Bharti AXA General Insurance Co. Ltd
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Doddanekundi,Off Outer Ring Road, Bangalore – 560037
IRDAI Reg. No. 139, CIN: U66030KA2007PLC043362

Policy Wordings
Group Personal Accident

Preamble & Operative Clause

Bharti AXA General Insurance Company Limited will provide insurance cover to the person(s) named in the Schedule based on the material facts recorded in the proposal and declaration made and agreed premium has been paid and realized by us in full.

We will pay the insured person(s) in respect of an insured event occurring during the policy period and subject to the Conditions, Sum Insured, Scope of Coverage, Territorial Limits, Endorsement, Deductible and Exclusions in the manner and to the extent set forth in this policy.

Definitions

Any words or expressions defined below have specific meanings ascribed to them wherever they appear in this Policy or Schedule. For purposes of this Policy, please note that references to the singular or masculine include references to the plural or to the female.

- **"Accident"** means sudden, unforeseen and involuntary event caused by external, visible and violent means.

- **"Any One Accident (AOA)"** means the maximum amount payable by the Company in respect of any single Accident, irrespective of the number of Insured Persons involved in such Accident. In the event that an Accident occurs which results in insurable losses under this Policy and which ordinarily would mean that the AOA limit is exceeded, the AOA Limit amount will be distributed on a proportional basis to all Insured Persons, taking into account the maximum Sums Insured per Benefit and per Insured Person.

- **"Any One Year (AOY)"** means the maximum amount payable under the benefit as specified in the Policy Schedule in respect of all claims by or on behalf of all Insured Persons, if at any time the total value of unpaid claims would, if paid, result in this AOY limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this maximum AOY limit is not exceeded.

- **"Company/We/Our/Ours"** means Bharti AXA General Insurance Company Limited.

- **"Condition Precedent"** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

- **"Congenital Anomaly"** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
    - **a) Internal Congenital Anomaly-**Congenital anomaly which is not in the visible and accessible parts of the body.
    - **b) External Congenital Anomaly-**Congenital anomaly which is in the visible and accessible parts of the body

- **"Co-payment"** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

- **"Day care treatment**" means medical treatment, and/or surgical procedure which is:
    - **a)** undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
    - **b)** 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.

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

- **"Dependent Child"** means a natural or legally adopted child, aged between 91 days to 23 Years and pursuing full time education and financially dependent on the Primary Insured.

- **"Disclosure to information norm"** means the policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of mis-representation, mis-description or non-disclosure of any material fact.

- **"Emergency care"** means management for an 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.

- **"Hospital"** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments

(Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

a) has qualified nursing staff under its employment round the clock;
b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
c) has qualified medical practitioner(s) in charge round the clock;
d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

"Hospital" outside India shall mean an institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps constant medical records, is recognized as a hospital in the country in which it is situated, and which is appropriately licensed, wherever required to be so, to operate as a hospital in that country.

- **"Hospitalization"** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for Day care treatments, where such admission could be for a period of less than 24 consecutive hours.

- **"ICU (Intensive Care Unit) Charges**" means the amount charged by a Hospital towards ICU expenses 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.

- **"Illness"** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
  a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
  b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
     I. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
     II. it needs ongoing or long-term control or relief of symptoms
     III. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
     IV. it continues indefinitely
     V. it recurs or is likely to recur

- **"Immediate Family Members"** shall mean Married spouse, Children (Biological or Legally Adopted), Parents & Siblings.

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

- **"Inpatient care**" means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

- **"Insured Person(s)/You/Your"** means the person(s) named in the Schedule/Certificate of Insurance.

- **"Intensive care unit (ICU)**" means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

- **"Maternity expenses"** means;
  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.

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

- **"Medical Expenses"** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

- **"Medically necessary treatment"** 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 injury suffered by the insured;
  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.

- **"Medical Practitioner"** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

  The registered practitioner should not be the insured or close member of the family.

- **"Newborn baby"** means baby born during the Policy Period and is aged upto 90 days.

- **"Notification of claim"** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

- **"OPD treatment"** means the 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.

- **"Policyholder"** means an Individual/Organisation/Association in whose name the policy has been issued and should have an insurable interest to cover the insured person(s) under the policy.

- **"Policy Period"** means the period between the inception date and the expiry date specified in the Schedule. Policy period can be less than 1 Year, 1/2/3/4/5 year(s) in context of this policy.

- **"Policy Schedule"** means the document attached to and forming part of this Policy mentioning the details of the Insured Person(s), the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject to.

- **"Pre-Existing Condition"** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and/or were diagnosed, and/or for which medical advice/treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

- **"Qualified nurse"** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

- **"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 injury involved.

- **"Renewal"** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

- **"Schedule"** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject to.

- **"Senior citizen"** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.

- **"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.

- **"Sum Insured"** means the sum shown in the Schedule/Certificate of Insurance which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

- **"Surgery or Surgical Procedure"** means manual and/or operative procedure (s) required for treatment of an injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

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

Scope of Cover

The Policy intends to offer optional coverage chosen by the Policyholder, Endorsed by the Company upon payment and realization of agreed premium in full and specified under the policy schedule.

General Exclusions

The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- Any Pre-existing Condition(s) and complications arising out of or resulting therefrom;
- Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness, including abstinent from a normal behavior of having food.
- Mental or nervous disorder, anxiety, or depression,
- Whilst engaging in Adventure Sports. The list of adventurous sports are Water Rafting, Wildlife/Jeep Safaris, Trekking, Camping, Boat safaris, Parasailing, Paragliding, Elephant/Camel/Horse/Yak Safaris, Cycling, House Boat stays, Motor Bike tours, Kayaking, Rock Climbing, Artificial Wall Climbing, Bungee Jumping, Paintball, Suba Diving, Hot Air Ballooning, Canoeing, Mountain Biking, Rappelling, Snorkeling, Zip wires & high Rope course, Abseiling, Surfing, Water Skiing, Skiing, Caving, Self-Drive tours, Mountaineering/Hiking, All Terrain Vehicle, Hang Gliding, Snowboarding, Ultra-Light flying, Heli-skiing, Sky Diving. .
- While under the influence of liquor or drugs , alcohol or other intoxicants,
- Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony, riot, crime, misdemeanor, civil commotion,

- Whilst engaging in aviation, whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
- Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,
- As a result of any curative treatments or interventions that you carry out or have carried out on your body, including alternative forms of medicines like chiropractic treatments etc.
- Arising out of your participation in any police ,naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic,
- Your consequential losses of any kind or your actual or alleged legal liability.
- Venereal or sexually transmitted diseases,
- HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused,
- Pregnancy, resulting childbirth, maternity expenses, miscarriage, abortion, or complications arising out of any of these,
- War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority, or
- Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,
- The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,
- Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines
- No benefit would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor
- While engaged in hazardous activity unless specifically covered under the policy
- Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident unless specifically covered under the policy

Additional exclusions applicable to the Medical Sections

- Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
- Vitamins and tonics unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
- Charges related to Aesthetic treatment, cosmetic surgery and plastic surgery unless specifically covered under the policy.

- Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.
- Any other medical or surgical treatment except as may be necessary solely as a result of Injury.
- Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and subject to Inpatient &/ or Outpatient Hospitalization Treatment being specifically covered under the policy.
- Experimental, unproven or non-standard treatment.

General Conditions:

I. Assignments Clause: (applicable if assignment section in the enrolment form is filled and signed by insured member)

It is hereby declared and agreed that:-

- From the policy start date, the claim not exceeding the Sum Insured as mentioned in the policy schedule payable by the company to the Insured and all rights, title, benefits and interest of the Insured under this policy stand assigned in the favor of an assignee as informed by you to the company.
- Upon any sum of claim becoming payable under this policy the same shall be paid by the company to the assignee directly without any notice to the Insured / Insured members but not exceeding the assigned amount. In the event of any sum of claim payable under this policy exceeding the assigned amount, the company shall pay such some to Insured Member / Nominee / Legal Heir
- The claim in the manner aforesaid by the assignee and the Insured shall completely discharge the company from all liability under the policy and shall be binding on the Insured and his legal heirs.

II. Duty of Disclosure:

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material facts in the Proposal/Enrolment Form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Policyholder/Insured Person or any one acting on their behalf to obtain a benefit under this Policy.

III. Deferred Payment of Claims:

Where the mode of claim disbursal is deferred we will pay the nominee/legal heir of the Insured Person, during the course of this payment if the nominee/legal heir is unable to receive payments due to demise of the nominee/legal heir we will continue to make payment as per schedule to the legal heir of the deceased nominee/legal heir

I. Consideration :

The Frequency of Premium payable under the policy and or each Certificate of the Insurance issued under this Policy shall be made annually or on installment basis.

- Annual Premium - premium is payable before the beginning of each 12 month period when the annual premium is due.

- Installment Premium – premium is payable and realized in full by the Company in monthly/quarterly/half yearly frequency (as the case may be) before the installment due date.

II. Observance of terms and conditions:

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Policyholder/Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

III. Material Change:

The Policyholder/ Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business, partial disclosure of the medical history at Policyholder's/Insured person's own expense. The Company may, adjust the scope of cover and/or the premium, if necessary, accordingly.

IV. Fraudulent Claims:

If any claim is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof or if any fraudulent means or devices are used by the Policyholder/Insured Person or anyone acting on their behalf to obtain any benefits under the Policy, all benefits under this Policy shall be forfeited. The Company will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this condition as well as Duty of Disclosure condition of this Policy.

V. No Constructive Notice:

The Company shall not take notice of any information relating to the Policyholder/Insured person unless such information is submitted in writing by the Policyholder/Insured person, even if such information was available with the Company.

VI. Notice of Charge:

The Company is not under obligation to take note of any trust, assignment, lien or similar charge on or relating to the Policy. However, any payment by the Company to Insured Person or legal representative or bank shall be binding on all concerned and shall be considered as complete discharge by the Company.

VII. Special Provisions:

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

VIII. Electronic Transaction:

The Policyholder/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 confirm that all transactions effected by or

through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centres, 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. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of Policy holder's interests.

IX. Duty of the Insured on occurrence of loss/event leading to claim

On the occurrence of loss/event/claim within the scope of cover under the Policy resulting in a claim, the Policyholder/Insured Person shall:

- Forthwith file/submit a claim form in accordance with "Claim Procedure" clause.
- Allow the Medical Practitioner or any representative of the Company to inspect the medical and hospitalization records and to examine the Insured Person
- Assist and not hinder or prevent the Company or any of its representatives in pursuance of their duties

In case the Policyholder/Insured Person does not comply with the provisions of this clause or other obligations cast upon the Policyholder/Insured Person under this Policy or in any of the Policy documents, all benefit under the Policy shall be forfeited, at the option of the Company.

X. Right to Investigate:

If required by the Company, an agent/representative of the Company including a physician appointed in that behalf in case of any loss/event/claim or any circumstances that have given rise to a claim to the Insured Person, be permitted at all reasonable times to investigate into the circumstances of such loss/event leading to claim. The Insured Person or his representatives shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss/event or such circumstance in his/her possession including presenting himself/herself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or shall assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

The Company shall bear all cost of investigation required under this section.

XI. Position after a claim:

As from the day of receipt of the claim amount by the Policyholder, the days Insured for the remainder of the Policy year of insurance shall stand reduced by a corresponding amount.

If due to any single accident, any Insured person sustains injury and there are admissible claims under multiple benefits of the Casualty Section, the liability of the Company shall be restricted to the highest Sum Insured

specified under any one benefit of the Casualty Section. The Company shall pay upto the highest Sum Insured under any one benefit less any other amount already paid or payable under any benefits of Casualty as opted by the Policyholder and offered under this Policy, as the result of the same accident.

In the event of multiple accidents during the policy period resulting in claim in one or more than one section, the liability of the company shall be restricted to the highest amount payable in each of the section claimed against.

The policy shall terminate from the date of payment of claim and all the covers/benefits under Casualty, Medical & Add-On sections shall cease from the date of loss, in the event of an admissible Accidental Death or Disappearance claim paid under the policy.

The Company's liability for claims shall be limited to the AOA &/ or AOY limit if the same has been opted by the Policyholder and specified in the Policy Schedule/Certificate of Insurance.

XII. Multiple policies:

If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

- In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- Claims under other policy/ies may be made even if Sum Insured is not exhausted in the earlier chosen policy/policies for the disallowed amounts under the earlier chosen policy/policies.
- If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

The points mentioned above shall not apply for claims payable on Benefit basis.

XIII. Forfeiture of claims:

If any claim is made and rejected and no court action or suit is commenced within 12 months after such rejection or, in case of arbitration taking place as provided therein, within 12 calendar months after the arbitrator or arbitrators have made their award, all benefits under this Policy shall be forfeited and will not have any rights whatsoever.

XIV. Free Look Period:

Insured/ Policyholder has a period of 15 days from the date of receipt of the Policy document/Certificate of Insurance to review the terms and conditions of this Policy/Certificate of Insurance. If the Insured/ Policyholder has any objections to any of the terms and conditions, he/she have the option of cancelling the Policy/Certificate of Insurance stating the reasons for cancellation and in such a case, the Company will refund premium subject to ;

- A deduction of the expenses incurred on stamp duty charges, if the risk has not commenced.
- A deduction of the expenses incurred on stamp duty charges and proportionate risk premium for period on cover, if the risk has commenced.
- A deduction of such proportionate risk premium in commensuration with the risk covered during such period, where only a part of risk has commenced.

The Policy can be cancelled only if there is no claim under the Policy.

Free look provision is not applicable and/or available at the time of renewal of the Policy.

XV. Cancellation:

Single Policy/Master Policy

The Company may cancel this Policy, by giving 15 days' notice in writing/e-mail registered with us acknowledgment due to the Policyholder at his / their last known address. The Company shall exercise its right to cancel only on grounds of mis-representation, fraud, non-disclosure of material facts, in which case the policy shall be void and all premium paid thereon shall be forfeited to the Company as per the disclosure to information norm. In case of non-cooperation of the Policyholder in implementing the terms and conditions of this Policy the policy shall be cancelled and premium shall be refunded on ratable proportion provided that no claim has/is occurred/reported up to the date of cancellation of this Policy.

The Policyholder may also give 15 days' notice in writing/ e-mail registered with us, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice, cancel the Policy and retain the premium for the period this Policy has been in force as opted for by the Policyholder and mentioned in the Renewal & Refund section of this Policy. Provided that, refund on cancellation of Policy by the Insured shall be made only if no claim has/is occurred/reported up to the date of cancellation of this Policy.

The Policy will terminate at the expiration of the period for which premium has been paid or on Expiration Date shown in the Policy Schedule, whichever is earlier.

Certificate of Insurance

Each Certificate of Insurance will terminate on the earliest of the following dates:

1. The date the master Policy is terminated,
2. The date insured person or Company cancel the Certificate of Insurance.
3. The date the Insured person ceases to be part of the group unless specified otherwise.
4. The date of Expiry of the Certificate
5. Instalment premium is not received during a 15 Days Grace period.

The Company may cancel this Certificate of Insurance, by giving 15 days' notice in writing/ e-mail acknowledgment due to the Insured at his / their last known address. The Company shall exercise its right to cancel only on grounds of mis-representation, fraud, non-disclosure of material facts of the Insured/ Insured Person in which case the Certificate of Insurance shall be void and all premium paid thereon shall be forfeited to the Company as per the disclosure to information norm.

In case of non-cooperation of the Insured/Insured Person(s) in implementing the terms and conditions of this Policy the policy shall be cancelled and premium shall be refunded on ratable proportion provided that no claim has/is occurred/reported up to the date of cancellation of this Policy

The Insured may also give 15 days' notice in writing, to the Company, for the cancellation of this Certificate of Insurance, in which case the Company shall from the date of receipt of notice, cancel the Certificate of Insurance and retain the premium for the period this Certificate of Insurance has been in force, as opted for by the Policyholder and mentioned in the Renewal & Refund section of this Policy. Provided that, refund on cancellation of Certificate of Insurance by the Insured shall be made only if no claim has/is occurred/reported up to the date of cancellation of this Certificate of Insurance

XVI. Territorial Limits/Currency of payment:

The coverage under each of the sections of the policy shall be restricted to the Territorial limits as specified in the Schedule. All claims shall be payable in India in Indian Rupees only.

