity
3.	Home to Home Cover	Both



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IRDAI Registration Number - 148

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