XVII. Policy Disputes:

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Policyholder and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such court with in Indian Territory.

XVIII. Arbitration (For Indemnity Claims):

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators - 1 to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such 2 arbitrators.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996 and amendments as applicable.

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

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

XIX. Renewal & Refund:

The premium for renewal will be applicable as per the premium quote issued by the company based on age; Sum Insured; Change in group size, past policy claims history and any other relevant factors affecting the risk of the group.

In the likelihood of this Policy being withdrawn in future, the Company will inform the same to the Insured at least 3 months prior to expiry of the Policy. Insured will have the option to migrate to other plan under similar health insurance Policy at the time of renewal, provided the Policy is maintained without a break.

All applications for renewal of the Policy must be received by us before the expiry of current Policy.

Refund: As opted for by the Policyholder and indicated in the Master Policy refund will be done in the following proportion:

Annual Policy

Period on risk	**% Return Premium**
Upto 1 month	3/4th of the annual rate
Upto 3 months	½ of the annual rate
Upto 6 months	1/4th of annual rate
Exceeding 6 months	Nil

Multi-Year Policy – Applicable for Multiyear policy

Loan Period(Year)	**1**	**2**	**3**	**4**	**5/5+**
Policy Period (Year)	**1**	**2**	**3**	**4**	**5**
Year Of Cancellations	**Rate of Premium to be Return (%) to Insured**				
1		50%	67%	75%	80%
2			33%	50%	60%
3				25%	40%
4					20%
5					NIL

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period. In event of prepayment of the entire Loan and upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured Person, the cover in respect of the Insured Person shall forthwith terminate and the Company shall not be liable hereunder. Notwithstanding anything contained herein or

otherwise, no refunds of premium shall be made in respect of the Insured Person where any claim has been admitted by the Company or has been lodged with the Company.

XX. Inclusion of members under the Policy:

New Person can be added to this Policy, either by way of endorsement in case of mid-term inclusion or at the time of renewal subject to acceptance by the Company.

XXI. Renewal Notice:

The Company shall not be bound to accept any renewal premium or to give notice that such is due.

XXII. Entry Age: The minimum entry age under the policy is 91 days. The Maximum entry age shall be restricted to 85 Years.

XXIII. Notices:

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

- In case of the Policyholder/Insured Person, at the address given in the Schedule to the Policy/Certificate of Insurance.
- In case of the Company, to the Policy issuing office/nearest office of the Company.

SECTION 5- GRIEVANCES REDRESSAL PROCEDURE

The Company is committed to extend the best possible services to its customers. However, If Policyholder/Insured Person have a grievance that he/she wish us to redress, he/she may contact the Company with the details of their grievance via:

- Website : www.bharti-axagi.co.in
- Email : customer.service@bharti-axagi.co.in
- Phone : 080-49123900
- Courier : Any of the Company's Branch office or corporate office

Policyholder/Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

Escalation Level 1

For lack of a response or if the resolution still does not meet the expectations through one of the above methods, Policy holder/Insured/ Insured Person may contact the Company's Head of Customer Service at.

Bharti AXA General Insurance Co. Ltd.,

First Floor, The Ferns Icon,

Survey No. 28 Next to Akme Ballet, Doddanekundi,

Off Outer Ring Road, Bangalore – 560037

Escalation Level 2

In case the Policy holder/Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, or, If Policy holder/Insured/Insured Person is not satisfied with Company's redressal of the grievance through one of the above methods, they may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned below. Policy holder/Insured/Insured Persons may also obtain copy Insurance Regulatory and Development Authority (Protection of Policy holders' interests) Regulations, 2017 from any of our offices.

Grievance of Senior Citizens:

In respect of Senior Citizens, the Company has established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company for faster attention or speedy disposal of grievance, if any.

- Website : www.bharti-axagi.co.in
- Email : customer.service@bharti-axagi.co.in
- Phone : 080-49123900
- Courier : Any of the Company's Branch office or corporate office

Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

List of Ombudsmen

OFFICE OF THE INSURANCE OMBUDSMAN, JEEVAN PRAKASH BUILDING, 6TH FLOOR, TILAK MARG, RELIEF ROAD, **AHMEDABAD – 380 001.** **TEL:** 079 - 25501201/02/05/06 **EMAIL:** BIMALOKPAL.AHMEDABAD@GBIC.CO.IN	**OFFICE OF THE INSURANCE OMBUDSMAN,** JEEVAN SOUDHA BUILDING, PID NO. 57-27-N-19 GROUND FLOOR, 19/19, 24TH MAIN ROAD, JP NAGAR, IST PHASE, **BENGALURU – 560 078.** **TEL:** 080 - 26652048 / 26652049 **EMAIL:** BIMALOKPAL.BENGALURU@GBIC.CO.IN
OFFICE OF THE INSURANCE OMBUDSMAN,	**OFFICE OF THE INSURANCE OMBUDSMAN,**

JANAK VIHAR COMPLEX, 2ND FLOOR, 6, MALVIYA NAGAR, OPP. AIRTEL OFFICE, NEAR NEW MARKET, **BHOPAL – 462 003.** **TEL:** 0755 - 2769201 / 2769202 **FAX:** 0755 - 2769203 **EMAIL:** BIMALOKPAL.BHOPAL@GBIC.CO.IN	62, FOREST PARK, **BHUBNESHWAR – 751 009.** **TEL:** 0674 - 2596461 /2596455 **FAX:** 0674 - 2596429 **EMAIL:** BIMALOKPAL.BHUBANESWAR@GBIC.CO.IN
OFFICE OF THE INSURANCE OMBUDSMAN, S.C.O. NO. 101, 102 & 103, 2ND FLOOR, BATRA BUILDING, SECTOR 17 – D, **CHANDIGARH – 160 017.** TEL: 0172 - 2706196 / 2706468 FAX: 0172 - 2708274 **EMAIL:** BIMALOKPAL.CHANDIGARH@GBIC.CO.IN	**OFFICE OF THE INSURANCE OMBUDSMAN,** FATIMA AKHTAR COURT, 4TH FLOOR, 453, ANNA SALAI, TEYNAMPET, **CHENNAI – 600 018.** **TEL:** 044 - 24333668 / 24335284 **FAX:** 044 - 24333664 **EMAIL:** BIMALOKPAL.CHENNAI@GBIC.CO.IN
OFFICE OF THE INSURANCE OMBUDSMAN, 2/2 A, UNIVERSAL INSURANCE BUILDING, ASAF ALI ROAD, **NEW DELHI – 110 002.** **TEL:** 011 - 23239633 / 23237532 **FAX:** 011 - 23230858 **EMAIL:** BIMALOKPAL.DELHI@GBIC.CO.IN	**OFFICE OF THE INSURANCE OMBUDSMAN,** JEEVAN NIVESH, 5TH FLOOR, NR. PANBAZAR OVER BRIDGE, S.S. ROAD, **GUWAHATI – 781001(ASSAM).** **TEL:** 0361 - 2132204 / 2132205 **FAX:** 0361 - 2732937 **EMAIL:** BIMALOKPAL.GUWAHATI@GBIC.CO.IN
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 - 65504123 / 23312122 **FAX:** 040 - 23376599 **EMAIL:** BIMALOKPAL.HYDERABAD@GBIC.CO.IN	**OFFICE OF THE INSURANCE OMBUDSMAN,** JEEVAN NIDHI – II BLDG., GR. FLOOR, BHAWANI SINGH MARG, **JAIPUR - 302 005.** **TEL:** 0141 - 2740363 **EMAIL:** BIMALOKPAL.JAIPUR@GBIC.CO.IN
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 **EMAIL:** BIMALOKPAL.ERNAKULAM@GBIC.CO.IN	**OFFICE OF THE INSURANCE OMBUDSMAN,** HINDUSTAN BLDG. ANNEXE, 4TH FLOOR, 4, C.R. AVENUE, **KOLKATA - 700 072.** **TEL:** 033 - 22124339 / 22124340 **FAX :** 033 - 22124341 **EMAIL:** BIMALOKPAL.KOLKATA@GBIC.CO.IN
OFFICE OF THE INSURANCE OMBUDSMAN, 6TH FLOOR, JEEVAN BHAWAN, PHASE-II, NAWAL KISHORE ROAD, HAZRATGANJ, **LUCKNOW - 226 001.** **TEL:** 0522 - 2231330 / 2231331 **FAX:** 0522 - 2231310 **EMAIL:** BIMALOKPAL.LUCKNOW@GBIC.CO.IN	**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@GBIC.CO.IN
OFFICE OF THE INSURANCE OMBUDSMAN,	**OFFICE OF THE INSURANCE OMBUDSMAN,**

JEEVAN DARSHAN BLDG., 3RD FLOOR, C.T.S. NO.S. 195 TO 198, N.C. KELKAR ROAD, NARAYAN PETH, **PUNE – 411 030.** **TEL:** 020-41312555 **EMAIL:** BIMALOKPAL.PUNE@GBIC.CO.IN	1ST FLOOR,KALPANA ARCADE BUILDING,, BAZAR SAMITI ROAD, BAHADURPUR, **PATNA 800 006.** **TEL:** 0612-2680952 **EMAIL:** BIMALOKPAL.PATNA@GBIC.CO.IN
OFFICE OF THE INSURANCE OMBUDSMAN, BHAGWAN SAHAI PALACE 4TH FLOOR, MAIN ROAD, NAYA BANS, SECTOR 15, DISTT: GAUTAM BUDDH NAGAR, **U.P-201301.** **TEL:** 0120-2514250 / 2514252 / 2514253 **EMAIL:** BIMALOKPAL.NOIDA@GBIC.CO.IN	

SECTION 6: CLAIM SERVICING:

I. Claim Notification - Multi Model Intimation:

It is the endeavor of Company to give multiple options to the Insured Person/Insured Person's representative to intimate the claim to the Company. The intimation can be given in following ways:

- Toll Free call Centre of the Insurance Company (24x7) – 1800-103-2292
- Login to the Company's website and intimate the claim – http://www.bharti-axagi.co.in/contact-us
- Send an email to the Company- claims@bharti-axagi.co.in or BAGIClaims.Commercial@Bharti-axagi.co.in
- Post/courier to the Company - Bharti AXA General Insurance Company Limited, 19th Floor, Parinee Crescenzo, G-Block, Bandra Kurla Complex, Opposite MCA Club, Bandra (E), Mumbai - 400051
- Directly Contacting our Company office but in writing. - Bharti AXA General Insurance Company Limited, 19th Floor, Parinee Crescenzo, G-Block, Bandra Kurla Complex, Opposite MCA Club, Bandra (E), Mumbai - 400051

In all the above, the intimations are directed to a central team for prompt and immediate action.

II. Information Details

- Insured Person/Insured Person's representative should intimate the claims within 7 working days upon occurrence of the event. For emergency hospitalization claims, the Insured Person must provide notification of claim within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier. The Notification of Claim should be ideally provided by the Insured Person or his representative. In the event Insured Person is unwell, then the Notification of Claim should be provided by Insured Person's representative.

However, if there is a genuine reason for delay in intimation, the Company shall not enforce any penalty if the admissibility of the claims is not contested upon.

When the Insured Person/Insured Person's representative intimates a claim as mentioned above the following information should be given for prompt services.

- Aadhar Card No.
- Master Policy number
- Certificate number
- Name of the Policyholder
- Name of Insured Person making the claim
- Contact details
- Nature of the Injury
- Name and address, phone number of the attending medical practitioner/hospital.
- Date of hospitalization

III. Claim Form

Upon the notification of the claim, The Company shall assist the Insured person/ Insured Person's nominee/ legal heir to access the claim form electronically through web download, email or visit to the nearest branch of the Company.

Alternatively, the Company will dispatch the claim form to the Insured person/ Insured Person's nominee/ legal heir.

IV. Claim Procedure

- The Company shall be under no obligation to make any payment under this Policy unless all the premium payments are received in full and all payments have been realized.
- The Company will only make payment as per the Policyholder's direction. In case of Insured Person's unfortunate demise, the Company will only make payment to the Assignee or Nominee (as named in the Policy Schedule/Certificate of Insurance).
- When there is an Instalment facility - if Insured Person makes a claim under the policy (applicable for both annual and multi-year policy), Insured Person will be liable to pay the premium for the entire policy period in full and premium shall be realized by the Company in full, before the claim is paid or Insured Person authorizes us to deduct from claim amount due any outstanding premiums due.
- The Company is not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimized the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- The Company will process the claims and make claim payments.
- If there is any deficiency in the documents/ information submitted by Insured person, the Company will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents to the Company's satisfaction, the Company will settle or reject a claim, as may be the case, within thirty days of the receipt of the last 'necessary' document.

Notwithstanding the above, upon the receipt of all required documents and processing of the claim, the offer of settlement/intimation of rejection with reasons will be made to the Insured in any case not later than 30 days maximum. Settlement (payment) of claim will be made within 7 days of receipt of acceptance in response to offer of settlement, failing which penal interest (in compliance with applicable regulations) at a rate of 2% higher than bank rate (prevailing as on the date of beginning of financial year in which the claim is reviewed) will be paid, The period of 7 days mentioned above is included in the maximum period of claim settlement (30 days) stated above.

V. Documents

It is the Policy of the Company to seek documents in a single request. Based on documents submitted, if any further documentation is required then it will be sought promptly, at the earliest.

In cases where investigation is deemed necessary, the same will be conducted in all promptitude. Every attempt will be made to keep the process transparent.

VI. Repudiations

The power to repudiate claims is vested in the corporate office to ensure transparency and standardization across the country.

For Reimbursement Claims:

- If original bills, receipts, prescriptions, reports and other documents are submitted to the Company and Insured Person requires same for claiming amount from other organization/provider (which is otherwise not payable under our policy), then on request from the Insured Person, We will provide attested copies of the bills and other documents submitted by the Insured Person.

- In the event of the original documents being provided to any other Insurance Company/Reimbursement provider, The Company shall accept verified photocopies of such documents attested along with the settlement letter by such other Insurance Company/ reimbursement provider.

ENDORSEMENTS – Wordings

It is hereby agreed that subject to the terms & conditions, exclusions under the policy, any endorsements issued with this policy shall modify the scope of coverage to the extent as specified in the endorsement wording. The Company's liability arises only when requisite additional premium if applicable for such endorsement has been realized.

All other Policy Terms, conditions and exclusions shall remain unaltered.

CASUALTY SECTIONS

Section 1: ACCIDENTAL DEATH

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in death within 12 Months from the date of accident, the company agrees to pay to the Insured Person's Nominee, Beneficiary or legal representative, the Sum Insured specified in the Schedule/Certificate of Insurance.

Section 2: PERMANENT TOTAL DISABLEMENT (PTD)

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in any of the disablement stated in the table below and opted for by the Policyholder/Insured Person as indicated in the Policy Schedule/Certificate of Insurance, within twelve months from the date of accident, the company agrees to pay to the Insured Person, the Sum Insured specified in the Schedule to the extent stated in the table below.

Disablement	% of PTD SI
Loss of or/and use of 2 limbs (both hands, both feet or one hand and one foot)	100%
Loss of or/use of one limb and one eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Loss of Speech and hearing of both ear	100%
Incurable Insanity as a result of Injury	100%
Complete Removal of Lower Jaw	100%
Total Loss of Mastication	100%
Total Loss of the central nervous system or the thorax and all abdominal organs	100%
Quadriplegia (Paralysis) due to Injury	100%

In this Benefit:

- Loss of Limb means physical separation of a Limb above the wrist or ankle respectively.
- Use of Limb means permanent, irreversible and total loss of functional use of a limb with no reasonable medical hope of improvement

Section 3: PERMANENT PARTIAL DISABLEMENT (PPD)

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in any of the disablement stated in the table below and opted for by the Policyholder/Insured Person as indicated in the Policy Schedule/Certificate of Insurance, within twelve months from the date of accident, the company agrees to pay to the Insured Person, the Sum Insured specified in the Schedule to the extent stated in the table below.

Disablement	% of PPD SI
Hearing of both ears	75%
An arm at the shoulder joint	70%
A leg above mid-thigh (Above center of femur)	70%
An arm above the elbow joint	65%
An arm beneath the elbow joint	60%
A leg up to mid-thigh (below the femur)	65%
Four Fingers and thumb of One hand	40%
Four Fingers of One hand	35%
A hand at the wrist	55%
A leg up to beneath the knee	50%
An eye	50%
Loss of Lens of One Eye	25%
A leg up to mid-calf (Mid Tibia)	50%
A foot at the ankle	50%
Hearing of one ear	30%
A thumb (Both Phalanges)	25%
A thumb (One Phalanx)	20%
An index finger (Three Phalanges)	10%
An index finger (Two Phalanges)	10%
An index finger (One Phalanx)	10%
Thumb & Index Finger of Same Hand	25%
Sense of smell	10%
Sense of taste	5%
Any other finger	5%
Middle Finger (Three Phalanges)	6%

Middle Finger (Two Phalanges)	4%
Middle Finger (One Phalanges)	2%
Ring Finger (Three Phalanges)	5%
Ring Finger (Two Phalanges)	4%
Ring Finger (One Phalanx)	2%
Little Finger (Three Phalanges)	4%
Little Finger (Two Phalanges)	3%
Little Finger (One Phalanx)	2%
Loss of Toe – All	20%
A large (One Joint)	5%
A large (Two Joints)	2%
Any other toe	2%
Loss of Metacarpus- First & Second	3%
Loss of Metacarpus- Third, Fourth & Fifth	2%
Paraplegia (Paralysis)	50%
Hemiplegia (Paralysis)	50%
Uniplegia (Paralysis)	25%

In this Benefit:

- Loss of Limb means physical separation of one Limb above the wrist or ankle.
- Use of Limb means permanent, irreversible and total loss of functional use of a one limb with no reasonable medical hope of improvement

Bharti AXA General Insurance Company Limited

☎ 080-49123900
customer.service@bharti-axagi.co.in
SMS <SERVICE> to 5667700
www.bharti-axagi.co.in

Group Domestic Traveller Insurance Policy Policy wordings

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

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

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

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

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

"Alternative Treatments" means forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

"Appliances" shall mean and include electrical, mechanical and electronic appliances such as refrigerator, television, , washing machine, microwave oven, Audio and Video system, personal computer, laptops and air-conditioner contained or fixed in the Insured's home for domestic use.

Adventure Sports" skydiving/parachuting, parasailing, hang gliding, paragliding, balooning bungee jumping, scuba diving, mountaineering or rock climbing (where ropes or guides are customarily used), Speed contest or racing of any kind, caving or pot-holing, absoiling, hunting or equestrian activities, deep sea diving, skin diving or other underwater activity, polo, snow and ice sports, rafting or canoeing involving white water rapids, yachting or boating, , Base Jumping, Ski Jumping, Trekking, Adventure racing on land and water, Snorkeling, Kayaking, Surfing,any bodily contact sport or any other hazardous or potentially dangerous sport

"Aggregate Limit" - Company's maximum liability per event under the Accidental Death and Dismemberment or Permanent Total/Partial Disability benefits of this Policy in respect of all claims by or on behalf of all Insured Persons , If at any time the total value of unpaid claims would, if paid, result in this aggregate limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this maximum aggregate limit is not exceeded.

"Baggage" shall mean articles and / or personal effects of the Insured (other than property of the Business) in packing or in containers suitable and standard to the mode of Travel that is accompanied by the Insured or whilst such Baggage is lodged either in a locked private room of a hotel or guest house or any other accommodation occupied by the Insured during the Insured's stay at that location or in a public locker facility availed by the Insured during the course of or at any intermediate stage of the Travel.

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

"Burglary" means an act involving the unauthorized or forcible entry to or exit from the Insured's home in India or any attempt threat, with intent to commit crime.

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

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

"Company / Insurer" means BhartiAXA General Insurance Company Limited.

"Common Carrier" - means any civilian land, rail or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.

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

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

a. "Internal Congenital Anomaly" refers to the Congenital anomaly which is not in the visible and accessible parts of the body;

b. "External Congenital Anomaly" refers to the Congenital anomaly which is in the visible and accessible parts of the body.

"Contents" mean and include electrical and electronic equipment, household appliances, furniture, fixture, fittings, linen, clothing, interior decorations, kitchen items, cutlery /crockery contained in the Insured's home belonging to the Insured or his/her family members permanently residing with the Insured including items for which the Insured is responsible, and used for domestic use. However, this does not include deeds, bonds, bills of exchange, promissory notes, cheques, traveller's cheques, and securities for money, documents of any kind, cash, and currency notes.

"Corporate" means any organization, firm, society or body corporate on whose name the Policy is issued.

"Deductible" means a cost sharing requirement under this policy, that provides that the insurer will not be liable for a specified rupee amount for the specified sections and number of days or number of hours for Daily Allowance in case of hospitalization section, as specified in the policy schedule and which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured and is applicable per event, upto the specified limits mentioned.

"Dependent Child" refers to a child (natural or legally adopted), below the age of 23 years, who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

"Disclosure to information norm" means the Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

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

"Emergency Assistance Service Provider" means Third Party Administrator or any organization or institution appointed by the Company for providing services to the Insured/Insured Person for an insurable event.

"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.

"Family" means the Insured, his/her lawful spouse and maximum of any two dependent children up to the age of 23 years.

"Felonious Assault" means an act of violence against the Insured/Insured Person or a travelling companion requiring medical treatment.

"Financial Emergency" means a situation wherein the Insured/Insured Person loses all or a substantial amount of his/her travel funds due to theft, robbery, mugging or dacoity, which has detrimental effects on his/her travel plans.

"Foreign Enemy" means any group of individuals, entity or country, who intends to cause injury, or commissions an act dangerous to human life or property in the location where the Insured/Insured Person is travelling to, by the use of hostile force or violence.

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

"Hospital" means any institution established for in- patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act Or complies with all minimum criteria as under;

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

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

"Housebreaking" means an act involving physical break-in and unauthorized and forcible entry into Insured Person's home in India, or any threat, with intent to commit crime.

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

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

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

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;
- it needs ongoing or long-term control or relief of symptoms;
- it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
- it continues indefinitely;
- it recurs or is likely to recur.

"Immediate family member" shall mean any member of the Insured Person's immediate family i.e the Insured Person's spouse, child, parent or sibling.

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

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

"Inpatient care" means treatment for which the Insured person has to stay in a hospital for more than 24 hours for a covered event.

"Insured" means the individual who has a permanent place of residence in India and on whose name the Policy is issued. It includes foreign travelers having traveller visa.

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

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

"Loss" means loss or damage.

"Land/Sea Arrangements" - means pre-paid travel arrangements for a scheduled tour, trip or cruise included within the description of covered Trips on the Proposal / Enrollment and Declaration Form and arranged by a tour operator, travel agent, or other organization.

"Life threatening condition / situation" refers to a medical condition suffered by the Insured which has the following characteristics:

i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).

ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas).

iii. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology.

iv. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

"Man days" is a 24 hours period starting from midnight for an individual whilst travelling within the territorial boundaries of India.

"Maternity expenses" means—

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.

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

"Emergency Medical expenses" means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

"Medical Practitioner" means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

"Medically Necessary Treatment" means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which,

- is required for the medical management of the illness or injury suffered by the insured;

- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

"Multi trip" means two or more trips to destinations of Republic of India during the Policy period.

"Network Provider" means hospitals or health care providers enlisted by an insurer, or by a TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

"Non- Network Provider" means any hospital, day care centre or other provider that is not part of the network.

"Notification of Claim" means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

"Natural Teeth" - means natural teeth that is unaltered or is fully restored to their normal function and is Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

"OPD treatment" means is the one in which the Insured visits a clinic / hospital or associated facility like 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. "Period of Insurance" in respect of Single Trip Policy means the period from the commencement of the insurance cover to the end of the insurance cover as specified in the Policy Schedule.

"Period of Insurance" in respect of the Multi Trip/ Annual policy shall mean the period from Commencement of Insurance cover to the end of the insurance cover or full utilization of the maximum number of travel days per trip as mentioned in Policy Schedule, or expiry of the Policy or cancellation of the insurance, whichever is earlier whichever is earlier.

"Physician" - means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Medical Council of India. The term Physician would include specialist and surgeon. Family members are excluded from the Definition of Physician.

"Policy" means proposal, the Schedule, the Policy documents and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period..

"Policy Schedule" means the document giving mentioning the name of the Insured / Insured persons, Policy Period, scope of cover, limits to which benefits are subject to and other relevant terms and conditions

"Permanent Partial Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the insured/insured person and which falls into one of the categories listed in the Table of benefits.

"Permanent Total Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the insured from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

"Pre-existing Disability" means an existing disability and consequence of such disability existing or known to exist at the commencement of the policy period.

"Pre-existing Disease" - means any condition, ailment or injury or related condition(s) for which the Insured / Insured Person had signs or symptoms, and /or were diagnosed, and /or received medical advice/ treatment, within 48 months prior to the this policy

"Professional Sportsperson" means those sports persons who are in to full time sports and maintain their livelihood through earnings from their involvement in sports.

"Qualified Nurse" means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

"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.

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

"Renewal" means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose gaining credit for pre-existing diseases, time-bound exclusions and for of all waiting periods.

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

"Scheduled Airline" means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

"Schedule Railways" means any Railways operated by Indian Railways, which in accordance there with operates, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular journey operated by such carrier.

"Schedule Roadways" means a roadways carrier which is operated between named cities under a valid license issued by the appropriate Indian governmental authority for the transportation of passengers within India for a fee, and which maintains and publishes regular tariffs for regular passenger services which it operates between named cities at regular and specified times

"Semiprofessional sports person" shall mean those sports persons who participate in sports on frequent basis (at least once in a month) while being separately employed elsewhere or self-employed and whose primary source of income is not from sports.

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

"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.

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

"Surgery or Surgical Procedure" means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

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

"Travel Agent" means the Travel Agent, tour operator or other entity from which the Insured purchases his/her insurance Policy or travel arrangements, and

includes all officers, employees and affiliates of the Travel Agent, tour operator or other entity.

"Travelling Companion" means an individual or individuals travelling with the Insured/Insured Person, provided that, the Insured and such individual(s) are travelling to the same destination and on the same date and such individual(s) is/are also insured under this Policy. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a Travel Agent or a tour operator shall not be considered as Travelling Companion, unless the individual(s) is/are part of the family of the Insured/Insured Person.

"Territory": This Policy applies to incidents anywhere in India while travelling.

"Trip" means a journey out of usual place of residence in India and back, the details of which are specified in the Policy Schedule.

- Includes Business and Leisure trips both unless specified otherwise
- Coverage for a Trip involving travel by <<Air/Rail/Road>> will be as specified in the policy schedule
- which commences when the passenger boards the Common Carrier, including Private Vehicle for onward journey and terminates when he disembarks on return to Your usual Town of residence or the contracted date whichever earlier
- The insured journey also includes and covers Sojourn and/or Personal Deviation.

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

Unatt ended" A Vehicle, premises or personal belongings are unatt ended if there is no one able to observe or to prevent interference with it.

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

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

III. Scope of Cover:

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed, to compensate, indemnify, pay and/or reimburse in manner provided in this policy, benefits to the insured for loss or damage described hereunder as per the coverage and up to the limit of Sum Insured specified in the Policy Schedule.

Section- Total Loss of Checked-in Baggage

Coverage:

The Company shall pay the compensation to the Insured/Insured Person for the total and complete loss of checked-in baggage caused by a Common Carrier (Air) on a trip covered under this Policy, up to the limits specified in the Policy Schedule. The cover is limited to the travel destinations specified in the main travel ticket from his/her usual place of residence.

In the event of such a total and complete loss of checked-in baggage whilst in the custody of an airline, a Property Irregularity Report (PIR) must be obtained from the airline immediately upon discovery of the loss which must be submitt ed along with the claim.

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

Special Exclusions:

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

1. Valuables and money, all kinds of securities and tickets/passes or any other item(s) not declared to, and agreed to by the Company.
2. Loss of property unless a Property Irregularity Report or other report usually issued by common carriers in the event of loss of checked-in baggage has been procured and submitt ed to the Company.
3. Any partial loss of the items contained within the checked-in baggage.
4. Items contained within the checked-in baggage, which are valued in excess of INR.5000 without appropriate proof of ownership.
5. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
6. Any exclusion mentioned in the "General Exclusions" section of this Policy.

Special Conditions:

1 The Company will compensate the Insured/Insured Person for the market value of the checked-in baggage in the event of total and complete loss of such checked-in baggage caused by a common carrier up to the limits specified in the Policy Schedule provided that:

   a. Maximum amount payable per checked-in baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the amount payable is 100% of the applicable Sum Insured.

   b. Insured has provided all the documents, reports and other details concerning the loss.

2 For the purpose of this benefit, "market value" refers to the sum required to purchase new items of the same kind and quality (which are lost) less an amount representing wear and tear, usage etc., at the time of loss.

3 If the Company makes any payment under this benefit, it is a condition that any recovery from any common carrier by the Insured/Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.

4 The amount payable in respect of any one article, pair or set is limited to the amount as specified in the Policy Schedule.

5 No partial loss or damage shall become payable. However, total loss of individual unit(s) of baggage shall not be construed as falling within this Special Condition.

6 In the event that claims are submitt ed for total loss of checked-in baggage as well as temporary delay of checked-in baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of checked-in baggage during any one period of insurance.

GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY):

In addition to the exclusions that are applicable for the specific sections of the Policy as mentioned above in this Policy, the following exclusions apply to benefits under all Sections of the Policy.

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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.
2. Any Pre-existing Condition and / or any complication arising from it
   a) This policy is not designed to provide an indemnity with respect to medical services, the need for which arises out of a pre-existing condition as defined below in General Exclusion 2(b) in normal course of treatment. However in any of the threatening situation this exclusion shall not be applied and also that the cover will up to the limit shown under Life threatening condition / situation as defined in this policy
   b) Any condition, ailment or injury or related condition(s) for which insured/insured person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, prior to your first policy with us.
3. Treatment if that is the sole reason or one of the reasons for the Insured/Insured Person's temporary stay.
4. Any claim if the Insured/Insured Person: –

a. is travelling against the advice of a Medical Practitioner;

b. is receiving, or is on a waiting list to receive, specified medical treatment declared in the Medical Practitioner's report or certificate;

c. has received terminal prognosis for a medical condition;

d. is taking part in a naval, military or air force operation.

5. Deductibles as specified in the Policy Schedule.

6. Any claim arising out of mental disorder, anxiety, depression, venereal diseaseor any loss, directly or indirectly, attributable to HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and/or any mutant derivative or variations thereof howsoevercaused.

. Diseases, illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.

8. Congenital external diseases, defects or anomalies.

9. Any claim resulting or arising from or any consequential loss, directly or indirectly, caused by or contributed to or arising from:
   a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
   b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, Adventure Sports unless declared beforehand and necessary additional premium paid

11. No claim will be paid which arises from the insured Person engaging in Travel unless he or she travels as a passenger on a carrier properly licensed to carry passengers. For the purpose of this exclusion, Traveller means being in or on, or boarding a carrier for the purpose of travelling therein or alighting there from.

12. Any claim arising out of diseases, illnesses or accidents that the Insured/Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol). However, treatment of mental and nervous disorders, including alcohol and drug dependency, will be covered subject to the limits specified in the Policy Schedule, if specifically agreed for and mentioned in the Policy Schedule. The payment for such medical expenses shall be limited to inpatient hospitalization in a Hospital/Nursing Home for a period more than 24 hours

13. Medical Expenses in respect of Experimental, investigational or unproven treatments or treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment

14. Naturopathy treatment

15. No claims will be paid for losses arising directly or indirectly from manual work or hazardous occupation, self exposure to peril or if engaging in any criminal or illegal act.

16. Any claim arising out of any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. However, this exclusion does not apply to Section XX - Hijack Distress Allowance.

LIST OF EXCLUDED EXPENSES IN HOSPITALIZATION:

Notwithstanding anything contained in the Policy, the Company shall not be liable to pay the expenses incurred under “excluded” or “non-medical” expenses as mentioned in the table below;

SNO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy	SUGGESTIONS
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	Hair removal cream	Not Payable
2	Baby charges (unless specified/indicated)	Not Payable
3	Baby food	Not Payable
4	Baby utilities charges	Not Payable
5	Baby set	Not Payable
6	Baby bott les	Not Payable
7	Brush	Not Payable
8	Cosy towel	Not Payable
9	Hand wash	Not Payable
10	Moisuriser paste brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe cover	Not Payable
14	Beauty services	Not Payable
15	Belts/ braces	Payable in respect of surgery related to thoracic or lumbar spine
16	Buds	Not Payable
17	Barber charges	Not Payable
18	Caps	Not Payable
19	Cold pack/hot pack	Not Payable
20	Carry bags	Not Payable
21	Cradle charges	Not Payable
22	Comb	Not Payable
23	Disposables razors charges (for site preparations)	Payable
24	Eau-de-cologne / room fresheners	Not Payable
25	Eye pad	Not Payable
26	Eye sheild	Not Payable
27	Email / internet charges	Not Payable
28	Food charges (other than patient's diet provided by hospital)	Not Payable
29	Foot cover	Not Payable
30	Gown	Not Payable
31	Leggings	Payable in respect of bariatric and varicose vein surgery
32	Laundry charges	Not Payable
33	Mineral water	Not Payable
34	Oil charges	Not Payable
35	Sanitary pad	Not Payable
36	Slippers	Not Payable
37	Telephone charges	Not Payable
38	Tissue paper	Not Payable
39	Tooth paste	Not Payable
40	Tooth brush	Not Payable
41	Guest services	Not Payable
42	Bed pan	Not Payable
43	Bed under pad charges	Not Payable
44	Camera cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe bandage	Not Payable
47	Curapore	Not Payable
48	Diaper of any type	Not Payable
49	DVD, CD charges	Not Payable (However if CD is specifically sought by Insurer/TPA/Emergency Assistance Service Provider then payable)
50	Eyelet collar	Not Payable
51	Face mask	Not Payable

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52	Flexi mask	Not Payable
53	Gause soft	Not Payable
54	Gauze	Not Payable
55	Hand holder	Not Payable
56	Hansaplast /adhesive bandages	Not Payable
57	Infant food	Not Payable
58	Slings	Reasonable costs for one sling in case of upper arm fractures is payable
59	Weight control programs/ supplies/ services	Excluded
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
60	Cost of spectacles/ contact lenses/ hearing aids etc.	Excluded
61	Dental treatment expenses that do not require hospitalization	Excluded
62	Hormone replacement therapy	Excluded
63	Home visit charges	Excluded
64	Infertility/ sub fertility/ assisted conception procedure	Excluded
65	Obesity (including morbid obesity) treatment if excluded in policy Psychiatric	Excluded
66	& psychosomatic disorders Corrective	Excluded
67	surgery for refractive error Treatment of	Excluded
68	sexually transmitt ed diseases Donor	Excluded
69	screening charges Admission/registration	Excluded
70	charges	Excluded
71	Hospitalization for evaluation/ diagnostic purpose	Excluded
72	Expenses for investigation/ treatment irrelevant to the disease for which admitt ed or diagnosed	Not Payable - Excluded
73	Any expenses when the patient is diagnosed with retro virus + or suffering from HIV/ AIDS etc is detected/ directly or indirectly	Not payable
74	Stem cell implantation/ surgery and storage	Not Payable
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	Ward and theatre booking charges	Payable under OT Charges, not payable separately
76	Arthroscopy & endoscopy instruments	Rental charged by the hospital payable.
Purchase of Instruments not payable.		
77	Microscope cover	Payable under OT Charges, Not payable as separate head
78	Surgical blades, harmonic scalpel, shaver	Payable under OT Charges, Not payable as separate head
79	Surgical drill	Payable under OT Charges, Not payable as separate head
80	Eye kit	Payable under OT Charges, Not payable as separate head
81	Eye drape	Payable under OT Charges, Not payable as separate head
82	X-ray film	Payable under Radiology Charges, Not payable as separate head
83	Sputum cup	Payable under Investigation Charges, Not payable as separate head
84	Boyles apparatus charges	Payable under OT Charges, Not payable as separate head
85	Blood grouping and cross matching of donors samples	Payable under Cost of Blood Charges, Not payable as separate head
86	Antiseptic or disinfectant lotions	Payable under Dressing Charges, Not payable as separate head
87	Band aids, bandages, sterile injections, needles, syringes	Payable under Dressing Charges, Not payable as separate head
88	Cott on	Payable under Dressing Charges, Not payable as separate head
89	Cott on bandage	Payable under Dressing Charges, Not payable as separate head
90	Micropore/ surgical tape	Payable under Dressing Charges, Not payable as separate head
91	Blade	Not Payable
92	Apron	Payable under OT/ ICU Charges, Not payable as separate head
93	Torniquet	Not Payable
94	Orthobundle, gynaec bundle	Payable under Dressing Charges, Not payable as separate head
95	Urine container	Not Payable
ELEMENTS OF ROOM CHARGE		
96	Luxury tax	Actual tax levied by government is payable Part of room charge for sub limits
97	HVAC	Payable under Room Charges, Not payable as separate head
98	Housekeeping charges	Payable under Room Charges, Not payable as separate head
99	Service charges where nursing charge also charged	Payable under Room Charges, Not payable as separate head
100	Television & air conditioner charges	Payable under Room Charges, Not payable as separate head
101	Surcharges	Payable under Room Charges, Not payable as separate head
102	Att endant charges	Payable under Room Charges, Not payable as separate head
103	IM IV injection charges	Payable under Nursing Charges, Not payable as separate head
104	Clean sheet	Payable under Laundry/ Housekeeping Charges, Not payable as separate head
105	Extra diet of patient(other than that which forms part of bed charge)	Payable
106	Blanket/warmer blanket	Payable under Room Charges, Not payable as separate head
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	Admission kit	Not Payable
108	Birth certificate	Not Payable
109	Blood reservation charges and ante natal booking charges	Not Payable

110	Certificate charges	Not Payable
111	Courier charges	Not Payable
112	Convenyance charges	Not Payable
113	Diabetic chart charges	Not Payable
114	Documentation charges / administrative expenses	Not Payable
115	Discharge procedure charges	Not Payable
116	Daily chart charges	Not Payable
117	Entrance pass / visitors pass charges	Not Payable
118	Expenses related to prescription on discharge	To be claimed by patient under Post Hosp where admissible
119	File opening charges	Not Payable
120	Incidental expenses / misc. Charges (not explained)	Not Payable
121	Medical certificate	Not Payable
122	Maintenance charges	Not Payable
123	Medical records	Not Payable
124	Preparation charges	Not Payable
125	Photocopies charges	Not Payable
126	Patient identification band / name tag	Not Payable
127	Washing charges	Not Payable
128	Medicine box	Not Payable
129	Mortuary charges	Payable upto 24 hrs, shifting charges not payable
130	Medico legal case charges (MLC charges)	Not Payable
EXTERNAL DURABLE DEVICES		
131	Walking aids charges	Not Payable
132	BIPAP machine	Not Payable
133	Commode	Not Payable
134	CPAP / CAPD equipments	Device not payable
135	Infusion pump – cost	Device not payable
136	Oxygen cylinder (for usage outside the hospital)	Not Payable
137	Pulseoxymeter charges	Device not payable
138	Spacer	Not Payable
139	Spirometre	Device not payable
140	Sp 02 probe	Not Payable
141	Nebulizer kit	Not Payable
142	Steam inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable (paid by patient)
145	Cervical collar	Not Payable
146	Splint	Not Payable
147	Diabetic foot wear	Not Payable
148	Knee braces (long/ short/ hinged)	Not Payable
149	Knee immobilizer/shoulder immobilizer	Not Payable
150	Lumbosacral belt	Payable in respect of surgery related to lumbar spine
151	Nimbus bed or water or air bed charges	Payable in respect of patients requiring more than 3 days in ICU and patients with paraplegia / quadriplegia for any reason and subject to limit of approximately USD 5/ day
152	Ambulance collar	Not Payable
153	Ambulance equipment	Not Payable
154	Microsheild	Not Payable
155	Abdominal binder	Payable in respect of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	Betadine\ hydrogen peroxide\ spirit\ disinfectants etc	Payable if prescribed by Medical Practitioner
157	Private nurses charges- special nursing charges	Not Payable
158	Nutrition planning charges - dietician charges diet charges	Payable
159	Sugar free tablets	Payable
160	Creams, Powders, Lotions (Toileteries are not payable, only prescribed medical pharmaceuticals payable)	Payable if prescribed by Medical Practitioner
161	Digestion gels	Payable if prescribed by Medical Practitioner
162	ECG electrodes	Upto 5 electrodes are required for every case visiting OT o r ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	Gloves	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV kit	Payable - payable Pre operative screening
165	Listerine/ antiseptic mouthwash	Payable if prescribed by Medical Practitioner
166	Lozenges	Payable if prescribed by Medical Practitioner
167	Mouth paint	Payable if prescribed by Medical Practitioner
168	Nebulisation kit	Payable
169	Novarapid	Payable if prescribed by Medical Practitioner
170	Volini gel/ analgesic gel	Payable if prescribed by Medical Practitioner
171	Zytee gel	Payable if prescribed by Medical Practitioner
172	Vaccination charges	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Payable under Hospital's internal Charges, Not payable as separate head
174	Alcohol swabs	Payable under Hospital's internal Charges, Not payable as separate head
175	Scrub solution/sterillium	Payable under Hospital's internal Charges, Not payable as separate head
OTHERS		
176	Vaccine charges for baby	Not Payable

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177	Aesthetic treatment / surgery	Not Payable
178	TPA charges	Not Payable
179	Visco belt charges	Not Payable
180	Any kit with no details mentioned [delivery kit, orthokit, recovery kit, etc]	Not Payable
181	Examination gloves	Not Payable
182	Kidney tray	Not Payable
183	Mask	Not Payable
184	Ounce glass	Not Payable
185	Outstation consultant's/ surgeon's fees	Not payable, except for telemedicine consultations where covered by policy
186	Oxygen mask	Not Payable
187	Paper gloves	Not Payable
188	Pelvic traction belt	Payable in respect of PIVD
189	Referral doctor's fees	Not Payable
190	Accu check (glucometery / strips)	Device not payable
191	Pan can	Not Payable
192	Sofnet	Not Payable
193	Trolly cover	Not Payable
194	Urometer, urine jug	Not Payable
195	Ambulance	Payable
196	Tegaderm / vasofix safety	Payable subject to limit of 3 in 48 hrs and then 1 in 24 hrs
197	Urine bag	Payable subject to limit of 1 per 24 hrs
198	Softovac	Not Payable
199	Stockings	Payable in respect of CABG

GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

1. Policies covering single trips can be issued upto single trip not exceeding 365 days.
2. Of the covers indicated in this policy wording coverage available to the insured will be indicated in the Certificate of Insurance along with Sum Insured and Deductibles
3. Policies covering annual multitrips can be issued for annual period of one year covering multiple single trips within the annual period of insurance with each and every single trip not exceeding a specified number of days as mentioned in the Policy Schedule.
4. The Policy start date shall be on or before the trip start date.
5. Extension of the Period of Insurance of the Policy during the duration of the trip can be done only at the sole discretion of the Company depending upon the risk factors.
6. If the Insured/Insured Person does not declare the full current facts or declare wrong facts while requesting for extension of the Policy, any extension of such a Policy if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Policy.
7. Termination of the Policy at a date earlier than the end date can be done only if the Insured/ Insured Person returns back to his/her usual place of residence in India earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return date to his/her usual place of residence in India and the end date of the Period of Insurance as mentioned in the Policy Schedule will only be given if the same are a minimum of 10 days. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the return date as the new end date of Period of Insurance. No refunds will be given on policies with claims.
8. The premium payable for the extension of the Policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.
9. Policy is applicable for one-way travel also, with a condition for maximum duration of coverage limited to specified number of days as mentioned in the Policy Schedule.
10. The Insured/ Insured Person shall provide the Company with the details of the trip and other information as may be required by the Company from time to time.
11. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.
12. Claim Procedure – The procedure to be followed by the Insured/ Insured person in case of any event that may give rise to a claim under this Policy, the claim documentation required to be submitt ed by the Insured/ Insured Person at the time lodging claims as well as the claim sett lement process are enumerated in the enclosed Claim Procedure att ached to this Policy. Any failure on the part of the Insured/ Insured Person in complying with the procedure or submission of required documents in support of his/her claim may prejudice the claim of the Insured/ Insured Person.
13. Obligations of the Insured/ Insured Person:

a) Insured/ Insured Person shall provide to the Company or the Emergency Assistance Service Provider appointed by the Company, on demand any information that is required to determine the occurrence of the insurable event or the Company's liability to pay the benefits.

b) If requested to do so by the Company or the Emergency Assistance Service Provider appointed by the Company, the Insured/ Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by the Emergency Assistance Service Provider. For the purpose of sett lement of claims only. The cost towards the medical examination shall be borne by the Company.

c) The Company or the Emergency Assistance Service Provider appointed by the Company is authorized to take all measures which includes the Insured/ Insured Person's transportation back to his/her usual place of residence in India. The transportation of the Insured/ Insured person back to his/her usual place of residence in India shall be done only on agreement and confirmation from the att ending medical practitioner that the Insured/ Insured Person is capable of being transported to his/her usual place of residence in India with consent from Insured/Insured Persons.

d) The Company shall be released from any obligation to pay benefits under this Policy, if any, of the aforementioned obligations are breached by the Insured/ Insured Person.

15. Transfer and Set-off of Claims:

a) If the Insured/ Insured Person have any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.

b) In so far as an Insured/ Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable.

c) Claims to the insurance benefits may be neither pledged nor transferred by the Insured/ Insured Person.

Transfer and Set-off of Claims shall not be applicable to any of the medical sections under Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains, Personal Accident, Accidental Death and Permanent Total Disablement – Common carrier, Accidental Dental Treatment, Daily Allowance in case of hospitalization

16. The premium charged shall be based on the number of man days insured in each category at the commencement of the Policy Period, as declared by the Insured Person. Depending on the actual number of man days covered in the Policy Period in each category as at the last day of such Policy period, if the premium calculated on the actual number of man days shall differ from the premium charged at the commencement of the Policy, then such difference shall be paid to the Company or refunded by the Company as the case may be

17. All Claims will be sett led in India and in Indian Rupees only.

17. Multiple Claims: In the event a claim is payable in multiple sections under this policy the Company's liability will be restricted to the highest amount payable per section. This will not apply to the following sections: Accidental Death; Permanent Total Disability (PTD); Permanent Partial Disablement (PPD)

18. In case a covered insured event, as described in the Benefit Section, occurs before date of purchase of this policy or advance warning is issued by the relevant authorities of the likelihood of such an event happening before date of purchase of this policy the Company shall not be liable to pay a claim.

GENERAL TERMS AND CONDITIONS (APPLICABLE TO ALL SECTIONS OF THIS POLICY)

1. Duty of Disclosure or Disclosure to information norm:
The Policy shall be void and all premium paid hereon shall be forfeited and no benefit shall be payable in the event of misrepresentation, mis-description or non-disclosure of any material fact in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent` means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.

2. Observance of terms and conditions:
The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured / Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Insured Person:
Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added as an Insured Person during the Policy Period after his application has been accepted by the Company, additional premium to be paid and the Company has issued an endorsement confirming the addition of such person as an Insured Person

4. Alterations and Endorsements to the Policy:
This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except the Company, and any change made by the Company will be evidenced by a writt en endorsement signed and stamped by the Company.

Sl.	Scenarios	Before Policy Start Date	After Policy Start Date
1	Name Change	Allowed	Allowed
2	Address Change	Allowed	Allowed
3	DOB Change	Allowed	Allowed
4	Change of Email	Allowed	Allowed
5	Change of Contact number	Allowed	Allowed
6	Change of Risk Start and/or End Date	Allowed	Not Allowed
7	Trip Extension	Not Allowed	Allowed
8	Change of Nominee	Allowed	Allowed
9	Change of Passport Details	Allowed	Not Allowed
10	Policy Cancellation	Allowed, only if request is received before 24 hours	Not Allowed
11	Plan Change	Allowed	Not Allowed
12	Geography Change	Allowed	Not Allowed

5. Loadings and / or exclusion
On change of your Occupation and / or risk profile, the coverage may cease, unless specifically agreed by the Company. However in such case, the Company may charge an additional loading or apply exclusion or both depending upon the risk profile.

The final decision regarding the same shall be at the Company's sole discretion. The Company will inform Insured Person/Policy Holder about the applicable risk loading through a counter offer lett er. You need to revert to the Company with consent and additional premium (if any), within 15 days of the issuance of such counter offer lett er. In case, Insured Person/ Policy Holder neither accept the counter offer nor revert to the Company within 15 days, the Company shall cancel the Insured Person's/ Policy Holder's application and refund the premium paid within next 7 days.

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8. Material change
The Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk such as the trip duration, country and location of travel, correction in age, nature of job and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safety and containing the circumstances that may give rise to the claim, and the Company may adjust the scope of cover and / or premium if necessary, accordingly. The liability of Insurance Company shall continue only if there is a writt en acceptance on the part of the Insurance Company through endorsement.

9. Fraudulent Claims
If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured/Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy all benefits and premium paid under this Policy shall be forfeited

The Company will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under Condition No 1 of this Policy

10. No constructive Notice
Any knowledge or information of any circumstance or condition in connection with the Insured/Insured Person in possession of any official of the Company shall not be notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

11. Notice of charge
The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person or his/her nominee or legal representative, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company. In the cases of delay in the payment, the Company shall be liable to pay interest in line with the Protection of Policyholders' Interests) Regulations, 2017. The said act is available for reference in the website of the Insurance Development Regulatory Authority of India (IRDAI).

12. Electronic Transaction
The Insured /Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of the Company for and in respect of the Policy or its terms or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholder's interests. All conditions of section 41 prescribed for the proposal form, all necessary disclosures on terms, conditions and major exclusions shall be made known to the Insured/Insured Person; Any voice transaction shall be duly recorded, with the consent of the Insured/Insured Person and the recordings shall be maintained by or on behalf of the Company and shall be made available to the Insured/Insured Person for subsequent validation/confirmation of the Insured/Insured Person, if so required.

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

a. Forthwith inform the Company and file/submit a Claim Form in accordance with 'Claim Procedure'.

b. Allow the Medical Practitioner or the Surveyor or any agent of the Company to inspect the lost/damaged properties premises/goods as well as examine the Insured/ Insured Person.

c. Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.

d. Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor.

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

14. Right to inspect
If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to a claim to the Insured/Insured Person be permitt ed at all reasonable times to examine into the circumstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

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

In case of claims under Home Fire Insurance (Contents) and Home Burglary Insurance (Contents) Sections, the Sum Insured can be reinstated by payment of pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss.

16. Condition of Average (applicable to Sections Home Fire Insurance (Contents) and Home Burglary Insurance Content)
If the property hereby insured shall at the time of loss or at the commencement of any destruction of or damage to the property by any other peril hereby insured against be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference and shall bear a rateable proportion of the loss accordingly. Every item, if more than one, of the Policy shall be separately subject to this condition

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

If in any case the Company shall be unable to reinstate or repair the insured property/item, because of any law or other regulations in force affecting insured property or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite under this Policy. However, this condition shall not be applicable to Personal Accident, Accidental Death and Permanent Total Disablement – Common Carrier Sections

18. Subrogation
In the event of payment under this Policy, the Company shall be subrogated to all the Insured /Insured Person's rights or recovery thereof against any person or Organisation, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured /Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. However, this condition shall not be applicable to any heath sections ie., Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains Personal Accident, Accidental Death and Permanent Total Disablement – Common Carrier -, Accidental Dental Treatment & Daily Allowance in case of hospitalization

19. Contribution
If at the time of the happening of any loss or damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured /Insured Person or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage. However, this condition shall not be applicable to any heath sections ie., Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains Personal Accident, Accidental Death and Permanent Total Disablement -, Accidental Dental Treatment & Daily Allowance in case of hospitalization

20. Forfeiture of claims
If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

22. Termination / Cancellation
The company shall exercise its right to cancel the Policy only in case of mis-representation, non-disclosure of material facts, in which case policy shall be void and all premium paid thereon shall be forfeited to the Company as per the disclosure to information norm. In case of Annual Policies, the Company may at any time, cancel this Policy, by giving 30 days notice in writing by Registered Post Acknowledgment Due to the Insured/ Insured Person at his last known address.

The Company shall exercise its right to cancel the policy on grounds of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy. In such cases, Insurer shall be liable to repay premium as specified in the below mentioned table subject to no claims

The Insured/Insured Person may also give 30 days notice in writing, to the Company, for the cancellation of this Policy, in which case, the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales, provided that, no refund of premium shall be made if any claim has been made under this Policy by or on behalf of the Insured/ Insured Person.

Policy Period	Rate Of Premium to be retained
Up to 15% of Policy Period	25% of premium paid
Up to 25% of Policy Period	50% of premium paid
Upto 50% of Policy Period	75% of premium paid
Exceeding 50% of Policy Period	100% of premium paid

In case of Single Trip policies, termination of the Policy at a date earlier than the end date can be done only if the Insured / Insured Person returns back to his/her usual place of residence in India earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return date to his/her usual place of residence in India and the end date of the Period of Insurance as mentioned in the Policy Schedule will only be given if the same are a minimum of 10 days. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the return date as the new end date of Period of Insurance, provided that, no refund of premium shall be made if any claim has been made under this Policy by or on behalf of the Insured/Insured Person.

23. Cause of Action
No claim shall be payable under this Policy where the cause of action arises outside the territorial limits of India, unless otherwise specifically provided in the Policy Schedule.

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

Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the Company to be subject to Indian law and in Indian Court.

25. Arbitration

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

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

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

26. Renewability

The Company under no obligation shall give notice for renewal of the Annual Multi-trip policies and accept renewal premium in all cases except in case of fraud, misrepresentation or non-cooperation of the Insured/ Insured Person in implementing the terms and conditions of this Policy or if the renewal of Policy poses a moral hazard. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

Renewal premium are subject to change with prior approval of IRDAI.

The Company may vary the renewal premium and/or benefits payable subject to approval from IRDAI and inform the same to the Insured at least 3 months prior to the date of revision and/ or modification.

In the likelihood of this policy being withdrawn in future, the Company will inform the same to the Insured at least 3 months prior to expiry of the policy.

Insured will have the option to migrate to other plan under similar travel insurance policy at the time of renewal, provided the policy has been maintained without a break. The Sum Insured can be enhanced up to the next available sum insured slab at the time of renewal, subject to no claim in the previous policy and Good Health Declaration.

27. Extension

The Company may in its sole and absolute discretion extend the Policy once during the Risk Period, provided that:

1) We receive the request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
2) We have received a good health and no claim declaration during the Risk Period.
3) The insured persons has not made a claim just before we receive the request for extension of the policy

The Company is under no obligation to extend the Policy or to extend the Policy on the same terms and conditions whether as to premium or otherwise.

28. Notices

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

a) In case of the Insured/Insured Person, at the address specified in the Policy Schedule.

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

29. Customer Service

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

GRIEVANCES REDRESSAL PROCEDURE

We are committ ed to extend the best possible services to its customers. However, If Insured/ Insured Person have a grievance that insured/insured person wish us to redress, insured/insured person may contact us with the details of his/her grievance through:

- Website : www.bharti-axagi.co.in
- Email : customer.service@bhartiaxa.com
- Toll-Free Helpline: 18001032292
- Courier: Any of Our Branch office or corporate office

Insured/ Insured Person may also approach the grievance cell at any of Our branches with the details of the grievance during Our working hours from Monday to Friday.

Escalation Level 1

In case the Policyholder/Insured/Insured Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ Insured/ Insured Person may contact the National Grievance Redressal Officer at :

Write to : Bharti AXA General Insurance, Spectrum Towers, 3rd floor,Malad Link Road, Malad (west), Mumbai- 400064

Call : 022-48815939

Email : NGRO@bhartiaxa.com

3rd floor, Spectrum Tower, Rajan Pada

Mindspace, Malad (W), Mumbai - 400 064

Escalation Level 2

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/ Insured/ Insured Person may contact the Chief Grievance Redressal Officer at: Email : CGRO@bhartiaxa.com

LIST OF INSURANCE OMBUDSMEN

Office of the Ombudsman	Areas of Jurisdiction	Name of the Ombudsman and Office Address
AHMEDABAD	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu	Shri P. Ramamoorthy (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com
BHOPAL	Madhya Pradesh & Chhatti sgarh	Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhopal@airtelmail.in
BHUBANESHWAR	Orissa	Shri B. P. Parija (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455. Fax : 0674-2596429. Email: ioobbsr@dataone.in.
CHANDIGARH	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh	Shri Manik Sonawane (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468. Fax : 0172-2708274. Email: ombchd@yahoo.co.in
CHENNAI	Tamil Nadu, UT–Pondicherry Townand Karaikal (which are partof UT of Pondicherry)	Insurance Ombudsman Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284. Fax : 044-24333664. Email: chennaiinsuranceombudsman@gmail.com
NEW DELHI	Delhi & Rajasthan	Shri Surendra Pal Singh (Ombudsman) Insurance Ombudsman,Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633. Fax : 011-23230858. Email: iobdelraj@rediffmail.com
GUWAHATI	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D.C. Choudhury (Ombudsman), Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5. Fax : 0361-2732937. Email: ombudsmanghy@rediffmail.com
HYDERABAD	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool,HYDERABAD-500 004. Tel : 040-65504123. Fax: 040-23376599. Email: insombudhyd@gmail.com
KOCHI	Kerala , UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry	Shri R. Jyothindranathan (Ombudsman), Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759. Fax : 0484-2359336. Email: iokochi@asianetindia.com
KOLKATA	West Bengal, Bihar, Jharkhand and UT of Andeman & Nicobar Islands, Sikkim	Ms. Manika Datt a (Ombudsman), Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatt a – 700 072. Tel: 033 22124346/(40). Fax: 033 22124341. Email: iombsbpa@bsnl.in
LUCKNOW	Utt ar Pradesh and Utt aranchal	Shri G. B. Pande (Ombudsman), Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331. Fax : 0522-2231310. Email: insombudsman@rediffmail.com
MUMBAI	Maharashtra, Goa	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928. Fax : 022-26106052. Email: ombudsmanmumbai@gmail.com

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redefining / general insurance

Claims Procedure

1 In respect of claims payable under this policy, the Company may settle claims either in the form of cashless treatment or by reimbursement of the claim amount to the Insured, at its sole discretion. Cashless treatment facility cannot be demanded by the Insured as a matter of right. The cashless facility will be provided only in respect of network providers.

2 In the event of an accident or sudden illness which is likely to give rise to a claim under this Policy, the Insured Person or his/her representative shall immediately contact the Emergency Assistance Service Provider giving details of the Policy issued to Insured Person/ Policy Holder. The details of phone numbers and Help Line are given in the Schedule attached to this Policy.

3 The first call will have to be made by the Insured Person or his/her representative giving his/ her contact number and subsequent calls will be made by the Service Provider at the contact number given by the Insured Person.

4 The Insured Person or his representative shall provide to the Emergency Assistance Service Provider maximum information about the illness, accident or occurrence as is available, as well as other information such as the Policy number etc. Emergency Assistance Service Provider shall assist the Insured Person in getting admitted in to a hospital / getting treatment from a Medical Practitioner as an outpatient.

5 Where it is not possible to make an emergency call before consulting a Medical Practitioner or going into hospital, the Insured Person shall contact the Emergency Assistance Service Provider as soon as possible. In either case, when being admitted as a patient, the Insured Person shall inform the Medical Practitioner or personnel at the hospital, the details of his/her policy coverage and shall state the details of the Emergency Assistance Service Provider and request them to contact them.

6 All necessary claimed documents should be furnished to the Company/ Emergency Assistance Service Provider by the policy holder/insured to make a claim. However, claims filed even beyond such period should be considered if there are valid reasons of any delay..

7 If proper intimation is given, the Emergency Assistance Service Provider shall give a benefit guarantee (cash less in-patient hospitalisation as well as outpatient treatment) to the hospital / other providers for the costs of hospitalization, transportation by emergency services, emergency evacuation, transportation home, repatriation or transportation of mortal remains and burial listed under Scope of Coverage under the Policy. These costs will be settled directly by the Emergency Assistance Service Provider on behalf of and for the account of the Company. The Insured Person shall release Medical Practitioners/hospital contacted by Emergency Assistance Service Provider from their duty not to disclose information about his/her case.

8 In such cases, the Insured Person before his discharge from the Hospital, shall fill up and sign the claim form and hand over the same to the Hospital authorities to be handed over to Emergency Assistance Service Provider. Please send the duly signed claim form along with all the documents to designated TPA within 14 days of the occurrence of the Incident. However, claims filed even beyond such period should be considered if there are valid reasons of any delay.

9 Where no information is given to Emergency Assistance Service Provider and the payment for hospital treatment / outpatient treatment has been made by the Insured Person, the reasons therefore shall have to be given by the Insured / Insured Person along with the claim form giving details of treatment and bills for expenditure to the Company OR Emergency Assistance Service Provider. After examining the facts and establishing the liability, in consultation and with the approval of the Company Emergency Assistance Service Provider will reimburse to the Insured Person the costs incurred within the Scope of Coverage of the Policy on behalf of and for the account of the Company.

10 With respect to Emergency evacuation or repatriation, the following services shall be arranged by the Company through the Emergency Assistance Service Provider:

In the event of death of the Insured/Insured Person due to an insured event in terms of this policy, arrangements for bringing transporting the mortal remains of the deceased back to his/her usual place of residence in India or reimbursement of cost of local burial or cremation in any part of India where the death occurred. An official death certificate and a physician's statement giving the cause of death needs to be submitted.

11 Quick turnaround time shall be ensured in case the Emergency Assistance Service Provider arranges the emergency evacuation. The Company shall review and monitor the promptness and quality of the service, turnaround time and accessibility provided by the Emergency Assistance Service Provider in the interest of the policyholder and shall take due course of action based on the results of the review.

12 Claims, if any, for Total Loss of Checked Baggage, Personal Accident and Loss of Passport will be settled in Indian Rupees in consultation and with approval of the Company. In such cases, the claim form with details is to be submitted to the Company OR Emergency Assistance Service Provider.

13 The Company shall only be liable to indemnify if, besides proof of insurance cover, the documentary proofs required as per the claims procedure stated in the Policy, is also submitted.

14 The total loss of checked baggage caused by a carrier (airlines) must be reported to the Carriers (airlines) and a Property Irregularity Report (P.I.R) shall be obtained from them. Original report together with the ticket(s), baggage tag(s) and the claim form are to be submitted in support of a claim by the Insured Person to the Company OR Emergency Assistance Service Provider.

15 A loss of passport must be reported to the police authorities within 24 hours of discovery of such loss and an official report obtained from the Police authorities. The original official report of the Police authorities should also be submitted along with the claim form to the Company OR Emergency Assistance Service Provider

16 Failure to comply with the claims procedure stated above in respect of Total Loss of Checked Baggage and Loss of Passport, may prejudice the claim of the Insured Person.

17 Claims for reimbursement shall be submitted to the Company OR Emergency Assistance Service Provider within one month after completion of the treatment or transportation home. In the event of accidental death, the same shall be submitted within one month after transportation of mortal remains/burial.

18 The Insured and the Insured Person shall provide Emergency Assistance Service Provider / the Company on demand with any information that is required to determine the occurrence of the insured event or the scope of the Company's liability. In particular, at the request of Emergency Assistance Service Provider / the Company proof shall be furnished of the actual commencement of the trip.

19 If requested to do so by Emergency Assistance Service Provider / the Company, the Insured Person and/or the Insured shall authorise Emergency Assistance Service Provider / the Company to obtain all the information considered necessary from third parties (Medical Practitioners, dentists, alternative practitioners, medical institutions of any kind, insurance carriers, health or pension offices) and release these parties from their obligation not to disclose information.

20 If requested to do so by Emergency Assistance Service Provider / the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by Emergency Assistance Service Provider / the Company for the purpose of settlement of claims only The costs towards any such medical examination shall be borne by the Company.

21 In case of any claim under Personal Liability, Legal Expenses or Bail Bond proof of judicial decision rendered by a Court of Law may be required.

22 In case of any accident giving rise to a claim under the Personal Accident section of the Policy, the Insured/ Insured Person, his/her nominee or legal representatives, as the case may be, shall provide complete information and details about the Insured Person in the claim form along with the following documents to the Company or Emergency Assistance Service Provider. Such a claim will be settled only in Indian rupees.

23 Upon receipt of all required documents, the offer of sett lement will be made within 30 days. Sett lement (payment) of claim will be made within 7 days of receipt of acceptance in response to offer of sett lement, failing which penal interest (in compliance with applicable regulations) at a rate 2% higher than bank rate prevailing as on the date of beginning of financial year in which the claim is reviewed.

iv) In case of baggage loss claim

(1) Duly completed claim form

(2) Copy of the complaint filed with airline authorities

(3) Property Irregularity Report/ Certificate from airline authorities that baggage has been lost

The original ticket / boarding pass indicating the travel dates must be submitt ed with every claim, along with the completed claim form.

Bharti AXA General Insurance Company Limited

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Smart Traveller Insurance Policy (Group) - Policy wordings

1. Preamble:

The insurance cover provided under this Policy to the Insured / Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium and (c) Disclosure to Information Norm and (d) Schedule of Benefits.

2. Definitions:

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

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

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

3 "Alternative Treatments" means forms of treatments other than treatment "Allopathy"

4 "Appliances" shall mean and include electrical, mechanical and electronic appliances such as refrigerator, television, DVD player, videocassette recorder/player, washing machine, microwave oven, music system, personal computer, laptops and air-conditioner or fixed in the Insured's home for domestic use.

5 "Adventure Sports" skydiving/parachuting, parasailing, hang gliding, paragliding, balooning bungee jumping, scuba diving, mountaineering or rock climbing (where ropes or guides are customarily used), Speed contest or racing of any kind, caving or pot-holing, absoiling, hunting or equestrian activities, deep sea diving, skin diving or other underwater activity, polo, snow and ice sports, rafting or canoeing involving white water rapids, yachting or boating, , Base Jumping, Ski Jumping, Trekking, Adventure racing on land and water, Snorkeling, Kayaking, Surfing, any bodily contact sport or any other hazardous or potentially dangerous sport

6 "Aggregate Limit" - Our maximum liability under the section as specified in the Policy Schedule in respect of all claims by or on behalf of all Insured Persons , if at any time the total value of unpaid claims would, if paid, result in this aggregate limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this maximum aggregate limit is not exceeded.

7 "Any one illness" means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

8 "Bodily Injury / Injury" means any accidental physical bodily harm, solely and directly caused by external, violent and visible means but does not include any disease or sickness. The injury must be verified and certified by a Medical Practitioner

9 "Burglary" means theft involving entry into or exit from the Insured's home by forcible and violent means or following assault or violence or threat thereof, to the Insured or to any member of Insured's family or any person residing lawfully in the Insured's home, with intent to commit a felony therein and includes housebreaking

10 "Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

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

12 "Company / Insurer" means Bharti AXA General Insurance Company Limited.

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

14 "Condition Precedent" means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

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

a) "Internal Congenital Anomaly "refers to the Congenital anomaly which is not in the visible and accessible parts of the body

b) "External Congenital Anomaly" refers to the Congenital anomaly which is in the visible and accessible parts of the body

16 "Contents" mean and include appliances, furniture, fixture, fittings, linen, clothing, kitchen items, cutlery /crockery contained in the Insured Person's home belonging to the Insured Person or his/her family members permanently residing with the Insured Person including items for which the Insured Person is responsible, and used for domestic use. However, this does not include deeds, bonds, bills of exchange, promissory notes, cheques, traveller's cheques, securities for money, documents of any kind, cash, currency notes.

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

18. "Corporate" means any organization, firm, society or body corporate on whose name the policy is issued.

19 "Cruise" means a trip involving a sea voyage of at least 24 hours of total duration, where transportation and accommodation is primarily on an ocean going passenger vessel.

20 "Day care centre" means any institution established for day care treatment of illness and/ or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-

a. has qualified nursing staff under its employment;

b. has qualified medical practitioner/s in charge;

c. has fully equipped operation theatre of its own where surgical procedures are carried out;

d. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

21" Day Care Treatment" means medical treatment, and/or surgical procedure which is:

a. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

b. which would have otherwise required a hospitalization of more than 24 hours.

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

22 "Deductible" means a cost-sharing requirement under this policy, that provides that the insurer will not be liable for a specified amount or percentage of claim amount and number of days or number of hours for Daily allowances, as specified in the policy schedule and which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured and is applicable per event, upto the specified limits mentioned.

23 "Dependent Child" refers to a child (natural or legally adopted), below the age of 30 years, who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

24 "Disclosure to information norm" means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

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

26 "Emergency Assistance Service Provider" means or any organization or institution appointed by the Company for providing services to the Insured/Insured Person for an insurable event.

27 "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.

28 "Emergency Hospitalization" means any medical event requiring immediate medical assistance to sustain life of the insured or to repair injury sustained by him in an accident as an inpatient in a hospital for more than 24 hours.

29 "Family" means the Insured Person, his/her lawful spouse and maximum of any two (2) dependent children upto the age of 23 years.

30 "Felonious Assault" means an act of violence against the Insured Person or a travelling companion requiring medical treatment.

31 "Financial Emergency" means a situation wherein the Insured Person loses all or a substantial amount of his/her travel funds due to theft, robbery, mugging or dacoity, which has detrimental effects on his/her travel plans.

32 "Foreign Enemy" means any group of individuals, entity or country, who intends to cause injury, or commissions an act dangerous to human life or property in the location where the Insured/Insured Person is travelling to, by the use of hostile force or violence

33 "Grace Period" means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received

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

35 "Hospital" means an institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps constant medical records, is recognized as a hospital in the country in which it is situated, and which is appropriately licensed, wherever required to be so, to operate as a hospital in that country.

36 "Hospitalisation" means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for day-care procedures/ treatments

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

38 "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

39 "Chronic condition"- A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—

a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests

b. it needs ongoing or long-term control or relief of symptoms

c. it requires your rehabilitation for the patient or the patient to be specially trained to cope with it

d. it continues indefinitely

e. it recurs or is likely to recur.

40 "Immediate family member"shall mean any member of the Insured Person's immediate family i.e the Insured Person's spouse, child or, parent or sibling.

41 Intended Destination(s)" means area(s) which appear on the travel itinerary of the insured for stay during the Trip.

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

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

44 "Insured/Policyholder" means and includes any organization, firm, society or body corporate on whose name the Policy is issued.

45 "Insured Person" means the person named in the Policy Schedule, who is an employee or member of the Insured having a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

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

47 Loss" means loss or damage.

48 "Life threatening condition / situation" refers to a medical condition suffered by the Insured which has the following characteristics:

i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).

ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas).

iii. Critical care being provided, which involves high complexity decision making to assess,manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology.

iv. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

49 "Maternity expenses"means —

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

50 "Medical Advice" means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescriptions.

51 "Medical Advisor" are Medical Practitioners appointed by "Emergency Assistance Service Provider"

52 "Medical expenses" means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

53 "Medical Practitioner" means a person who holds a valid registration from the Medical Council or appropriate authority of the country where insured/ insured person is availing emergency treatment outside India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes a physician, specialist and surgeon, provided that, this person is not a member of the Insured/Insured Person's family

54. "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;

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;

55. "Multi trip" means two or more trips to destinations out of Republic of India during the Policy period.

56. "Non- Network" means any hospital, day care centre or other provider that is not part of the network.

57. "Notification of Claim" means the process of intimating a claim to the insurer or Emergency Assistance Service Provider through any of the recognized modes of communication.

58. "Out-Patient treatment" means the one in which the Insured visits a clinic / hospital or associated facility like 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

59. "Period of Insurance" in respect of Single Trip Policy means the period from the commencement of the insurance cover to the end of the insurance cover as specified in the Policy Schedule.

60. "Period of Insurance" in respect of multi trip policy, this means the period from the commencement of insurance cover to the end of actual trip duration or full utilization of the maximum number of travel days per trip as mentioned in the Policy Schedule or expiry of the Policy or cancellation of the insurance, whichever is earlier

61. "Policy" means the Schedule, the Policy documents and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.

62. "Policy Schedule" means the document mentioning the name of the Insured / Insured persons, Policy Period, scope of cover, limits to which benefits are subject to and other relevant terms and conditions

63. "Physician" means a person legally qualified to practice in medicine or surgery including other legally qualified medical practitioner duly licensed by their respective jurisdiction and is not a member of the insured person's family.

64. "Permanent Partial Disablement" means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Table of Benefits.

65. "Permanent Total Disablement": means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

66. Pre-existing Disease - means any condition, ailment or injury or related condition(s) for which the Insured / Insured Person had signs or symptoms, and /or were diagnosed, and /or received medical advice/ treatment, within 48 months prior to the this policy

67. "Professional Sportsperson" means those sports persons who are in to full time sports and maintain their livelihood through earnings from their involvement in sports

68. "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.

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

70. "Renewal" means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

71. "Schengen Countries" are a group of countries that includes Austria, Belgium, Czech Republic , Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland. The list of these countries is subject to updating from time to time as and when necessitated.

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

73. "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.

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

75. "Surgery or Surgical Procedure" means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

76. "Schedule" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured, the period, Coverage and the limits to which benefits under the Policy are subject to.

77. "Semi-professional sports person" shall mean those sports persons who participate in sports and get remuneration for participating remunerated for employment or self-employed and whose primary source of income is not from sports

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

79. "Travel Agent" means the Travel Agent, tour operator or other entity from which the Insured / Insured Person purchases the insurance Policy or travel arrangements, and includes all officers, employees and affiliates of the Travel Agent, tour operator or other entity.

80. "Travelling Companion" means an individual or individuals travelling with the Insured Person, provided that, the Insured Person and such individual(s) are travelling to the same destination and on the same date and such individual(s) is/are also insured with the Insurer. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a Travel Agent or a tour operator shall not be considered as Travelling Companion, unless the individual(s) is/are part of the family of the Insured Person.

81. "Trip" means a journey originating from the residence of the Insured Person to out of the Republic of India and back to the residence of the Insured Person, the details of which are specified in the Policy Schedule.

82. "Unproven/ Experimental treatment" means the treatment including drug experimental therapy which is not based on established medical practice

83. "Unattended" A Vehicle, premises or personal belongings are unattended if there is no one able to observe or to prevent interference with it.

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

85. "Mandays" A Man day is a 24 hours period starting from midnight for an individual whilst travelling abroad.

2. Benefits under the Policy:
The Company hereby agrees, subject to the terms, exclusions and conditions herein contained or otherwise expressed herein, to compensate the Insured/Insured Person for any loss or damage sustained or incurred by such Insured and as described under different Benefits hereunder but not exceeding the Sum Insured as applicable to the respective Benefits as specified in the Policy Schedule.

Section – Accidental Death and Permanent Total Disablement – Common carrier
Coverage
Accidental Death
The Company will pay compensation upto the limit of the Sum Insured for this benefit as specified in the Policy Schedule if accidental injury to the Insured Person results in loss of life while riding as a passenger (but not as a pilot operator or member of the crew) in or on, boarding or alighting from any common carrier provided that, this benefit shall not apply while the Insured Person is riding in or on, or boarding or alighting from, and/or is piloted by a person who does not hold a current and valid certificate of competency of a rating authorizing him to pilot such aircraft.

Table of Benefits	Percentage of Sum Insured payable as compensation
1. Accident Death	100%

Exclusion:

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

1 Any existing physical disability.

2 Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.

3 Damage to health caused by curative measures, radiation, Infection, poisoning except where these arise from an accident.

4 Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of accidental death.

5 Any other claim after a claim for accidental death has been admitted by the Company and becomes payable.

6 Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, commercial aircraft.

7 Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person from;

a. intentional self-injury, suicide, or attempted suicide.

b. whilst under the influence of intoxication, liquor or drugs.

c. whilst engaging in aviation or ballooning whilst mounting into dismounting from or travelling in any aircraft or balloon other than as a Fare Paying Passenger in any duly licensed standard type of aircraft.

d. arising or resulting from the insured/insured person committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.

e. whilst engaging in speed contest or racing of any kind, hunting, bungee jumping, parasailing, ballooning, skydiving, paragliding, hand gliding, mountaineering or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports, etc. unless specifically covered and duly mentioned in the Policy Schedule.

8 Any consequential loss or damage cost or expense of whatsoever nature.

9 Accidental Death or disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or in consequence thereof, venereal disease or infirmity.

10 Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person, due to or arising out of or directly or indirectly connected with or traceable to act of terrorism or terrorist activities.

11 Insured whilst flying or taking part in aerial activities (including cabin crew) except as a Fare Paying Passenger in a regular Scheduled Commercial airline or air Charter Company.

12 Any exclusion mentioned in the 'General Exclusions" section of this Policy.

All the exclusions and Special Conditions applicable to this Section also.

Permanent Total Disablement - Common carrier Coverage
Coverage
The Company will pay compensation upto the limit of the Sum Insured for this benefit as specified in the Policy Schedule if accidental injury to the Insured Person results in permanent total disablement while riding as a passenger (but not as a pilot operator or member of the crew) in or on, boarding or alighting from any common carrier provided that, this benefit shall not apply while the Insured Person is riding in or on, or boarding or alighting from, any civilian aircraft that does not hold a or is piloted by a person who does not hold a current and valid certificate of competency of a rating authorizing him to pilot such aircraft.

Table of Benefits	Percentage of Sum Insured payable as compensation
2. PTD – Total and irrecoverable loss of	
i) Sight of both eyes or of the actual loss by physical separation of two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or one entire foot.	100%
ii) Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot.	100%
iii) Total Paralysis	100%
iv) Loss of all fingers and both thumbs OR loss of arm – at shoulder; between shoulder and elbow; at and below elbow OR loss of leg – at hip; between knee and hip; below knee	100%
For the purpose of items 2 i) and 2 ii) above, physical s hand shall mean separation at or above wrist and/or ankle respectively.	Separation of one entire of the foot at or above
3. Permanent total and absolute disablement disabling the Insured/Insured Person from engaging in any employment or occupation of any description whatsoever which he or she was capable of doing earlier	100%

Exclusion:
All the exclusions and Special Conditions applicable to this Section also.

Permanent Partial Disablement - Common carrier coverage
Coverage
The Company will pay compensation upto the limit of the Sum Insured for this benefit as specified in the Policy Schedule if accidental injury to the Insured Person results permanent partial disablement while riding as a passenger (but not as a pilot operator or member of the crew) in or on, boarding or alighting from any common carrier provided that, this benefit shall not apply while the Insured Person is riding in or on, or boarding or alighting from, any civilian aircraft that does not hold a current /or is piloted by a person who does not hold a current and valid certificate of competency of a rating authorizing him to pilot such aircraft.

4. Table of Benefits for PPD - Total and irrecoverable loss of various parts as given below:	Percentage of Sum Insured
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Use of a hand or a foot without physical separation	50%
Loss of speech	50%
Loss of toes – all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or litt le finger–three phalanges	10%
Loss of middle finger or ring finger or litt le finger – two phalanges	7%
Loss of middle finger or ring finger or litt le finger - one phalanx	3%
Loss of metacarpals – first or second (additional) or third, fourth or fifth (additional)	3%
Any other permanent partial disablement	Percentage as assessed by an independent Physician and / or doctor of the Company
- The disablement occurs within one year of accident - The disablement must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the disablement	

Special Conditi ons

1. In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the "Table of Benefits" will be considered for payment.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but the amount payable shall not exceed 100% of the Sum Insured specified in the Policy Schedule.
3. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in determining the benefit amount in such a case will be the degree to which the normal physical or mental capabilities are impaired, solely from a medical point of view, as ascertained by a panel of doctor by the Company or Emergency Assistance Service Provider.
4. In the event of permanent disablement, the Insured Person will be under obligation:
   (a) To have himself/herself examined by the Panel Doctors appointed by the Company/Emergency Assistance Service Provider and the Company will pay the costs thereof.
   (b) To authorize doctors providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured Person.
5. . If the above obligations are not met with due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.
6. The benefit applicable under this Section Accidental Death (Common Carrier), - Permanent Total Disablement - Common carrier, Permanent Partial Disablement - Common carrier

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

1 Any existing physical disability.

2 Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.

3 Damage to health caused by curative measures, radiation, Infection, poisoning except where these arise from an accident.

4 Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of accidental death.

5 Any other claim after a claim for accidental death has been admitt ed by the Company and becomes payable.

6 Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, commercial aircraft.

7 Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person from;

a. intentional self-injury, suicide, or att empted suicide.

b. whilst under the influence of intoxication, liquor or drugs.

c. whilst engaging in aviation or ballooning whilst mounting into dismounting from or travelling in any aircraft or balloon other than as a Fare Paying Passenger in any duly licensed standard type of aircraft.

d. arising or resulting from the insured/insured person committi ng any breach of law with criminal intent or participating in an actual or att empted felony, riot, crime, misdemeanour or civil commotion.

e. whilst engaging in speed contest or racing of any kind, hunting, bungee jumping, parasailing, ballooning, skydiving, paragliding, hand gliding, mountaineering or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports, etc. unless specifically covered and duly mentioned in the Policy Schedule.

8 Any consequential loss or damage cost or expense of whatsoever nature.

9 Accidental Death or disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or in consequence thereof, venereal disease or infirmity.

10 Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person, due to or arising out of or directly or indirectly connected with or traceable to act of terrorism or terrorist activities.

11 Insured whilst flying or taking part in aerial activities (including cabin crew) except as a Fare Paying Passenger in a regular Scheduled Commercial airline or air Charter Company.

12 Any exclusion mentioned in the 'General Exclusions" section of this Policy.

Section - Total Loss of Checked-in Baggage

Coverage

The Company shall pay the compensation to the Insured/Insured Person for the total and complete loss of checked-in baggage caused by a common carrier on a trip covered under this Policy, upto the limits specified in the Policy Schedule. The cover is limited to the travel destinations specified in the main travel ticket from the Republic of India, declared at the time of purchase of this Policy, and return trip back to India along with all halts and via destinations included in the travel ticket.

In the event of such a total and complete loss of checked-in baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the claim.

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

Special Conditions

1. The Company will compensate the Insured/Insured Person for the market value of the checked-in baggage in the event of total and complete loss of such checked-in baggage caused by a common carrier upto the limits specified in the Policy Schedule provided that:
   a) Maximum amount payable per checked-in baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the amount payable is 100% of the applicable Sum Insured.
   b) Insured/Insured Person has provided all the documents, reports and other details concerning the loss.
   c) For the purpose of this benefit, "market value" refers to the sum required to purchase new items of the same kind and quality (which are lost) less an amount representing wear and tear, usage etc., at the time of loss.
2. If the Company makes any payment under this benefit, it is a condition that any recovery from any common carrier by the Insured/Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.
3. The amount payable in respect of any one article, pair or set is limited to the amount as specified in the Policy Schedule.
4. No partial loss or damage shall become payable. However, total loss or damage of individual unit(s) of baggage shall not be construed as falling within this Special Condition.
5. In the event that claims are submitted for total loss of checked-in baggage as well as temporary delay of checked-in baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of checked-in baggage during any one period of insurance

Exclusion:

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

1 Valuables and money, all kinds of securities and tickets/passes or any other item not declared to, and agreed to by the Company.

2 Loss of property unless a Property Irregularity Report or other report usually issued by common carriers in the event of loss of checked-in baggage has been procured and submitted to the Company.

3 Any partial loss of the items contained within the checked-in baggage.

4 Items contained within the checked-in baggage, which are valued in excess of US100 without appropriate proof of ownership.

5 Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.

6 Any checked-in baggage loss in the Republic of India.

7 Any exclusion mentioned in the "General Exclusions" section of this Policy

4. GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY):

In addition to the exclusions that are applicable for the specific sections of the Policy as mentioned above in this Policy, the following exclusions apply to benefits under all Sections of the Policy

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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.
2. Any Pre-existing Condition and / or any complication arising from it
   a) This policy is not designed to provide an indemnity with respect to medical services, the need for which arises out of a pre-existing condition as defined herein, in normal course of treatment. However in any of the threatening situation this exclusion shall not be applied and also that the cover will up to the limit shown under Life threatening condition / situation as defined in this policy.
3. Treatment abroad if that is the sole reason or one of the reasons for the Insured/Insured Person's temporary stay abroad
4. Any claim if the Insured Person –
   a. Is travelling against the advice of a Physician;
   b. Is receiving, or is on a waiting list to receive, specified medical treatment declared in the Physician's report or certificate;
   c. Has received terminal prognosis for a medical condition;
   d. Is taking part in a naval, military or air force operation.
5. Deductibles as specified in the Policy Schedule.
6. No claim will be paid arising from suicide, attempted suicide or willfully self inflicted injury or illness, mental disorder, anxiety, depression, venereal disease, alcoholism, drunkenness or the abuse of the drugs, or any loss arising directly or indirectly from any injury, illness, death, loss, expenses, or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness Including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused
7. Congenital external diseases, defects or anomalies -
8. Diseases, illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities (whether war de declared or not), civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss, directly or indirectly, caused by or contributed to or arising from:
   a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
   b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi- professional sports persons, Adventure Sports unless declared beforehand and necessary additional premium paid
11. No claim will be paid which arises from the insured Person engaging in Air Travel unless he or she flies as a passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion, Air Travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a

flight

12. Medical Expenses in respect of Experimental, investigational or unproven treatments or treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment

13. Any claim arising out of diseases, illnesses or accidents that the Insured/Insured Person has caused intentionally or by committi ng a crime or as a result of drunkenness or addiction (drugs, alcohol). However, treatment of mental and nervous disorders, including alcohol and drug dependency, will be covered subject to the limits specified in the Policy Schedule, if specifically agreed for and mentioned in the Policy Schedule. The payment for such medical expenses shall be limited to inpatient hospitalization in a Hospital/Nursing Home for a period more than 24 hours.

14. Any claim arising out of any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committ ed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. This shall not apply in respect of Section XVI - Hijack Distress Allowance.

15. Naturopathy treatment

16. No claim will be paid for losses arising from accidents on two wheeled motorized vehicles unless at the time of the accident the driver is duly qualified, is in possession of a current full international Driving License and the Insured Person is wearing a safety crash helmet, or losses arising from accidents on two wheeled motorized vehicles over 50 cc.

17. No claims will be paid for losses arising directly or indirectly from manual work or hazardous occupation, self exposure to perils or if engaging in any criminal or illegal act.

GENERAL CONDITIONS OR PROVISIONS UNDER THE POLICY (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

1. Policies covering single trips can be issued upto single trip not exceeding 365 days.

2. Of the covers indicated in this policy wording coverage available to the insured will be indicated in the Certificate of Insurance along with Sum Insured and Deductibles

3. Policies covering annual multi trips can be issued for annual period of one year covering multiple single trips within the annual period of insurance with each and every single trip not exceeding a specified number of days as mentioned in the Policy Schedule.

4. The Policy start date shall be on or before the trip start date.

5. Extension of the Period of Insurance of the Policy during the duration of the trip can be done only at the sole discretion of the Company depending upon the risk factors.

6. If the Insured /Insured Person does not declare the full current facts or declare wrong facts while requesting for extension of the Policy, any extension of such a Policy if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Policy.

7. Termination of the Policy at a date earlier than the end date can be done only if the Insured Person returns back to the Republic of India earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return date to the Republic of India and the end date of the Period of Insurance as mentioned in the Policy Schedule will only be given if the same are a minimum of 10 days. A cancellation charge will be deducted from the refund premium. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the return date as the new end date of Period of Insurance. No refunds will be given on policies with claims.

8. The premium payable for the extension of the Policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.

9. Policy is applicable for one-way travel also, including immigration travel with a condition for maximum duration of coverage limited to specified number of days as mentioned in the Policy Schedule.

10. The Insured / Insured Person shall provide the Company with the details of the trip and other information as may be required by the Company from time to time.

11. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.

12. Claim Procedure – The procedure to be followed by the Insured / Insured person in case of any event that may give rise to a claim under this Policy, the claim documentation required to be submitt ed by the Insured / Insured Person at the time lodging claims as well as the claim sett lement process are enumerated in the enclosed Claim Procedure att ached to this Policy. Any failure on the part of the Insured / Insured Person in complying with the procedure or submission of required documents in support of his/her claim may prejudice the claim of the Insured/Insured Person.

13. Obligations of the Insured /Insured Person:

    a. Insured / Insured Person shall provide to the Company or the Emergency Service Provider appointed by the Company, on demand any information that is required to determine the occurrence of the insurable event or the Company's liability to pay the benefits.

    b. If requested to do so by the Company or the Emergency Service Provider appointed by the Company, the Insured / Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by the Emergency Service Provider for the purpose of sett lement of claims only.. The cost towards the medical examination shall be borne by the Company

    c. The transportation of the Insured/Insured person back to India shall be done only on agreement and confirmation from the att ending medical practitioner/ panel doctor that the Insured/Insured Person is capable of being transported to India and after obtaining consent from the Insured/Insured Person"

    d. The Company shall be released from any obligation to pay benefits under this Policy, if any, of the aforementioned obligations are breached by the Insured/ Insured Person.

14. Transfer and Set-off of Claims

a) If the Insured / Insured Person have any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.

b) In so far as an Insured / Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable.

c) Claims to the insurance benefits may be neither pledged nor transferred by the Insured/ Insured Person.

Transfer and Set-Off of Claims shall not be applicable to any Medical Sections under the Policy namely Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains, Dental Treatment Expenses, Personal Accident, Accidental Death and Permanent Total Disablement – Common carrier Coverage, Daily allowances in case of Hospitalization.

15. The premium charged shall be based on the number of man days insured in each category at the commencement of the Policy Period, as declared by the Insured Person. Depending on the actual number of man days covered in the Policy Period in each category as at the last day of such Policy period, if the premium calculated on the actual number of man days shall differ from the premium charged at the commencement of the Policy, then such difference shall be paid to the Company or refunded by the Company as the case may be

16. Multiple Claims: In the event a claim is payable in multiple sections under this policy the Company's liability will be restricted to the highest amount payable per section.

17. In case a covered insured event, as described in the Benefit Section, occurs before date of purchase of this policy or advance warning is issued by the relevant authorities of the likelihood of such an event happening before date of purchase of this policy the Company shall not be liable to pay a claim.

GENERAL TERMS AND CONDITIONS (APPLICABLE TO ALL SECTIONS OF THIS POLICY)

1. Duty of Disclosure or Disclosure to information norm

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent` means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.

2. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured / Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added as an Insured Person during the Policy Period after his application has been accepted by Us, additional premium to be paid and We have issued an endorsement confirming the addition of such person as an Insured Person

4. Alterations and Endorsements to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

The following endorsement requests can be accepted by Us:

Sno	Scenarios	Before Policy Start Date	After Policy Start Date
1	Name Change	Allowed	Allowed
2	Address Change	Allowed	Allowed
3	DOB Change	Allowed	Allowed, subject to change in premium and company's Guidelines
4	Change of Email	Allowed	Allowed
5	Change of Contact number	Allowed	Allowed
6	Change of Risk Start and/or End Date	Allowed	Not Allowed
7	Trip Extension	Not Allowed	Allowed
8	Change of Nominee	Allowed	Allowed
9	Change of Passport Details	Allowed	Not Allowed
10	Policy Cancellation	Allowed, only if request is received before 24 hours	Not Allowed
11	Plan Change	Allowed	Not Allowed
12	Geography Change	Allowed	Not Allowed

5. Loadings and / or exclusion

On change of your Occupation and / or risk profile, the coverage may cease, unless specifically agreed by Us. However in such case We may charge an additional loading or apply exclusion or both depending upon the risk profile

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6. Material change

The Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk such as change in occupation, trip duration, country and location of travel, correction in age, nature of job and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safety and containing the circumstances that may give rise to the claim, and the Company may adjust the scope of cover and / or premium if necessary, accordingly. The liability of Company shall continue only if there is a written acceptance on the part of the Insurance through endorsement

7. Fraudulent Claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured/Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy all benefits and the premium paid under this Policy shall be forfeited.

The Company will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under Condition No 1 of this Policy

8. No constructive Notice

Any knowledge or information of any circumstance or condition in connection with the Insured/Insured Person in possession of any official of the Company shall not be notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

9. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person or his/her nominees or the legal representative, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company. In the cases of delay in the payment, the Company shall be liable to pay interest in line with the Protection of Policyholders' Interests) Regulations, 2017. The said act is available for reference in the website of the Insurance Development Regulatory Authority of India (IRDAI)

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10. Electronic Transaction:

The Insured/ Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world

wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of the Company for and in respect of the Policy or its terms or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholder's interests. All conditions of section 41 prescribed necessary disclosures on terms, conditions and major exclusions shall be made known to the Insured/Insured Person; Any voice transaction shall be duly recorded, with the consent of the Insured/Insured Person and the recordings shall be maintained by or on behalf of the Company and shall be made available to the Insured/Insured Person for subsequent validation/confirmation of the Insured/Insured Person, if so required.

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

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

    a) Forthwith inform the Company and file/submit a Claim Form in accordance with 'Claim Procedure'.

    b) Allow the Medical Practitioner or the Surveyor or any agent of the Company to inspect the lost/damaged properties premises /goods as well as examine the Insured / Insured Person.

    c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.

    d) Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor.

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

12. Right to inspect

    If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to a claim to the Insured/Insured Person be permitt ed at all reasonable times to examine into the circumstances of such loss. The Insured /Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

13. Position after a claim

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

    In case of claims under Fire and Home Burglary Sections, the sum insured can be reinstated by payment of pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss.

14. Condition of Average (applicable to Sections XVII and XVIII only)

    If the property hereby insured shall at the time of loss or at the commencement of any destruction of or damage to the property by any other peril hereby insured against be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference and shall bear a ratable proportion of the loss accordingly. Every item, if more than one, of the Policy shall be separately subject to this condition

15. Indemnity

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

    If in any case the Company shall be unable to reinstate or repair the insured property/item, because of any law or other regulations in force affecting insured property or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite under this Policy. However, this condition shall not be applicable to Personal Accident, Accidental Death and Permanent Total Disablement – Common Carrier Sections

16. Subrogation

    In the event of payment under this Policy, the Company shall be subrogated to all the Insured /Insured Person's rights or recovery thereof against any person or Organisation, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured /Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. However, this condition shall not be applicable to Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains, Dental Treatment Expenses, Personal Accident, Accidental Death and Permanent Total Disablement – Common Carrier, Daily allowance in case of Hospitalization Sections

17. Contribution

    If at the time of the happening of any loss or damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured/ Insured Person or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage. However, this condition shall not be applicable to Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains, Dental Treatment Expenses, Personal Accident, Accidental Death and Permanent Total Disablement – Common Carrier, Daily allowance in case of Hospitalization Sections

18. Two Policy Period (Applicable for Annual policies only)

    If the claim event falls within two policy periods, the claims will be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal or due date of premium of travel insurance policy, if not received earlier.

19. Forfeiture of claims

    If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided therein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

20. Free Look Period

    The insured/ insured persons have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy.

    If insured/ insured persons have any objections to any of the terms and conditions, they have the option of canceling the Policy stating the reasons for cancellation and the premium paid will be refunded, after adjusting the amounts spent on stamp duty charges and proportionate risk premium.

    1. Insured(s) can cancel the Policy before the commencement of the Risk Period, or
    2. Insured(s) may also cancel the policy after the commencement of the Risk Period (in case of annual risk policies only) subject to no claim under the policy, in which case the premium will be returned on pro-rata basis.

    All the rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

Free look provision is not applicable and available at the time of renewal and/or at the time of subsequent trips for Annual MultiTrip Policy.

21. Termination / Cancellation

    In case of Annual Policies, the Company may at any time, cancel this Policy, by giving 30 days notice in writing by Registered Post Acknowledgment Due to the Insured/Insured Person at his last known address The company shall exercise its right to cancel only in case of mis-representation, non-disclosure of material facts. In such cases, policy shall be void and all premium paid thereon shall be forfeited to the Company as per the disclosure to information norm. The Company shall exercise its right to cancel the policy on grounds of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy. In such cases, Insurer shall be liable to repay premium as specified in the below mentioned table subject to no claims

    The Insured /Insured Person may also give 30 days notice in writing, to the

Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales, provided that, no refund of premium shall be made if any claim has been made under this Policy by or on behalf of the Insured/Insured Person upto the date of cancellation of this Policy.

In case of single trip policies, termination of the Policy at a date earlier than the end date can be done only if the Insured Person returns back to the Republic of India earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return date to the Republic of India and the end date of the Period of Insurance as mentioned in the Policy Schedule will only be given if the same are a minimum of 10 days. A cancellation charge will be deducted from the refund premium. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the return date as the new end date of Period of Insurance, provided that, no refund of premium shall be made if any claim has been made under this Policy by or on behalf of the Insured/Insured Person.

22. Cause of Action

No claim shall be payable under this Policy where the cause of action arises in India, unless otherwise specifically provided in the Policy Schedule.

23. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the Company to be subject to Indian law and in Indian Court.

24. Arbitration clause

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

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

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

25. Renewability

The Company shall give notice for renewal of the Annual Multi Trip policies and accept renewal premium in all cases except in case of fraud, misrepresentation or non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or if the renewal of Policy poses a moral hazard. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the declaration herein before mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

This Policy provides 30 days Grace Period for renewing the Policy. However, there is no coverage for injury sustained or disease contacted during this (grace) period under this Policy. Renewal premium are subject to change with prior approval of IRDAI.

The Company may vary the renewal premium and/or benefits payable subject to approval from IRDAI and inform the same to the Insured at least 3 months prior to the date of revision and/ or modification

In the likelihood of this policy being withdrawn in future, the Company will inform the same to the Insured at least 3 months prior to expiry of the policy

Insured will have the option to migrate to other plan under similar travel insurance policy at the time of renewal (in case of Annual policies), provided the policy has been maintained without a break.

During currency of the policy, no change of plan or Sum Insured is allowed. The Company offer assured renewal of same plan / Sum Insured for lifelong. However in renewal of annual policies, insured can enhance up to next available sum insured slab, subject to no claim in the previous policy and Good Health Declaration

Policy Period	Rate Of Premium to be retained
Up to 15% of Policy Period	25% of premium paid
Up to 25% of Policy Period	50% of premium paid
Upto 50% of Policy Period	75% of premium paid
Exceeding 50% of Policy Period	100% of premium paid

26. Extension

The Company may in its sole and absolute discretion extend the Policy once during the Risk Period, provided that:

1) We receive the request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
2) We have received a good health and no claim declaration during the Risk Period.
3) The insured persons has not made a claim just before we receive the request for extension of the policy

The Company is under no obligation to extend the Policy or to extend the Policy on the same terms and conditions whether as to premium or otherwise.

27. Notices

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

a) In case of the Insured/Insured Person, at the address specified in the Policy Schedule.
b) In case of the Company, to the Policy issuing office of the Company.

28. Customer Service

If at any time the Insured /Insured Person require any clarification or assistance, the Insured/Insured Person may contact either the Emergency Assistance Service Provider or the Policy issuing office of the Company at its address during normal office hours.

In respect of Senior Citizens, both the Company and Emergency Service Provider have established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel

29. Multiple Policies

If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, there will not be any contribution clause (Clause 20 mentioned above) and the insured can seek sett lement of claim from any insurer.

However if the amount claimed is in excess of Sum Insured under a single policy, after considering the deductible and/or co-pay, insured can seek sett lement of claim as per his/ her choice but company shall sett le the claim with contribution clause

GRIEVANCES REDRESSAL PROCEDURE

We are committ ed to extend the best possible services to its customers. However, If Insured/ Insured Person have a grievance that insured/insured person wish us to redress, insured/insured person may contact us with the details of his/her grievance through:

- Website : www.bharti-axagi.co.in
- Email : customer.service@bhartiaxa.com
- Toll-Free Helpline: 18001032292
- Courier: Any of Our Branch office or corporate office

Insured/ Insured Person may also approach the grievance cell at any of Our branches with the details of the grievance during Our working hours from Monday to Friday.

Escalation Level 1

In case the Policyholder/Insured/Insured Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ Insured/ Insured Person may contact the National Grievance Redressal Officer at :

Write to : Bharti AXA General Insurance, Spectrum Towers, 3rd floor,Malad Link Road, Malad (west), Mumbai- 400064

Call : 022-48815939

Email : NGRO@bhartiaxa.com

3rd floor, Spectrum Tower, Rajan Pada

Mindspace, Malad (W), Mumbai - 400 064

Escalation Level 2

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/ Insured/ Insured Person may contact the Chief Grievance Redressal Officer at:

Email : CGRO@bhartiaxa.com

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LIST OF INSURANCE OMBUDSMEN

Office of the Ombudsman	Areas of Jurisdiction	Name of the Ombudsman and Office Address
AHMEDABAD	Gujarat, Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139. Fax: 079 - 27546142. Email: bimalokpal.ahmedabad@gbic.co.in
BENGALURU	Karnataka.	Shri. M. Parshad (Ombudsman) Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@gbic.co.in
BHOPAL	Madhya Pradesh & Chhatti sgarh	Shri. R K Srivastava (Ombudsman) Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462023. Tel.:- 0755-2569201. Fax : 0755-2769203. Email: bimalokpalbhopal@airtelmail.in
BHUBANESHWAR	Orissa	Shri. B. N. Mishra (ombudsman) Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455. Fax: 0674 - 2596429. Email: bimalokpal.bhubaneswar@gbic.co.in
CHANDIGARH	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	Shri Manik Sonawane (Ombudsman) Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468. Fax: 0172 - 2708274. Email: bimalokpal.chandigarh@gbic.co.in
CHENNAI	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	Shri Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284. Fax: 044 - 24333664. Email: bimalokpal.chennai@gbic.co.in
NEW DELHI	Delhi	Smt. Sandhya Baliga (Ombudsman) Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237539. Fax: 011 - 23230858. Email: bimalokpal.delhi@gbic.co.in
GUWAHATI	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati– 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205. Fax: 0361 - 2732937. Email: bimalokpal.guwahati@gbic.co.in
HYDERABAD	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry	Shri. G. Rajeswara Rao (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 - 65504123 / 23312122. Fax: 040 - 23376599. Email: bimalokpal.hyderabad@gbic.co.in
JAIPUR	Rajasthan.	Shri. Ashok K. Jain (Ombudsman) Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363. Email: bimalokpal.jaipur@gbic.co.in
ERNAKULAM	Kerala, Lakshadweep, Mahe-a part of Pondicherry	Shri. P. K. Vijayakumar 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. Email: bimalokpal.ernakulam@gbic.co.in
KOLKATA	West Bengal, Bihar, Sikkim, Jharkhand, Andaman & Nicobar Islands	Shri. K. B. Saha Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340. Fax : 033 - 22124341. Email: bimalokpal.kolkata@gbic.co.in
LUCKNOW	Utt ar Pradesh and Utt aranchal	Shri. N. P. Bhagat Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331. Fax: 0522 - 2231310. Email: bimalokpal.lucknow@gbic.co.in
MUMBAI	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Shri. A. K. Dasgupta 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@gbic.co.in
PUNE	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Shri. A. K. Sahoo 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 - 32341320. Email: bimalokpal.pune@gbic.co.in

IRDAI REGULATION NO 5: This Policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation

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Claims Procedure

1. In the event of an accident or sudden illness which is likely to give rise to a claim under this Policy, the Insured Person shall immediately contact the Emergency Assistance Service Provider giving details of the Policy issued to him/her. The details of phone numbers and Help Line are given in the Schedule attached to this Policy.
2. The first call will have to be made by the Insured Person giving his/ her contact number and subsequent calls will be made by the Service Provider at the contact number given by the Insured Person.
3. The Insured Person or his representative shall provide to the Emergency Assistance Service Provider maximum information about the illness, accident or occurrence as is available, as well as other information such as the Policy number etc. Emergency Assistance Service Provider shall assist the Insured Person in getting admitted in to a hospital / getting treatment from a Medical Practitioner as an outpatient.
4. Where it is not possible to make an emergency call before consulting a Medical Practitioner or going into hospital, the Insured Person shall contact the Emergency Assistance Service Provider as soon as possible. In either case, when being admitted as a patient, the Insured Person shall inform the Medical Practitioner or personnel at the hospital, the details of his/her policy coverage and shall state the details of the Emergency Assistance Service Provider and request them to contact them.
5. All necessary claim documents should be furnished to the Company/ Emergency Assistance Service Provider by the policy holder/insured to make a claim. However, claims filed even beyond such period should be considered if there are valid reasons of any delay.-
6. If proper intimation is given, the Emergency Assistance Service Provider shall give a benefit guarantee (cash less in-patient hospitalisation as well as outpatient treatment) to the hospital / other providers for the costs of hospitalization, transportation by emergency services, emergency evacuation, transportation home, repatriation or transportation of mortal remains and burial listed under Scope of Coverage under the Policy. These costs will be settled directly by the Emergency Assistance Service Provider on behalf of and for the account of the Company. The Insured Person shall release Medical Practitioners/hospital contacted by Emergency Assistance Service Provider from their duty not to disclose information about his/her case.
7. In such cases, the Insured Person before his discharge from the Hospital, shall fill up and sign the claim form and hand over the same to the Hospital authorities to be handed over to Emergency Assistance Service Provider. Please send the duly signed claim form along with all the documents to designated TPA within 14 days of the occurrence of the Incident. . However, claims filed even beyond such period should be considered if there are valid reasons of any delay.
8. Where no information is given to Emergency Assistance Service Provider and the payment for hospital treatment / outpatient treatment has been made by the Insured Person, the reasons therefore shall have to be given by the Insured / Insured Person along with the claim form giving details of treatment and bills for expenditure to the Company OR Emergency Assistance Service Provider. After examining the facts and establishing the liability, in consultation and with the approval of the Company Emergency Assistance Service Provider will reimburse to the Insured Person the costs incurred within the Scope of Coverage of the Policy on behalf of and for the account of the Company.
9. Besides where Insured or Insured Person and Emergency Assistance Service Provider agree that even though the procedure under Claims Procedure is complied with, the claim should be settled on a reimbursement basis (in consultation and with the approval of the Company), then it will be done so accordingly.
10. With respect to Emergency evacuation or repatriation, the following services shall be arranged by the Company through the Emergency Assistance Service Provider:
    a) Transferring the Insured/Insured by air ambulance, regular airline or any other method of transport that is ascertained as being appropriate by the Emergency Assistance Service Provider and/or the Company. The method of transport and the date and time shall be decided by the Emergency Assistance Service Provider and/or Company
    b) If the Insured/Insured Person is admitted to a Hospital then and if in the opinion of the appointed Medical Practitioner, the medical facilities in the hospital are not suitable or adequate, the Insured/Insured Person will be evacuated to the nearest place where appropriate services are available or to his/her permanent place of residence in India
    c) Arrangement of reasonable and necessary transport and additional accommodation costs for another person to accompany the Insured/Insured Person if it is Medically Necessary that the Insured/Insured Person be accompanied in this way; this might be a Medical Practitioner, nurse, relative, friend or colleague
    d) In the event of death of the Insured/Insured Person due to an insured event in terms of this policy, arrangements for bringing transporting the mortal remains of the deceased back to the Republic of India or reimbursement of cost of local burial or cremation in the country where the death occured. An official death certificate and a physician's statement giving the cause of death needs to be submitted.

    The Company will not be liable in respect of the emergency evacuation or repatriation service for:
    a) Any failure to provide the emergency evacuation or repatriation service or for any delays in providing it, unless the failure or delay is caused by the negligence of the Company and/or the Emergency Assistance Service Provider
    b) Failure or delay in providing the emergency evacuation or repatriation service if:
        a. By law the overseas evacuation or repatriation service cannot be provided in the country in which it is needed; or
        b. The failure or delay is caused by any reason beyond our control including, but not limited to, strikes and flight conditions.
    c) Injury or death caused while the Insured/Insured Person is being moved unless it is caused by the negligence of the Company/Emergency Assistance Service Provider or the negligence of anyone acting on the behalf of the Company/Emergency Assistance Service Provider
11. Quick turnaround time shall be ensured in case the Emergency Assistance Service Provider arranges the emergency evacuation. The Company shall review and monitor the promptness and quality of the service, turnaround time and accessibility provided by the Emergency Assistance Service Provider in the interest of the policyholder and shall take due course of action based on the results of the review.
12. Claims, if any, for Total Loss of Checked- in Baggage, Personal Accident and Loss of Passport will be settled in Indian Rupees in consultation and with approval of the Company, on return of the Insured Person to India. In such cases, the claim form with details is to be submitted to the Company OR Emergency Assistance Service Provider
14. Reimbursement of all claims by the Emergency Assistance Service Provider will be in India, in Indian Rupees at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed.
15. The Company shall only be liable to indemnify if, besides proof of insurance cover, the documentary proofs required as per the claims procedure stated in the Policy, is also submitted
16. The total loss of checked- in baggage caused by an international carrier (airlines) must be reported to the International Carriers (airlines) and a Property Irregularity Report (P.I.R) shall be obtained from them. Original report together with the ticket(s), baggage tag(s) and the claim form are to be submitted in support of a claim by the Insured Person to the Company OR Emergency Assistance Service Provider.
17. A loss of passport must be reported to the police authorities within 24 hours of discovery of such loss and an official report obtained from the Police authorities. The original official report of the Police authorities should also be submitted along with the claim form to the Company OR Emergency Assistance Service Provider
18. Failure to comply with the claims procedure stated above in respect of Total Loss of Checked-in Baggage and Loss of Passport, may prejudice the claim of the Insured Person.
19. Claims for reimbursement shall be submitted to the Company OR Emergency Assistance Service Provider within one month after completion of the treatment or transportation home. In the event of accidental death, the same shall be submitted within one month after transportation of mortal remains/burial.
20. The Insured and the Insured Person shall provide Emergency Assistance Service Provider / the Company on demand with any information that is required to determine the occurrence of the insured event or the scope of the Company's liability. In particular, at the request of Emergency Assistance Service Provider / the Company proof shall be furnished of the actual commencement of the trip abroad.
21. If requested to do so by Emergency Assistance Service Provider / the Company, the Insured Person and/or the Insured shall authorise Emergency Assistance Service Provider / the Company to obtain all the information considered necessary from third parties (Medical Practitioners, dentists, alternative practitioners, medical institutions of any kind, insurance carriers, health or pension offices) and release these parties from their obligation not to disclose information.
22. If requested to do so by Emergency Assistance Service Provider / the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by Emergency Assistance Service Provider / the Company.
23. In case of any claim under Personal Liability, Legal Expenses or Bail Bond proof of judicial decision rendered by a Court of Law may be required.
24. In case of any accident giving rise to a claim under the Personal Accident section of the Policy, the Insured/ Insured Person, his/her nominee or legal representatives, as the case may be, shall provide complete information and details about the Insured Person in the claim form along with the following documents to the Company OR Emergency Assistance Service Provider. Such a claim will be settled only in India in Indian rupees.
25. The Company shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provision of regulation 27 of IRDAI (Health Insurance) Regulations, 2016.

    In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate."

List of documents required for Claims processing

Accidental Death and Permanent Total Disablement and Partial Disablement - Common Carrier	• Police report in original if the accident shall have taken in the public place or premises • Death Certificate clearly stating the reason of death • Post Mortem Report (In case of death) • Detailed Sequence of events • Medical records giving the details of accident, nature of injury(in case of hospital visit) • Certificate of disability from civil surgeon in India or any other equivalent recognized doctor authorized by state government. • Medical report from the att ending doctor • Lett er from the Airline confirming the same.(• 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. • Claim Form duly filled in and signed • Copy of policy Certificate • Depending upon the peculiarity of the case, additional documents/information's will be asked for
Total Loss of Checked in Baggage	• Duly filled and completed claim form • Policy copy • Air tickets along with boarding passes • Copy of passport with exit and entry stamps • Copy of baggage tag's • Property Irregularity Report issued by the common carrier mentioning the number of baggage's checked-in. • Original Certificate from airline authorities stating that baggage has been lost along with compensation details • Adequate proof of ownership of items contained within checked-in baggage valued in excess of Indian rupee equivalent of US$100


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